

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

TRANSFEROR:

Name Thomas R. Clause
Address 325 Longview Terrace, Minneapolis, MN 55419
Number and Street or RR City, Town or PO State Zip

TRANSFeree:

Name Benjamin M. Kelly
Address 1684 Mueller Ct, Winterset, IA 50273
Number and Street or RR City, Town or PO State Zip

Address of Property Transferred:

1684 Mueller Ct, Winterset, IA 50273
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)

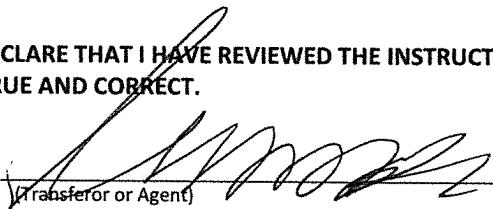
- All buildings on this property are served by a public or semi-public sewage disposal system.
- This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
- There is a building served by private sewage disposal system on this property 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:

WELL IS LOCATED VIA AN EASEMENT JUST NORTH OF NORTH PROP. LINE. 50' MAX.

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.: 515-371-0935



TIME OF TRANSFER INSPECTION TOT# 1955 BEN BEDWELL CERT # 11612

Site Information

Parcel Description: **400070380061000**

Address: **1684 Mueller Court, Winterset, IA 50237** County: **Madison**

Owner Information

Property is owned by a business: **No**

Business Name:

Owner Name: **Thomas and Mary Clause**

Email Address:

Address: **1684 Mueller Court, Winterset, IA 50237**

Phone No: **515-371-0935**

Additional Contact Information

Name	Email Address	Affiliate Type
Heather Holland	heather@precisiondsm.com	Realtor

Site related information

No Of Bedrooms: 4	Inspection Date: 08/18/2022
Facility Type: Residential	Currently Occupied: Yes
Last Occupied:	System Installation Date: 08/17/1999
Permit issued by County: Yes	Permit Number: 1726
All plumbing fixtures enter septic system: Yes	County contacted for records: Yes
Property Information Comments:	

Primary Treatment

Tank 1		
Tank Name: Tank 1	Type: Septic Tank	Tank Size (Gal): 1500
Tank Material: Plastic	Tank Corrosion Type: None	Liquid Level Type: Normal
No. of Compartments: 2	Pump Tank Chamber: No	Licensed Pumper Name: Wiegert

Date Pumped: **3/23/2020** Meets Setback to Well: **N/A** Well Type:
 Distance To Well (Ft.): Is Accessible: **Yes** Lid Intact: **Yes**
 Risers Intact: **Yes** Effluent Filter Present: **Yes** Watertight: **Yes**
 Tank/Vault Pumped: **Yes** Inlet Baffle Present: **Yes** Outlet Baffle Present: **Yes** Functioning as Designed: **Yes**
 Tank Comments:

Tank 2

Tank Name: **Tank 2** Type: **Septic Tank** Tank Size (Gal): **1000**
 Tank Material: **Plastic** Tank Corrosion Type: **None** Liquid Level Type: **Below Baffle**
 No. of Compartments: **2** Pump Tank Chamber: **No** Licensed Pumper Name: **na**
 Date Pumped: **3/23/2020** Meets Setback to Well: **N/A** Well Type:
 Distance To Well (Ft.): Is Accessible: **Yes** Lid Intact: **Yes**
 Risers Intact: **Yes** Effluent Filter Present: **Yes** Watertight: **Yes**
 Tank/Vault Pumped: **No** Inlet Baffle Present: **Yes** Outlet Baffle Present: **Yes** Functioning as Designed: **Yes**
 Tank Comments: **This tank has never been used. It was installed for a future office which was never built.**

General Primary Treatment Comments:

Distribution Type

Distribution Box 1

Label: **Distribution Box 1** Material Type: **Plastic** Accessible: **Yes**
 Box Opened: **Yes** Baffle Present: **Yes** Speed Levelers Present: **Yes**
 Watertight: **Yes** Functioning As Designed: **Yes**

General Distribution System Comments :

Secondary Treatment

Lateral Field1

Distribution Type: **Distribution Box** Material Type: **Leaching Chamber** Trench Width: **36**
 Lines: **5** Total Length of Absorption Line: **330** System Hydraulic Loaded: **Yes**
 Gallons Loaded: **300** Meets Setback to Well: **N/A** Well Type:
 Distance To Well (Ft.): Lateral Lines Probed: **Yes** Saturation or Ponding Present: **No**
 Grass Cover Present: **Yes** Lateral Lines Equal Length: **Yes** System Located on Owner Property: **Yes**
 Easement Present: **N/A** Functioning as Designed: **Yes**
 Comments:

General Secondary Treatment Comments:

Narrative Report:

TOT Inspection Report Overall Narrative Comments: **The system was working properly during the inspection.**



TIME OF TRANSFER INSPECTION TOT# 1955 BEN BEDWELL CERT # 11612

Owner Name: **Thomas and Mary Clause**

Address: **1684 Mueller Court, Winterset, IA 50237**

County: **Madison**

Inspection Date: **08/18/2022** Submitted Date: **9/5/2022**

This page certifies a Time of Transfer Inspection was conducted and submitted for the property listed above in accordance with Subrule 567 IAC 69.2(6).



