

BK: 2022 PG: 1890
Recorded: 6/23/2022 at 12:30:10.0 PM
Pages 7
County Recording Fee: \$0.00
Iowa E-Filing Fee: \$0.00
Combined Fee: \$0.00
Revenue Tax:
LISA SMITH RECORDER
Madison County, Iowa

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

TRANSFEROR:

Name Brick Roger Imerman
Address 4819 Lean To Pt Panora IA 50216
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Wendy B Johnson
Address 13852 Lakeview Dr Clive IA 50325
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:
1693 Mueller Ct Winterset IA 50273
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.

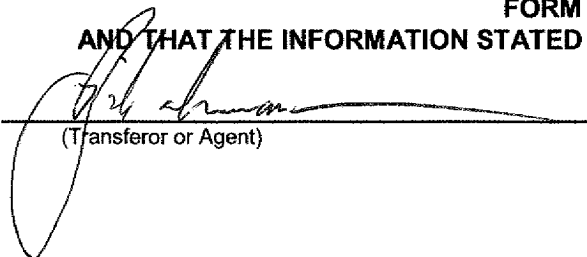
6. Private Sewage Disposal System (check one)

- 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.: _____

(515) 218-4442

EXHIBIT "A"

Parcel "M" located in the South Half (1/2) of the Southeast Quarter (1/4) of Section Three (3), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, containing 4.75 acres, as shown in Plat of Survey filed in Book 3, Page 359 on December 23, 1998, in the Office of the Recorder of Madison County, Iowa

ANALYTICAL REPORT

Work Order: 1FF1723

June 21, 2022
Page 1 of 1

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

Work Order Information
Date Received: 06/15/2022 12:55PM Collector: Cornish, Jon Collector Phone: (515) 249-9483 PO Number:

Project: Septic Sampling

Project Number: [none]

1FF1723-01 1693 Mueller Ct.

Matrix: Water

Collected: 06/15/22 09:00

Analyte	Result	MRL	Method	Analyst	Analyzed	Qualifier
CBOD (5 day)	<8 mg/L	8	SM 5210 B	AJE	06/15/22 15:50	
Solids, total suspended	<3 mg/L	3	USGS 1-3765-85	MEAH	06/20/22 16:50	

End of Report



Keystone Laboratories, Inc.
Dara Hanson
Project Manager I

*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 (1FF1723-0)*



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

Property information

Current Owner BRICK IMERMAN
Buyer JOEL-WENDY JOHNSON Realtor ROD ROBSON
Mailing Address

Site Address/County 1693 MUELLER CT. WINTERSET, IA. 50273

No. of Bedrooms 3 Last Occupied? MARCH 2022 Disposal? [X] N Softener? Y [X] N H2O Supply? RURAL WATER

Records Available YES Permit (Installation) Date 8-14-03 Installer MIKE HARKIN CUMMING, IA.

Septic System Information

Septic Tank(s): Size 1500 GAL Material CONCRETE Condition GOOD
Tank Pumped? YES Date 6-17-22 Licensed Pumper YES - DPS
Septic/Trash/Processing Tank: Size Material Condition
Tank pumped? Date Licensed Pumper

Aerobic treatment unit (ATU) MFRG Size
Tank Pumped? Date Licensed Pumper
Maintenance Contract? Expiration Date Service Provider
Condition

Pump Tanks/Vaults: Type PLASTIC SPHERE Size 500 GAL Condition GOOD

Distribution System: Distribution Box YES Outlets Used 5 Condition GOOD
Header Pipe(s) YES Number of Lines 5
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 SQ FT. Determined by COUNTY INSPECTION - PROBE
Vent Pipes Above Grade? YES Discharge Pipe Located? YES
Effluent Sample Taken? YES 6-15-22 Results NOT BACK FROM LAB YET

CUSTOMER LAB RESULTS WERE: ECOLI < 10 /100 ml,
SEE ATTACHED LAB RESULTS. CBOD < 2 mg/L, TSS < 1 mg/L

Media Filters: Type
Maintenance Contract? Expiration Date Service Provider
Condition

