

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Annette Freeman

Address 3393 265th Street, Saint Charles, IA 50240
Number and Street or RR City, Town or PO State Zip

TRANSFeree:

Name Nickolaus Michael Juergens

Address 3393 265th Street, Saint Charles, IA 50240
Number and Street or RR City, Town or PO State Zip

Address of Property Transferred:

3393 265th Street, Saint Charles, IA 50240
Number and Street or RR City, Town or PO State Zip

Legal Description of Property: (Attach if necessary)

The East Half (1/2) of the West Half (1/2) of the Southeast Quarter (1/4) of the Northeast Quarter (1/4) of Section Twenty-five (25), in Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, I

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.

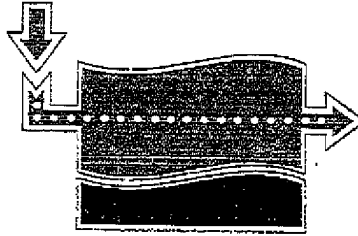
6. Private Sewage Disposal System (check one)

- 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: Annelle Freeman Telephone No.: 515-991-3090
(Transferor or Agent)



Rogers Septic
MAINTENANCE & REPAIR

515-282-0777 www.RogersSeptic.com

TIME OF TRANSFER DETAIL

County: madison; tburk@madisoncoia.us

Complete Address:

3393 265th st St. Charles IA 50240

Seller Name & Email: Howard Nelson & Annette J. Freeman; r3tguard02@gmail.com

Seller Complete Address & Phone:

393 265th st St Charles IA 50240; 515.991.3090

Seller Real Estate Agent: Stephanie Sullivan

Seller Agent Email & Phone: stephanie@stephaniesullivanrealestate.com; 515.770.6245

Buyer Name & Email: No buyer at this time

Buyer Complete Address & Phone:

No buyer at this time

Buyers Real Estate Agent: No buyer at this time

Buyers Agent Email & Phone: No buyer at this time



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

Property information

Current Owner Howard Nelson & Annette J. Freeman; r3tguard02@gmail.com
Buyer No buyer at this time Realtor Stephanie Sullivan
Mailing Address 393 265th st St Charles IA 50240; 515.991.3090

Site Address/County 3393 265th st St. Charles IA 50240 madison; fburk@madisoncoia.us

No. of Bedrooms 2 Last Occupied? Curre Separation distances ok?

Records Available _____ Permit/Installation Date _____

Septic System Information

Septic Tank(s): Size 1000 gal Material Concrete Condition Working
Tank Pumped? YES Date 6/4/21 Licensed Pumper Forest Septic
Septic/Trash/Processing Tank: Size _____ Material _____ Condition _____
Tank pumped? _____ Date _____ Licensed Pumper _____

Aerobic treatment unit (ATU) MFGR _____ Size _____
Tank Pumped? _____ Date _____ Licensed Pumper _____
Maintenance Contract? _____ Expiration Date _____ Service Provider _____
Condition _____

Pump Tanks/Vaults: Type _____ Size _____ Condition _____

Distribution System: Distribution Box Plastic Outlets Used 4 Condition Working
Header Pipe(s) _____ Number of Lines _____
Pressure Dosed? _____

Secondary Treatment

Length of Absorption Fields 4x75ft=300ft Determined by County record/probe
Condition of Fields Working Determined by Hydraulic load test/probe
Type of Trench Material Rockless pipe

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? _____ Permitted? _____ NOI submitted _____



Time of Transfer Inspection Worksheet

Other Components

Alarms _____ Working? _____ Disinfection _____ Working? _____

Control Box _____ Timers _____ Inspection Ports _____

Other Components _____

Overall condition of the private sewage disposal system

Report of system status _____

Explain (attach additional pages as needed):

All waste water goes from house to septic. 1000 gal concrete tank with risers in working condition. Plastic distribution box in working condition. Hydraulic load tested the 4x75ft=300ft Rockless pipe laterals with 350 gal water. All laterals took water and probed dry and clean.

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: Rick Rogers Date: 6/7/2021
 Name (print): Rick Rogers Certificate #: 9597
 Address: 401 NE 52nd Ave, Des Moines, IA, 50313
 Phone # (515)282-0777

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office, and to:

Iowa DNR
Private Sewage Disposal Program
502 E. 9th St.
Des Moines, IA 50319

