



Document 2022 GW115

Book 2022 Page 115 Type 43 001 Pages 5

Date 1/10/2022 Time 12:27:01PM

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: George E. Moulton III and Patricia A. Moulton

Address: 3263 State Highway 92, Prole, IA 50229

**TRANSFeree:**

Name: Joshua Wandrey and Nicole Wandrey

Address: 3315 144th Court, Cumming, IA 50061

Address of Property Transferred:

3263 State Highway 92, Prole, Iowa 50229

Legal Description of Property: (Attach if necessary)

Lot One (1) of Maple Wood Cove Subdivision, located in the Southwest Quarter (1/4) of the Southwest Quarter (1/4) of Section Twenty-six (26) and in the Northwest Quarter (1/4) of the Northeast Quarter (1/4) of Section Thirty-five (35), Township Seventy-Six (76) 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.

**FILE WITH RECORDER**

**DNR form 542-0960 (July 18, 2012)**

**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:

well is North of House Approx 200 yards

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

Signature: \_\_\_\_\_

*Patricia A. McGowan*  
(Transferor)

Telephone No.: (515) 491-6043

**Time of Transfer Inspection Report**Property Information

Current Owner: George and Patricia Moulton  
Buyer: \_\_\_\_\_ Realtor: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Site Address/County: 3263 Hwy 92 Prole, IA/ Madison County

Legal Description

No. of bedrooms: 4 Last occupied: current Records available: yes  
Permit/ installation date: 10-7-98 Separation distances (ok/no?): ok

Septic System Information

Septic tank(s): Size: 1250 gal Material: Concrete Condition: good  
Tank pumped? ☒ Y ☐ N Date: 12-8-21 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: 5x100' Determined by: County records  
Condition of fields: good/dry Determined by: Hydraulic test  
Type of trench material: rock and pipe  
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: \_\_\_\_\_



542-0191

## 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): The tank was in good condition. The D-box was in good condition. The hydraulic test was good. The lateral field was dry. 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: 12-10-21Name (print): Ben Bedwell Certificate #: 11612Address: 1500 N B Street, Indianola IAPhone #: 515-681-2053

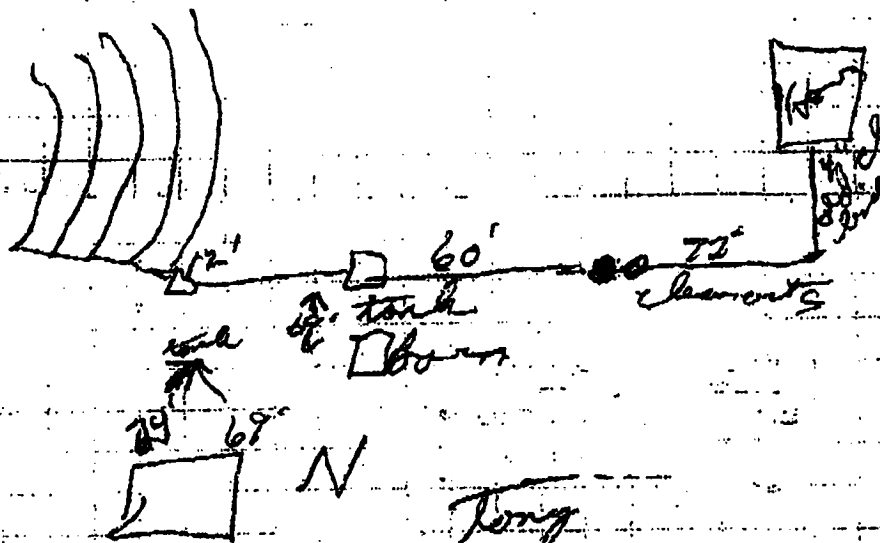
Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office and to:

Iowa DNR

Private Sewage Disposal Program

502 E 9<sup>th</sup> St

Des Moines IA 50319



Tong  
Henderson