



Document 2021 GW4437

Book 2021 Page 4437 Type 43 001 Pages 6
Date 10/25/2021 Time 12:09:00PM
Rec Amt \$.00

INDX
ANNO
SCAN
CHEK

LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Kevin C. Gast
Address W5747 Ember DR. Montello, WI 53949
Number and Street or RR City, Town or PO State Zip

TRANSFeree:

Name Caleb J. Folkers
Address 914 W. Main St., SAINT CHARLES, IA 50240
Number and Street or RR City, Town or PO State Zip

Address of Property Transferred:

914 W. Main St., SAINT CHARLES, IA 50240
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:

There is old abandoned well SE of House. Unknown Condition, and type.

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.: 715-853-6145

Legal Description

The North 165 feet of the West 150 feet of the Southwest Quarter ($\frac{1}{4}$) of the Northeast Quarter ($\frac{1}{4}$) of Section Twenty-three (23), Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa; AND Parcel "R" located in the Southwest Quarter ($\frac{1}{4}$) of the Northeast Quarter ($\frac{1}{4}$) of Section Twenty-three (23), containing 0.43 acres, as shown in Amended Plat of Survey filed in Book 2013, Page 2619 on September 5, 2013, in the Office of the Recorder of Madison County, Iowa.



Time of Transfer Inspection Report

Property Information

Current Owner: Kevin Gast
 Buyer: _____ Realtor: _____
 Mailing Address: _____

Site Address/County: 914 W Main St, Saint Charles IA/ Madison County

Legal Description

No. of bedrooms: 3 Last occupied: current Records available: yes
 Permit/ installation date: 5-12-98 Separation distances (ok/no?): ok

Septic System Information

Septic tank(s): Size: 1,000 gal Material: concrete Condition: good
 Tank pumped? Y N Date: 6-8-21 Licensed pumper: Wiegert

Septic/Trash/Processing tank: Size: _____ Material: _____ Condition: _____
 Tank pumped? Y N Date: _____ Licensed pumper: _____

Aerobic treatment unit (ATU) mfg _____ 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 5 Condition: good
 Header pipe(s): 4"sch40 No. of lines: 5 Pressure dosed? no

Secondary Treatment:

Length of absorption fields: 5x84' Determined by: County Map
 Condition of fields: good/dry Determined by: hydraulic test

Type of trench material: 24" chambers

Size of sand filter: _____ Determined by: _____

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

Effluent sample taken _____ Results: _____

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 in good condition. The D-box is in good condition. The hydraulic test was good. All plumbing goes to the septic. Lateral field was dry.

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: 6-13-21

Name (print): Ben Bedwell Certificate #: 11612

Address: 1500 N B St, Indianola IA 50125

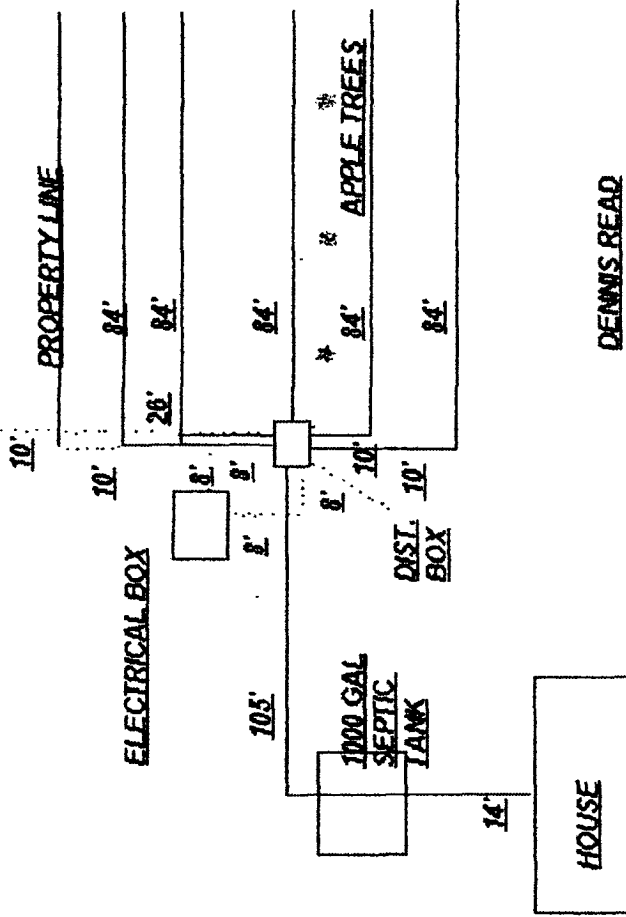
Phone #: 515-681-2053

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

N

ST. CHARLES HIGHWAY G50



E

W

DENNIS READ
 PERMIT #1890
 914 WEST MAIN ST. CHARLES
 INSTALLED 5-19-98
 420 FT. EQUALIZERS 24
 5 LATERALS 84 FT. @