



Document 2020 GW4489

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Rachelle A. Moser, Trustee of the Jeffrey and Rachelle Moser Joint Revocable Trust dated June 28, 2018

Address 817 N 10th Avenue, Winterset, IA 50273
Number and Street or RR City, Town or PO State Zip

TRANSFeree:

Name James A. Hauswirth

Address 1585 Quarry Trl, WINTERSET, IA 50273
Number and Street or RR City, Town or PO State Zip

Address of Property Transferred:

1585 Quarry Trl, WINTERSET, IA 50273
Number and Street or RR City, Town or PO State Zip

Legal Description of Property: (Attach if necessary)

See attached.

1. Wells (check one)

- There are no known wells situated on this property.
- There is a well or wells situated on this property. The type(s), location(s) and legal status are stated below or set forth on an attached separate sheet, as necessary.

2. Solid Waste Disposal (check one)

- There is no known solid waste disposal site on this property.
- There is a solid waste disposal site on this property and information related thereto is provided in Attachment #1, attached to this document.

3. Hazardous Wastes (check one)

- There is no known hazardous waste on this property.
- There is hazardous waste on this property and information related thereto is provided in Attachment #1, attached to this document.

4. Underground Storage Tanks (check one)

- There are no known underground storage tanks on this property. (Note exclusions such as small farm and residential motor fuel tanks, most heating oil tanks, cisterns and septic tanks, in instructions.)
- There is an underground storage tank on this property. The type(s), size(s) and any known substance(s) contained are listed below or on an attached separate sheet, as necessary.

5. Private Burial Site (check one)

- There are no known private burial sites on this property.
- There is a private burial site on this property. The location(s) of the site(s) and known identifying information of the decedent(s) is stated below or on an attached separate sheet, as necessary.

6. Private Sewage Disposal System (check one)

- All buildings on this property are served by a public or semi-public sewage disposal system.
- This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
- There is a building served by private sewage disposal system on this property or a building without any lawful sewage disposal system. A certified inspector's report is attached which documents the condition of the private sewage disposal system and whether any modifications are required to conform to standards adopted by the Department of Natural Resources. A certified inspection report must be accompanied by this form when recording.
- There is a building served by private sewage disposal system on this property. Weather or other temporary physical conditions prevent the certified inspection of the private sewage disposal system from being conducted. The buyer has executed a binding acknowledgment with the county board of health to conduct a certified inspection of the private sewage disposal system at the earliest practicable time and to be responsible for any required modifications to the private sewage disposal system as identified by the certified inspection. A copy of the binding acknowledgment is attached to this form.
- There is a building served by private sewage disposal system on this property. The buyer has executed a binding acknowledgment with the county board of health to install a new private sewage disposal system on this property within an agreed upon time period. A copy of the binding acknowledgment is provided with this form.
- There is a building served by private sewage disposal system on this property. The building to which the sewage disposal system is connected will be demolished without being occupied. The buyer has executed a binding acknowledgment with the county board of health to demolish the building within an agreed upon time period. A copy of the binding acknowledgment is provided with this form. [Exemption #9]
- This property is exempt from the private sewage disposal inspection requirements pursuant to the following Exemption [Note: for exemption #9 use prior check box]: _____
- The private sewage disposal system has been installed within the past two years pursuant to permit number _____

Information required by statements checked above should be provided here or on separate sheets attached hereto:

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature: Rachelle A. [Signature], Trustee Telephone No.: (515) 661-7852
(transferor or Agent)

Legal Description

Parcel "F," located in the West Half (1/2) of the Southwest Quarter (1/4) of Section Eleven (11), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, as shown in Plat of Survey filed in Book 3, Page 118 on September 10, 1997, in the Office of the Recorder of Madison County, Iowa



Time of Transfer Inspection Report (DNR Form 542-0191)

Property information

Current owner Jeffrey & Rachelle A Moser
Buyer
Mailing address

Site Address/County 1585 Quiky trail
Legal Description Same as address

No. of bedrooms 4 Last occupied? Still there Records available yes
Permit/installation date June 30 1998 #1669 Separation distances OK/no?

