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Date 8/03/2021 Time 10:38:48AM

Rec Amt \$.00

INDX
ANNO
SCAN

LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

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

TRANSFEROR:

Name	Dave Woodyard			
Address	2419 St Charles Road	Winterset	IA	50273
	Number and Street or RR	City, Town or PO	State	Zip

TRANSFeree:

Name	Joel Raymond Knutson			
Address	619 N 10th Street	Winterset	IA	50273
	Number and Street or RR	City, Town or PO	State	Zip

Address of Property Transferred:

2419 St Charles Road	Winterset	IA	50273
Number and Street or RR	City, Town or PO	State	Zip

Legal Description of Property: (Attach if necessary)

See Exhibit A 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: *David Woodford*
(Transferor or Agent)

Telephone No.: ~~515 249 5228~~
515 249 5228

EXHIBIT A

A parcel of land described as commencing at the Southwest corner of Section Nine (9) in Township Seventy-five (75) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, which is the point of beginning; thence North 1°04' East 957.7 feet along the West line of said Section Nine (9) to the North line of the South 30 acres of the Southwest Quarter (SW 1/4) of the Southwest Quarter (SW1/4) of said Section; thence North 89°05' East, 787 feet along the North line of said 30 acres; thence South 1°04' West, 970.3 feet to the South line of said Section; thence North 90° 00' West, 787.7 feet to the point of beginning, containing 17.4282 Acres.



Time of Transfer Inspection Report

#048-21
9-Scott
515-249-5228

Property Information

Current Owner: Dave Woodyard
Buyer: _____ Realtor: _____
Mailing Address: _____

Site Address/County: 2419 St Charles Rd, Winterset IA/ Madison County

Legal Description: _____

No. of bedrooms: 3 Last occupied: current Records available: yes
Permit/ installation date: 11-25-08 Separation distances (ok/no?): ok

Septic System Information

Septic tank(s): Size: 1,250 gal Material: concrete Condition: good

Tank pumped? Y N Date: 5-14-21 Licensed pumper: Wiegert

Septic/Trash/Processing tank: Size: _____ Material: _____ Condition: _____

Tank pumped? Y N Date: _____ Licensed pumper: _____

Aerobic treatment unit (ATU) mfrg _____ Size _____

Tank pumped? Y N Date: _____ Licensed pumper: _____

Maintenance contract? Y N Expiration date: _____ Service provider: _____

Condition: _____

Pump tanks/vaults: Type: _____ Size: _____ Condition: _____

Distribution system: Distribution box Outlets used Condition: _____

Header pipe(s): _____ No. of lines: _____ Pressure dosed? _____

Secondary Treatment: _____

Length of absorption fields: _____ Determined by: _____

Condition of fields: _____ Determined by: _____

Type of trench material: _____

Size of sand filter: _____ Determined by: _____

Vent pipes above grade? Y N Discharge pipe located? Y N

Effluent sample taken yes Results: see attached

Media Filters: Type: Eco Pure

Maintenance contract? Y N Expiration date: 1-2022 Service provider: Allen Akers

Condition: see comments

NPDES General Permit No. 4: Required? Y N Permitted? Y N NOI provided: _____

Need discharge analysis + is 4" PVC okay?



Time of Transfer Inspection Report

Other components:

Alarms: Y N Working: Y N Disinfection: Y N Working: Y N

Control Box: Timers: Inspection Ports:

Other components:

Overall condition of the private sewage disposal system:

Report system status: The system was working properly during the inspection.

Explain (attach additional pages as needed): Tank is in good condition. All plumbing goes to the septic. Hydraulic test was good.

Comments: The 2" pvc distributors have broken off in the eco pure. As of now the discharge into the eco pure is 4" pvc.

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: Ben Bedwell Date: 5-31-21

Name (print): Ben Bedwell Certificate #: 11612

Address: 1500 N B Street, Indianola IA

Phone #: 515-681-2053

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

Permit No 063-08
Date of Inspection: 11-25-08
Contractor: Mark Bright 641-295-7033

Name: G. Elaine Meredith
Inspected by: Jean Thompson

