



Document 2021 GW989

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Darcy Hutchison and Jerry Hutchison

Address 3190 310th St Truro, IA 50257
Number and Street or RR City, Town or PO State Zip

TRANSFeree:

Name Joseph Mark Sievers Lisa Jo Sievers

Address 3174 310th Street, TRURO. IA 50257
Number and Street or RR City, Town or PO State Zip

Address of Property Transferred:

3174 310th Street, TRURO, IA 50257
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:

2 wells in front yard
 1 well 200 yards from house to the south

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature: Darag Mitehusa Telephone No.: 515 669 8507
(Transferor or Agent)

Legal Description:

The West 35 acres of the Northwest Quarter ($\frac{1}{4}$) of the Northeast Quarter ($\frac{1}{4}$) of Section Twenty-two (22), Township Seventy-four (74) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa.

AND

The East Half of the Southwest Quarter of the Northeast Quarter of Section 22, Township 74 North, Range 26 West of the 5th P.M., Madison County, Iowa. Said tract contains 19.85 Acres.



BOB'S SEPTIC
2785 NE 46th Avenue
Des Moines, IA 50317
515-262-9174

TIME OF TRANSFER COVERSHEET

PROPERTY ADDRESS: 3174 310TH STREET, TRURO, IA 50257

OWNER/SELLER: JERRY HUTCHISON
ADDRESS: 3174 310TH ST, TRURO, IA 50257
PHONE NUMBER: 515-705-9244
EMAIL: JERRYAHUTCHISON26@YAHOO.COM

SELLER'S REALTOR: JULIE EGLI - REMAX
ADDRESS: N/A
PHONE NUMBER: 515-480-3037
EMAIL: N/A

BUYER'S NAME: N/A
ADDRESS:
PHONE NUMBER:
EMAIL:

BUYER'S REALTOR: N/A
ADDRESS:
PHONE NUMBER:
EMAIL:

FEEL FREE TO CALL IF YOU HAVE ANY QUESTIONS!

515-262-9174

**BOB'S SEPTIC
DES MOINES, IA 50317
OFFICE@BOBSSEPTIC.COM**



Reset

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

Property information

Current owner JERRY & DARCY HUTCHISON
Buyer N/A Realtor JULIE EGLI - REMAX
Mailing address 3174 310TH STREET, TRURO, IA 50257

Site Address/County 3174 310TH STREET, TRURO, IA 50257
Legal Description W 34.57A N1/2 NE

No. of bedrooms 3 Last occupied? CURRENT Records available YES

Permit/installation date N/A Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1500 GALLONS material CONCRETE condition GOOD
Tank pumped? YES date 2/24/2021 licensed pumper BOB'S SEPTIC
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

Aerobic treatment unit (ATU) mfg _____ 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 4 condition GOOD
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields 300FT determined by MAP
condition of fields GOOD determined by HYDRAULIC LOAD TEST
type of trench material CHAMBERS

Size of sand filter _____ determined by _____
Vent pipes above grade? _____ discharge pipe located? _____
Effluent sample taken? _____ Results _____

Media filters: type _____
Maintenance contract? _____ expiration date _____ service provider _____
Condition _____

NPDES General Permit No. 4: required? _____ permitted? _____ NOI provided _____



Time of Transfer Inspection Report

Other components:

Alarms _____ Working? _____ disinfection _____ working? _____

Control box _____ Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status SYSTEM IS OPERATING AS DESIGNED AT TIME OF INSPECTION

Explain (attach additional pages as needed): TANK WAS IN GREAT SHAPE AS WELL AS THE D-BOX.

Comments: ALL PIPING GOES TO SEPTIC THAT IS SUPPOSED TOO. APPROX 300 GALLONS INTO LATTERALS FOR HYDRAULIC LOAD TEST.

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: *Bryce Bailey* Date: 2/24/2021
 Name (print): BRYCE BAILEY Certificate #: 11454
 Address: GALLON INC. 2785 NE 46TH AVE DES MOINES, IA 50317
 Phone # 515-331-0030

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