Septic system information

Septic tank(s): size 1500 gal material Cement condition Looks OK at this time
Tank pumped? yes date 9-8-2020 licensed pumper # ST 455
Septic/trash/processing tank: size material condition
Tank pumped? date licensed pumper

Aerobic treatment unit (ATU) mfr size
Tank pumped? date licensed pumper
Maintenance contract? expiration date service provider
Condition

Pump tank/vaults: type size condition
Distribution system: distribution box plastic outlets used condition good
Header pipe(s) 5 # of lines 5 Pressure dosed? No

Secondary treatment:
length of absorption fields 5 @ 88 ft determined by Mup + probe
condition of fields looks OK determined by probe do grass
type of trench material ADS

Size of sand filter determined by
Vent pipes above grade? discharge pipe located?
Effluent sample taken? Results

Media filters: type
Maintenance contract? expiration date service provider
Condition

NPDES General Permit No. 4: required? No permitted? NOI provided



Time of Transfer Inspection Report

Other components:

Alarms No Working? — disinfection No working? —

Control box No Timers No inspection ports —

Other components Clean out next to house @ Rizers on Tank

Overall condition of the private sewage disposal system

Report system status Everything looks ok & working at this time

Explain (attach additional pages as needed): _____

Comments: _____

Site status at conclusion of Time of Transfer inspection:

- ✓ Verify that controls are set on the appropriate mode.
- ✓ Power is on to all components.
- ✓ Revisit all components to verify lids are secure.
- ✓ Gather all tools for removal from the site.
- ✓ Verify that no sewage is on the ground surface.

Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

This report indicates the condition of the private sewage disposal system at the time of the inspection. It does not guarantee that it will continue to function satisfactorily.

Signature of Certified inspector: Allen Akers Date: 9-22-2010
 Name (print): Allen Akers Certificate #: 1023
 Address: 2204 175th of Winterset IA 50273
 Phone #: 515-462-1015

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office, county Recorder in the county the inspection was conducted and to:

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

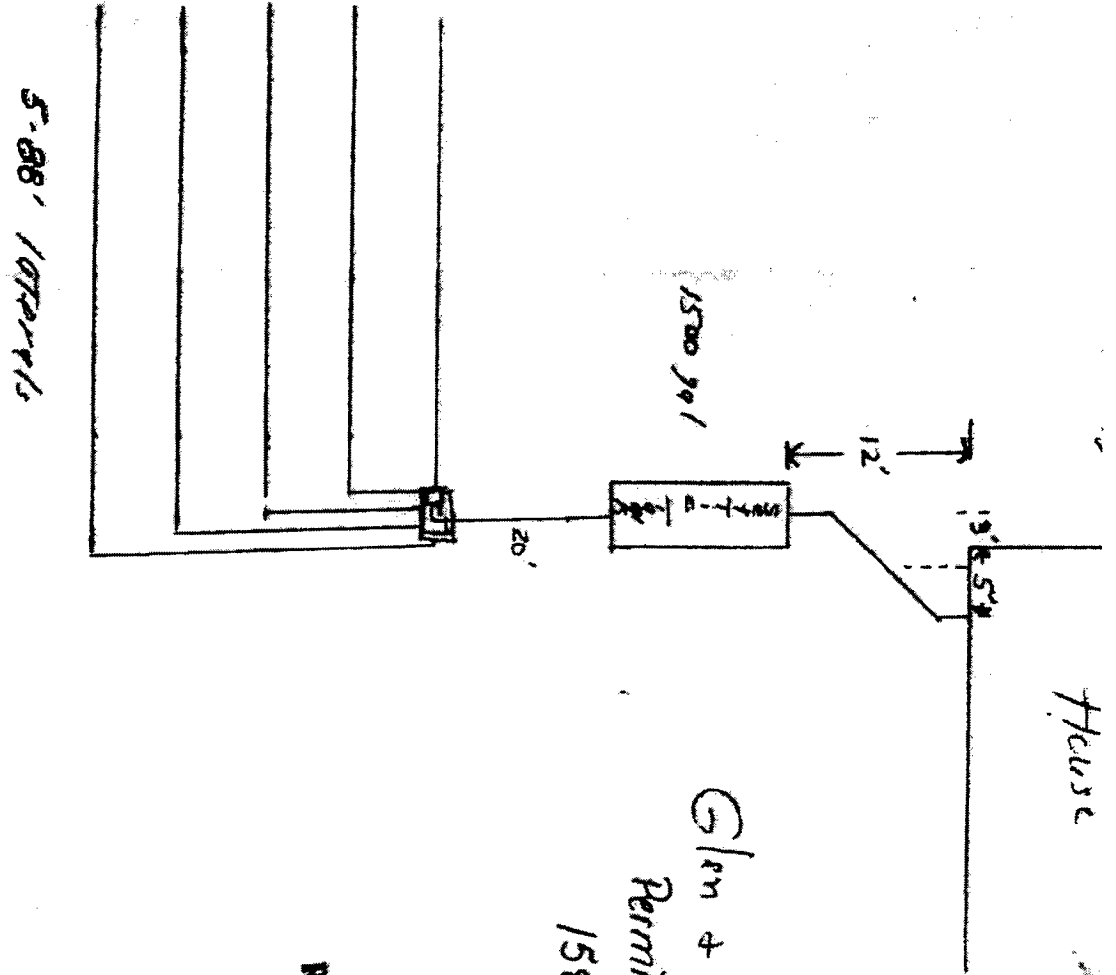
C. & L. Const. Co., Inc.

