



Document 2021 GW5207

Book 2021 Page 5207 Type 43 001 Pages 6
Date 12/22/2021 Time 12:34:26PM
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: Henry R. Putney, III and Rachelle Putney
Address: 2489 Willow Bend Trail, St. Charles, IA 50240

TRANSFeree:

Name: Michael Ayers and Kelly Ayers
Address: 31471 Ute Avenue, Waukee, IA 50263

Address of Property Transferred:
2489 Willow Bend Trail, St. Charles, Iowa 50240

Legal Description of Property: (Attach if necessary)

The Southeast Quarter (¼) of the Southwest Quarter (¼), AND Parcel "L" AND Parcel "M", located in the Southwest Quarter (¼) of the Southeast Quarter (¼), and containing 1.60 acres and 5.68 acres, respectively; both parcels as shown in Plat of Survey filed in Book 2019, Page 3050 on September 23, 2019, in the Office of the Recorder of Madison County, Iowa, ALL in Section Fourteen (14), Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa.

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: *Henry R. Portney* Telephone No.: 515-979-8575
(Transferor)

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

Property information

Current Owner HENRY R. PUTNEY III
Buyer MIKE & KELLY AYERS Realtor MIDWEST LAND GROUP
Mailing Address _____

Site Address/County 2489 WILLOW BEND TRAIL ST. CHARLES, IA.

No. of Bedrooms 3 Last Occupied? CURRENT Disposal? N Softener? Y N H₂O Supply? RURAL

Records Available YES Permit/Installation Date 10-27-04 Installer SDNS CONSTRUCTION ST. CHARLES

Septic System Information

Septic Tank(s): Size 1250 GAL. Material CONCRETE Condition GOOD
Tank Pumped? YES Date 12-14-21 Licensed Pumper YES - DRS PROLE, IA.
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 YES Outlets Used 3 Condition GOOD
Header Pipe(s) YES Number of Lines 3
Pressure Dosed? NO

Secondary Treatment

Length of Absorption Fields _____ Determined by _____
Condition of Fields _____ Determined by _____
Type of Trench Material _____

Size of Sand Filter 720 FT² Determined by COUNTY MAP - PROBE
Vent Pipes Above Grade? YES x 2 Discharge Pipe Located? YES -
Effluent Sample Taken? YES Results CBOD 16 mg/L TSS 2 mg/L

Media Filters: Type _____
Maintenance Contract? NO Expiration Date NA Service Provider NO
Condition HOMEDOWNER DOING OWN SAMPLE EACH YEAR.

NPDES General Permit No. 4: Required? NO Permitted? _____ NOI submitted _____

Time of Transfer Inspection Worksheet

Other Components

Alarms NA Working? _____ Disinfection NA Working? _____

Control Box NA Timers NA Inspection Ports NA

Other Components _____

Overall condition of the private sewage disposal system

Acceptable? YES Unacceptable? _____

Explain (attach additional pages as needed): SEPTIC TANK WAS EXPOSED, DUMPED AND INSPECTED ON 12-14-21. TANK APPEARED TO BE IN GOOD SHAPE AND WATER TIGHT. DISTRIBUTION BOX WAS EXPOSED AND INSPECTED, IT IS IN GOOD WORKING CONDITION

Comments: EFFLUENT SAMPLE WAS TAKEN AND SENT TO KEYSTONE LAB. CBOD = 16mg/L TSS = 2mg/L BOTH AT ACCEPTABLE LEVELS.

Site status at conclusion of Time of Transfer inspection:

TREES SHOULD BE REMOVED FROM TOP OF FILTER BED AREA.

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.