MADISON COUNTY
BOARD OF HEALTH
COURT HOUSE
WINTERSSET, IOWA 50273
SEPTIC SEWAGE DISPOSAL TREATMENT SYSTEM
PERMIT APPLICATION

PHONE
515-452-2636

PERMIT NO. 1726 400076380061000 FEE PAID: 9-11-98
PERMIT ISSUED: 9-14-98

Applicant: Tom Clause Telephone No. (515) 288-8222 (OFFICE)
(515) 279-9376 (home)

Address: Clause Architects 222 Homestead Bldg. Des Moines, Iowa 50309

Tenant: same as above Telephone No. _____

Address: 1684 Muller Ct. Winterset, Iowa 50273

Proposed Structure: dwelling Legal Description: SEE ATTACHED
Existing Structure _____ Section: 2 Township: UNION

Number of: Bedrooms 3 Stools 4 Lavatories: 4 Showers: 2 Tubs: 1 Sinks: 1

PERCOLATION TEST MUST BE TAKEN AND APPROVED PRIOR TO ISSUANCE OF THE SEWAGE DISPOSAL TREATMENT SYSTEMS PERMIT.....

Percolation Test Taken: 6-2-98 By: VANCE & HOSPELTER

Results: Test hole #1 10.5 min./in. #2 14.1 min./in. #3 26.7 min./in. #4 20.0 min./in.

Average: 17.8 min./in. No. of Laterals Required: 5 Length of Laterals: 88 ft. ea.

DOUBLE COMPARTMENT SEPTIC TANKS REQUIRED / STATE APPROVED
2 Bedrooms: 800 gal. 3 Bedrooms: 1000 gal. 4 Bedrooms: 1250 gal. 5 Bedrooms: 1500 gal.

FEE: Check payable to Madison County Treasurer - Return with application.....
SEPTIC TANKS/ABSORPTION FIELDS - (ALTERNATIVE SYSTEMS) - MOUNDS - DOUBLE SAND FILTERS - APPROVED MECHANICAL SYSTEMS..... \$ 15.00

TYPE OF SYSTEM INSTALLED: SEPTIC TANK/ABSORPTION FIELD

Contractor: HAUSEMAN CORP. - GENL. CONTR. Telephone No. 992-4156
408-2536

Address: 605 PERCIVAL, DALLAS CENTER, IA Winterset
GENE JOHNSON - REX CITY OR C#6 CONTR.

I hereby certify that the above information is correct to the best of my knowledge and I agree that the system will be installed in accordance with the rules and regulations of Madison County Board of Health and Chapter 69, I.A.C. I further acknowledge that the system must remain open so that proper inspection and approval can be made by the local Health Sanitarian and that the system cannot be put into operation until approved.

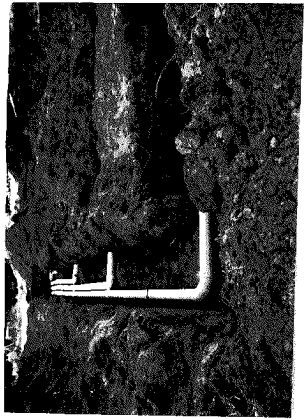
Date: 7-2-98 Applicant: [Signature]

NOTE: Request for inspection of the system must be made 24 hours in advance, if possible. Water at the site to test the distribution box must be available.

Mechanical systems require use of a free-access sand filter and must be covered by maintenance agreement. Maintenance agreement must be recorded in the Madison County Recorder's office.

Discharge from mechanical systems or double sand filters must be sampled and tested in the early spring, midsummer and early fall. Results to be submitted to the local Board of Health office.