1069

1962 Hwy. 92
Whitehall, IA 50275

Larry H. Utler - Pres. (515) 462-3824

Phone (515) 462-4782

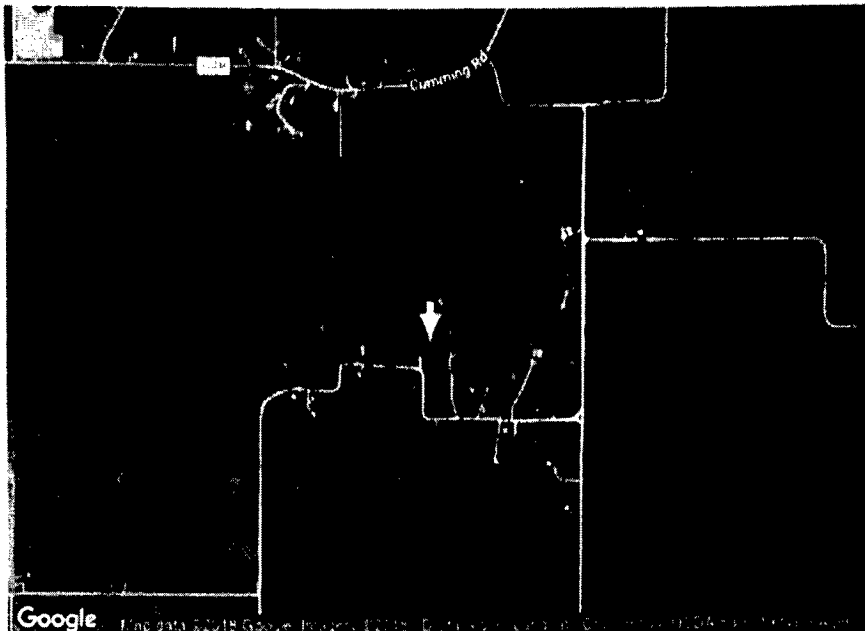


Glen & Nancy Evers
Permit # 1069
1585 Quarry Trl.

RECEIVED JUN 3 0 1993

RECEIVED
Jerry K. Trevillian
Madison County Sanitation
and
Zoning Administrator

Well W#45143 Information



Date Received	02/17/1998	State	Iowa
Owner Name	Ivers, Glenn	County	Madison
Alt Name		Quadrangle	St. Charles Nw, Iowa
WNumber	45143	Township	T76N
PWTS ID	0	Range	R27W
PWS ID	0	Section	11
Storet ID	0	Quarter	SW SE NW
SDWIS ID	0	Latitude	41.3903840000
USGS ID	0	Longitude	-93.9298820000
Project	Unknown	Accuracy	
Operator	Unknown	UTM X	422258
		UTM Y	4582512

Site Type	Drilled hole	Drilling Company	Huff & Son Well Boring
Well Status	Unknown	Drilling Date	11/10/1997
Field Located	No	Drilling Method	Auger
Elevation	980 ft	Bedrock Depth	9 ft
Elevation Accuracy	Digital Elevation Model	Well Depth	42 ft
	Accurate to 5 ft	Total Depth	42 ft
Landscape Position	Unknown	Well Types	Private
		Aquifers	

Hole Construction Information

Date	11/10/1997		
Diameter	36.00 in	Depth	42.00 ft

Comments

Casing Construction Information

Date	11/10/1997	Casing Type	PVC
Start Depth	-1.50 ft	End Depth	9.00 ft
Diameter	8.00 in	Amount	10.50 ft
Comments			

