

Document 2021 GW3759

Book 2021 Page 3759 Type 43 001 Pages 8 Date 9/07/2021 Time 1:28:43PM

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: Howard Thomas Russum. Jr. and Cecilia Russum Address: 2620 Jerry Circle, Van Meter, IA 50261

TRANSFEREE:

Name: Jason Davis and Carrie Davis

Address: 1897 Ironwood Trail, Winterset, IA 50273

Address of Property Transferred:

1897 Ironwood Trail, Winterset, Iowa 50273

Legal Description of Property: (Attach if necessary)

Lot Two (2) of Iron Hills Subdivision located in the Southwest Quarter (SW 1/4) of Section Fifteen (15), Township Seventy-six (76) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, as described in Plat of Survey filed on 2/2/07 in Book 2007, Page 728, Madison County, Iowa Recorder's Office.

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 the control of the control

- ☑ 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.

**FILE WITH RECORDER** 

DNR form 542-0960 (July 18, 2012)

☐ 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 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 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]	d a					
☐ 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 nereto:						
LIEBERY REGIARE THAT I HAVE DELIVED THE THE THAT I HAVE DELIVED THE THAT I HAVE DELIVED THE THAT I HAV						
I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED						
ABOVE IS TRUE AND CORRECT.						
ADOTE IS THOU AIRD CORRECT.						
Signature:						
111d(15)C(OF)						



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

Property information
Current owner Howard Russum
Buyer Jason Barris Realton Stamp Front Com
Current owner Noward / U33 4M  Buyer Tasen Bavis Realtor Home Front Saran Count  Mailing address 1897 Fron Dood Trail Winters & CA
Site Address/County 1897 TRONWood Trail Winterset IA 50273
Legal Description Same as address
No. of bedrooms 3 Last occupied? Shill there Records available yes
Permit/installation date 026-07 Separation distances ok no?
Septic system information
Septic tank(s): size 1500 material plantic condition leaks ok at this tent Tank pumped? 40 date 8-15-2021 licensed pumper #237
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 outlets used condition Header pipe(s) # 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 / 26 determined by
Vent pipes above grade? discharge pipe located?
Effluent sample taken? 40 Results 755-2 CBCD-5-2
Media filters: type Peat Cites
Maintenance contract? (AD) expiration date 1-1-22 service provider (AD) (b) (a) Son
Maintenance contract? US expiration date 1-1-22 service provider Cleu Sage Condition Looks of at the Character Sage
NPDES General Permit No. 4: required? 120 permitted? NOI provided



## Time of Transfer Inspection Report

Other components:
Alarms No Working? disinfection 20 working?
Control box 20 Timers 120 inspection ports
Other components Every Thing looks of at this time
Overall condition of the private sewage disposal system
Report system status has Rizers on tank
Explain (attach additional pages as needed): Need to clean abound tank
Comments:
Site status at conclusion of Time of Transfer inspection:  • Verify that controls are set on the appropriate mode.  • Fower 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 Akaco Date 8-13-2021  Name (print): Allen Akaco Certificate #: 1023  Address: 2204 175 Ct Winterset IA 50273  Phone # 515 962 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. 9 <sup>th</sup> St. Des Moines, IA 50319



### **Time of Transfer Inspection Report**

Other components: Alarms <u>No</u> V	Working?	<b>4:_:</b> 4			
	_			working?	
Control box No	Timers	no i	nspection ports	-	,
Other components	Every thing	lookŝ	ok at th	is time	
	/ the private sewage disp				
Report system status	has Rizers a	on tank			
Explain (attach addit	ional pages as needed):	need to	Clean a	round tank	
Comments:					
<ul><li>Verif</li><li>Powe</li><li>Revis</li><li>Gather</li></ul>	sion of Time of Transfe by that controls are set of or is on to all component sit all components to ve er all tools for removal by that no sewage is on	on the appropriate ats. erify lids are secur from the site.	re.		
Using this workshee	et, write a narrative repo	ort of the inspecti	on results and at	tach a site sketch.	
-	s the condition of the process not guarantee that it	<b>—</b> .	-		
Signature of Certific Name (print):	ed inspector: Alla 11en AKES 4 1750 CF 6 162-1015	en aker Winterset	JA SOZ	Date: <u>8-13-20</u> Certificate #: <u>1023</u> 13	21
Provide a copy of the county sanitarian/enconducted and to;	his report, the narrative nvironmental health off	report and sketch fice, county Reco	n to the seller/age rder in the count	ent, buyer/agent, the y the inspection was	
Iowa DNR Onsite 502 E. 9th St. Des Moines, IA 50	Wastewater Program				



