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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Patrick Neuhaus

Address 2512 Violet Ln Saint Charles IA 50240
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Thomas M. Egli

Address 3320 Peru Rd Truro IA 50257
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:
2512 Violet Ln Saint Charles IA 50240
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary)

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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)

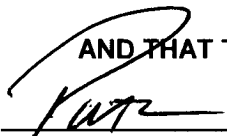
- All buildings on this property are served by a public or semi-public sewage disposal system.
- This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
- There is a building served by private sewage disposal system on this property 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: _____



(Transferor or Agent)

Telephone No.: (55) 478-0830

EXHIBIT "A"

A tract of land located in the Northwest Quarter ($\frac{1}{4}$) of the Northeast Quarter ($\frac{1}{4}$) of Section Twenty-two (22), Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, more particularly described as follows, to-wit: Commencing at a point 6 feet North and 20 feet East of the Northeast corner of Lot 12, in Block 10 of the Original Town Plat of West St. Charles, Madison County, Iowa, thence running North 438 feet, thence East 150 feet, thence South 417 feet, thence in a Southwesterly direction 132 feet to the place of beginning; **AND** a tract of land located in the Northeast Quarter ($\frac{1}{4}$) of the Northeast Quarter ($\frac{1}{4}$) of said Section Twenty-two (22), more particularly described as follows, to-wit: Commencing at a point 12 rods and 6 inches North of the Southwest corner of the Northeast Quarter ($\frac{1}{4}$) of the Northeast Quarter ($\frac{1}{4}$), running thence North 10 rods, thence East 16 rods, thence South 13 rods and 6 inches, thence West 16 rods, thence North 3 rods and 6 inches to the place of beginning, **EXCEPT** any part thereof located in the South 9 rods of the Northeast Quarter ($\frac{1}{4}$) of the Northeast Quarter ($\frac{1}{4}$) of said Section Twenty-two (22); **AND** a tract of land located in the Northwest Quarter ($\frac{1}{4}$) of the Northeast Quarter ($\frac{1}{4}$) of said Section Twenty-two (22), more particularly described as follows, to-wit: Commencing at a point 6 feet North and 20 feet East of the Southeast corner of Lot 11, in Block 10, of the Original Town Plat of West St. Charles, Madison County, Iowa, running thence East to the East line of the said Northwest Quarter ($\frac{1}{4}$) of the Northeast Quarter ($\frac{1}{4}$), thence South on the East line of said forty-acre tract 82 feet, thence West to a point on the East line of the Town of West St. Charles, Madison County, Iowa, 82 feet South of the place of beginning, thence North to the place of beginning; **AND** Lots 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12 in Block Nine (9), **AND** Lots 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 and 13 in Block Ten (10) of the Original Town Plat of West St. Charles, Madison County, Iowa.

Well location:

It is on the parcel that has the pole barn on it which is in the west. And when you pull into it on the gravel to get into the pole barn. It is on the south side of that and has a cement lid on it

Time of Transfer Inspection Report

Property Information

Current Owner: Pat and Katie Neuhaus

Buyer: _____ Realtor: _____

Mailing Address: _____

Site Address/County: 2512 Violet Lane, St Charles IA/ Madison County

Legal Description

No. of bedrooms: 3 Last occupied: Current Records available: yes

Permit/ installation date: 11-16-04 Separation distances (ok/no?): ok

Septic System Information

Septic tank(s): Size: 1500 Gal Material: Concrete Condition: good

Tank pumped? Y N Date: 8-31-21 Licensed pumper: Wiegert

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

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

Aerobic treatment unit (ATU) mfr _____ 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 Plastic Outlets used 6 Condition: good

Header pipe(s): 4"sch40 No. of lines: 6 Pressure dosed? no

Secondary Treatment:

Length of absorption fields: _____ Determined by: _____

Condition of fields: _____ Determined by: _____

Type of trench material: _____

Size of sand filter: 40'x18' Determined by: County records

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

Effluent sample taken no Results: System not discharging

Media Filters: Type: _____

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

Condition: _____

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



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 good. D-box is good. Hydraulic test was good.

All plumbing goes to the septic.

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: Ben Bedwell Date: 9-14-21

Name (print): Ben Bedwell Certificate #: 11612

Address: 1500 N B St, 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

NO DISCHARGE SAMPLE FORM

I hereby certify that I attempted to obtain an effluent sample from the onsite wastewater discharge point at:

NAME: Pat and Katie Neuhaus

ADDRESS: 2512 Violet Lane

St Charles IA

I attempted to obtain a sample of the above onsite wastewater system, but found no evidence of an effluent discharging. I inspected the system for any signs of surface discharge, erosion, soil staining, etc. There did not appear to be any evidence of flow in the last six months.

Upon inspection of the system, the discharge pipe is:

clean and cleared of debris
 covered or I was unable to locate the discharge
 other _____

DATE OF INSPECTION: 9-14-21

SAMPLER NAME: Ben Bedwell

MAINTENANCE CONTRACTOR (Company Name) if applicable:

Bedwell Builders

Permit # 091-04 Hockett Inspection 11/16/04