Date	11/10/1997	Casing Type	Concrete
Start Depth	9.00 ft	End Depth	42.00 ft
Diameter	36.00 in	Amount	33.00 ft
Comments			

Grout Construction Information

Date	11/10/1997	Grout Placement	Unknown
Grout Type	Cement	End Depth	9.00 ft
Start Depth	8.00 ft		
Comments			

Log Information

Date	
Log Types	Drillers log
Prepared By	Unknown
Comments	

Water Production Information

Date	11/10/1997	Start Time	
Aquifer	Unknown		
Static Water Level	7.00 ft	Yield	1 gallons per minute
Pumping Water Level	0 ft	Yield Method	Unknown
Measurement	Unknown	Pump Test	Yes
Pump Method	Unknown	Duration	0 mins
Comments			

<https://www.ihr.uiowa.edu/igs/geosam/well/45143/general-information>

WELL RECORD

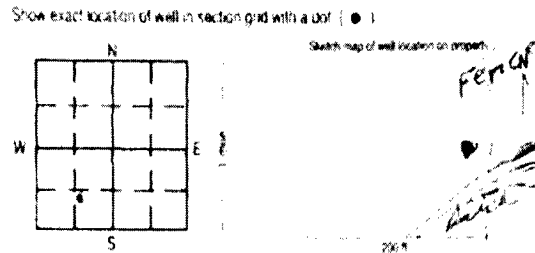
45143

Permit No. 61-4194

Site identification

Property Owner: Blann Lure Well Number 1
 Address: 1821 Quary Drive Winterset
 Tenant: _____
 Well Depth: 42 ft Date Completed: 11/10/87

Location County: Woodbury
1/4 mi. W and 4 1/2 mi. W intersection of _____ and _____
 2 mi. W of the SE-1/4 of the S.W. 1/4 of Sec. 11 TWP. 7 R. 27 N.



Drill method rotary auger cable other _____
 Hole size _____ inch from 0 ft to _____ ft
3 inch from 0 ft to 42 ft

Record all depth measurements from ground level (GL). Use (+) for above GL measurements

Casing Size (ID/OD)	Liner shoe (yes/no)		Pressure adaptor (yes/no)		Amount (length)
	Type	WT	Depth top	Depth bottom	
8"		PVC	+18	-9	10.8"
3 1/2"		Concrete	-9	42	33

Perforated or slotted casing? (yes/no) _____
 Perforated / slotted from _____ ft to _____ ft
 Perforated / slotted from _____ ft to _____ ft

Casing grouted? (yes/no) _____

Type	Depth Top	Depth Bottom	Amount
Concrete	7 1/2	9	10
Anticrete			4

Formation log

From	To	Color	Hardness	Formation description
0	1	B	S	top soil
1	8	Y	S	clay
8	9	Y	S	clay + water
9	30	R	HM	shale
30	42	Brk. H. m.		shale

Well screen? (yes/no) _____

Diameter	Slot size	Depth Top	Depth Bottom	Length	Material

Bottom capped (yes/no) with _____
 Seals / Packers (yes/no) kind _____ depth _____ ft
 Gravel packed (yes/no) from _____ ft to _____ ft
 type _____ amount _____

Well developed? (yes/no) _____
 Explain: deep well

Pump installed? (yes/no) _____ Date _____ / _____ / _____
 Installer's name _____
 Type of pump _____ Depth to intake _____ ft
 Pump diameter _____ Rated capacity _____ GPM

Water information Aquifer: sand/gravel limestone sandstone
 Main water supply zone from 8 1/2 ft to 9 1/2 ft
 Final water level (static water level) 7 ft (below / above) GL
 Pumping water level _____ ft below GL; tape airline E-line
 At yield of 4 GPM, on-line volumetric estimate Date _____

Water quality test? (yes/no) _____ Date tested _____ / _____ / _____
 Tested by _____
 Test results _____

Contractor: Jerry Huff-Huff & Son
 Address: 1986 295th Ln
 Driller: Jerry Huff Certification no. 40030

Remarks (including depth of lost drilling fluids, materials, or tools)

Well use
 Domestic Municipal Industrial
 Livestock Public Supply Monitoring
 Test Well Irrigation Other