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

Property information
Current owner Howard Russum
Buyer Jasen Bavis Realtor Home Front Saran Caura Malling address 1899 Fron Dood Trail Whites & CA
+ non wood have whiterest for
Site Address/County 1897 Tranwood Trail Winterset IA 50273 Legal Description same as address
No. of bedrooms 3 Last occupied? Shill there Records available yes
Permit/installation date 026-07 Separation distances okyno?
Septic system information
Septic tank(s): size 1500 material Plantic condition for at the time.  Tank pumped? date 8-15-2021 licensed pumper = 237  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 outlets used condition
Header pipe(s) # of lines Pressure dosed?
Secondary treatment:  length of absorption fields determined by  condition of fields determined by
Size of sand filter determined by
Vent pipes above grade? discharge nine located? discharge nine located?
Size of sand filter determined by
Media filters: type <u>Peat Cites</u> Maintenance contract? <u>All</u> expiration date 1-1-22 service provider <u>Allen Okens Saptice</u> Condition <u>looks ok at the Chin</u> Cites
NPDES General Permit No. 4: required? 120 permitted? NOI provided



#### ANALYTICAL REPORT

1-800-421-IOWA (4692

Collection i	Location	Collector and Phone	Client Reference	Accession#
discharge		akers allen 515/462-1015	howard russem	1795699
1897 IR	ONWOOD TRAIL	Collected	Received	Project
WINTER	RSET,	2021-08-13 08:35	2021-08-13 10:24	
				Sample Description
				waste water
္	ALLEN AKERS			Sample Type
ָדְ ב				Non-Drinking Water
Report	2204 175TH CT	70		Sample Source
	WINTERSET, IA 502	73-		Sample Note(s)
				1

#### **RESULTS OF ANALYSIS - FINAL REPORT**

IESI BOD, Carbonaceous 5 Day, SM 5210 B	RESULT (mg/L)	QUANT LIMIT	ANALYSIS NOTE(S)
CBOD, 5 Day	<2	2	
Total Suspended Solids, USGS I-3765-85  Total Suspended Solids	2	1	

#### SAMPLE AND ANALYSIS NOTES

1. Upon arrival, sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

#### **ANALYSIS INFORMATION**

IESI	ANALYZED	SITE	RELEASED	ANALYSIS PREP
1. BOD, Carbonaceous 5 Day, SM 5210 B	2021-08-13 10:30 AMG, JAE	3201	2021-08-18 14:41 JAE	
2. Total Suspended Solids, USGS I-3765-85	2021-08-17 09:45 MLS, AMG,	3201	2021-08-18 15:36 JAE	

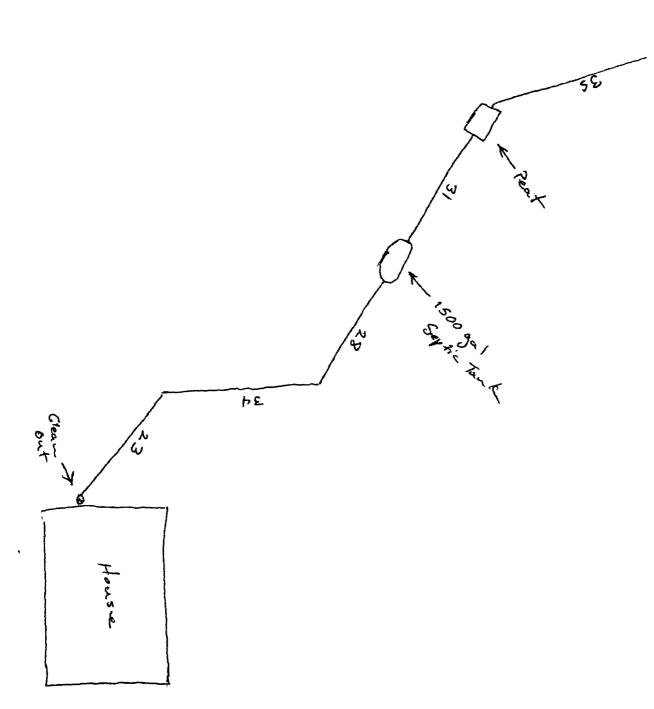
#### **DESCRIPTION OF UNITS**

mg/L = Milligrams per Liter

#### SITE(S) PERFORMING TESTING

3201 STATE HYGIENIC LABORATORY ANKENY, IOWA LABORATORIES COMPLEX, 2220 S ANKENY BLVD, ANKENY, IA 50023; Phone 515/725-1600; Fax 515/725-1642; Michael D. Schueller, M.S., Associate Director; Wade K. Aldous, Ph.D. (D)ABMM, Associate Director; IOWA ENVIRONMENTAL LAB ID #397

The result(s) of this report relate only to the items analyzed. Where the laboratory has not been responsible for the sampling stage the results apply only to the sample as received. This report shall not be reproduced except in full without the written approval of the laboratory. If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500.



Permit# 026-07 faul clashorn
reat Filter Inspection 10/11/07