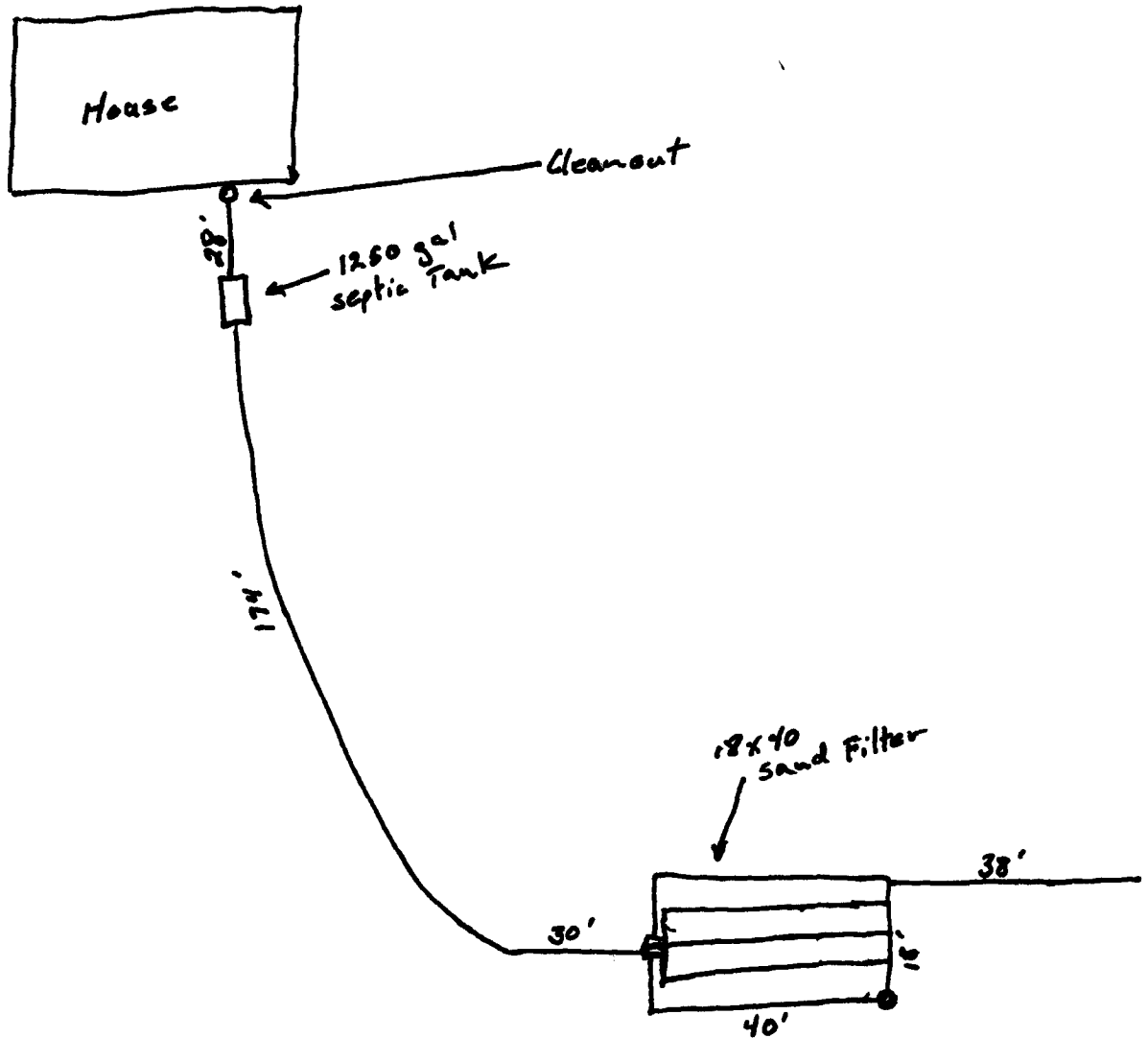
Using this worksheet, write a narrative report of the inspection results.

Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.

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: Jon Cornish Date: 12-21-21
Name (print): JON CORNISH Certificate #: 2007
Address: 1020 130th DEXTER, IA. 50070
Phone #: 515-249-9483

Permit # 071-04 Putney Inspection 10/27/04





ANALYTICAL REPORT

December 20, 2021

Work Order: 1EL1467

Page 1 of 4

Jon Cornish
West Central Services
1020 130th St
Dexter, IA 50070

Work Order Information
Date Received: 12/15/2021 1:05PM
Collector: Cornish, Jon
Phone: (515) 249-9483
PO Number:

Project : Septic Sampling

Project Number: [none]

Analyte	Result	MRL	Batch	Method	Analyst	Analyzed	Qualifier
1EL1467-01	Putney, 2489 Willow Bend Trail, St. Charles,			Matrix: Water		Collected: 12/14/21 13:00	
CBOD (5 day)	16 mg/L	8	1EL0824	SM 5210 B	IDD	12/15/21 15:50	
Solids, total suspended	2 mg/L	2	1EL0854	USGS I-3765-85	MEAH	12/16/21 8:21	

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety. Samples were preserved in accordance with 40 CFR for pH adjustment unless otherwise noted. MRL= Method Reporting Limit.