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



Time of Transfer Inspection Worksheet

Other Components

Alarms YES Working? YES Disinfection NA Working? _____

Control Box NA Timers NA Inspection Ports _____

Other Components PUMP AND FLOAT ASSEMBLIES ARE OPERATIONAL

Overall condition of the private sewage disposal system

Acceptable? YES Unacceptable? _____

Explain (attach additional pages as needed): TANK WAS PUMPED & INSPECTED - LOOKED TO BE IN GOOD SHAPE - FILTER WAS CLEANED - PUMP TANK WAS ALSO PUMPED AND WAS IN GOOD CONDITION - PUMP WAS OPERATED - D BOX WAS OBSERVED TO HAVE GOOD DISTRIBUTION TO ALL PIPING. NO BACKFLOW WAS OBSERVED - BOX WAS IN GOOD PHYSICAL SHAPE. OUTLET WAS DISCHARGING - ALARM SYSTEM WAS WORKING.

Comments: CUSTOMER LAB RESULTS WERE : SEE ATTACHED FROM LAB. WAITING FOR LAB RESULTS FROM INSPECTION ON 6-17-22

Site status at conclusion of Time of Transfer inspection:

- YES - Verify that controls are set on the appropriate mode.
- YES - Power is on to all components.
- YES - Revisit all components to verify lids are secure.
- YES - Gather all tools for removal from the site.
- NONE - 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: _____ Date: 6-17-22
 Name (print): JEN CORNISH / WEST CENTRAL SERVICE Certificate #: 2007
 Address: 1020 130 TH DEXTER, IA 50070
 Phone #: 515-249-9483



Collection Location septic tank drain		Collector and Phone imerman brick 515/218-4442	Client Reference brick imerman	Accession # 2088984
1693 MUELLER CT WINTERSET, IA		Collected 2022-04-27 14:15	Received 2022-04-27 15:28	Project
Report To	BRICK IMERMAN			Sample Description waste water
	1693 MUELLER COURT			Sample Type Non-Drinking Water
	WINTERSET, IA 50273-			Sample Source
				Sample Note(s) 1

RESULTS OF ANALYSIS - FINAL REPORT

TEST	RESULT (MPN)/100mL	QUANT LIMIT	ANALYSIS NOTE(S)
<i>E. coli</i> Bacteria, SM 9223 B E.coli	<10.	10	
TEST	RESULT (mg/L)	QUANT LIMIT	ANALYSIS NOTE(S)
<i>BOD, Carbonaceous 5 Day, SM 5210 B</i> CBOD, 5 Day	<2	2	
<i>Total Suspended Solids, USGS 1-3765-85</i> Total Suspended Solids	<1	1	

SAMPLE AND ANALYSIS NOTES

1. Upon arrival, sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

ANALYSIS INFORMATION

TEST	ANALYZED	SITE	RELEASED	ANALYSIS PRE
1. <i>E. coli</i> Bacteria, SM 9223 B	2022-04-27 16:00 DMJ	3201	2022-04-28 11:04 JAF	
2. <i>BOD, Carbonaceous 5 Day, SM 5210 B</i>	2022-04-28 11:00 AMG	3201	2022-05-04 10:02 KAR	
3. <i>Total Suspended Solids, USGS 1-3765-85</i>	2022-04-28 11:16 WMI, KAR	3201	2022-05-02 07:48 MLS	

DESCRIPTION OF UNITS

[MPN]/100mL – Most Probable Number per 100 Milliliters
mg/L – Milligrams per Liter

SITE(S) PERFORMING TESTING

3201 STATE HYGIENIC LABORATORY ANKENY, IOWA LABORATORIES COMPLEX, 2220 S ANKENY BLVD, ANKENY, IA 50023; Phone 515/725-1600; Fax 515/725-1642; Michael D. Schueller, M.S., Associate Director; Wade K. Aldous, Ph.D. (D)ABMM, Associate Director; IOWA ENVIRONMENTAL LA ID #397

The result(s) of this report relate only to the items analyzed. Where the laboratory has not been responsible for the sampling stage the results apply only to the sample as received. This report shall not be reproduced except in full without the written approval of the laboratory. If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500.