DATE OF INSPECTION: 8-17-99 INSPECTION BY: _____

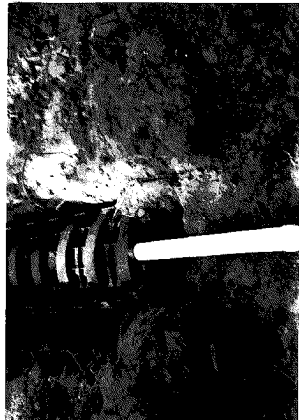


#1706



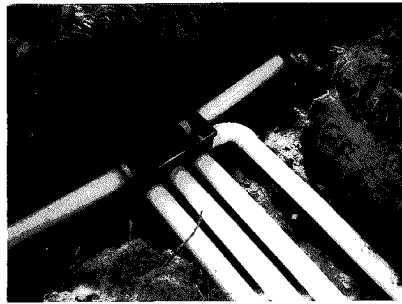


1726





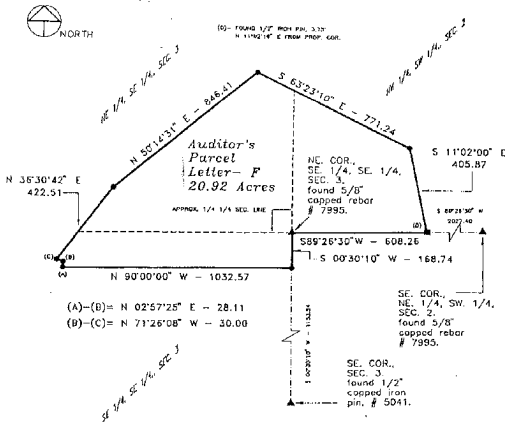
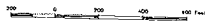
#1726



NORRISSEY SURVEYING, 1926 PAMEL PARK ROAD, WHITERSET, IA 50273-8317, 515-462-2166

PLAT OF SURVEY

SE 1/4 of the SE 1/4, SEC. 3, T-76N, R-27W
 NE 1/4 of the SE 1/4, SEC. 3, T-76N, R-27W
 NW 1/4 of the SE 1/4, SEC. 2, T-76N, R-27W
 MADISON COUNTY, IOWA



- MONUMENTS**
- A - found sec. cor. (spha. stone, etc.)
 - B - set - 3/8\" rebar with cap
I.L.S. 7995
 - O - no monument found or set
 - - found int. cor. (spha. stone, etc.)



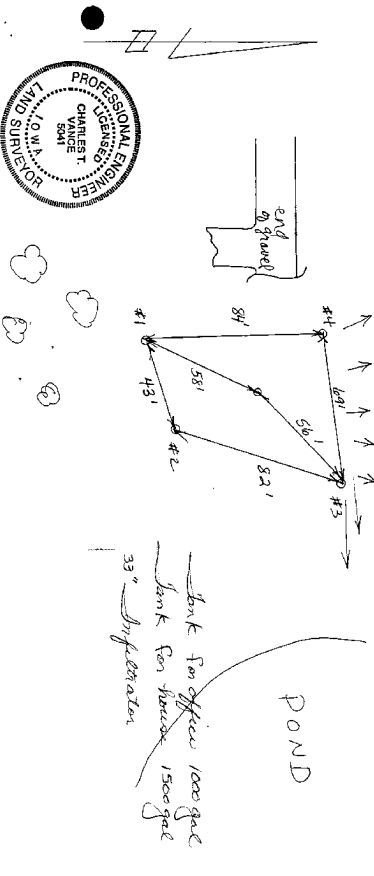
I hereby certify that this land surveying document was prepared and the related survey work was performed by me or under my direct personal supervision and that I am a duly licensed Land Surveyor under the laws of the State of Iowa.

 J. Brian Norrissey, Surveyor
 My license renewal date is 12/31/29.
 Pages covered by this seal: 1 and 2

MASSON COUNTY ENVIRONMENTAL HEALTH PERCOLATION TEST REPORT TEST # _____
 Date taken: 6-2-98 By: Darrel Needs
 Owner: Tom Clouse Site Address: _____ Phone No. 288-8222

Lot Size: _____ Legal Description: pt. of the SE 1/4 of the SE 1/4 of Sec. 3-T76N-R27W
 Structure: _____ Existing # Bores: 4
 Owner's Current Mailing Address: 222 Homestead Rdg., Des Moines, Iowa 50309
 Time for Length of water: 1. 18.5min/in 2. 14.1min/in 3. 26.7min/in 4. 29.0 min/in
 Depth of holes tested: 1. 36" 2. 36" 3. 36" 4. 36"
 Results of 6 foot hole: No rock or water: _____ AVERAGE RATE 19.8 min/in

Min. recommended lateral footage per IJC Ch. 65: 440 Feet Drawing of perc site below
 Number of laterals required: 3 each Average length of laterals: 88 Feet



I hereby certify that this engineering document was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer under the laws of the State of Iowa.
 Signed: Charles T. Vance Date: 4 June 1998 Reg. No. 5581 Exp. Date: 31 Dec. 1999

REAL ESTATE TRANSFER TAX PAID \$100
 RECORDER
 DATE 6-15-98 COUNTY MADISON

FILED NO. 5253
 REC'D 10 10
 AUD. 10 10
 R.M.F. 10 10
 COMPUTER RECORDED COMPARED
 BOOK 139 PAGE 208
 90 JUN 15 AM 10: 58

Preparer Information Lewis H. Jordan, P.O. Box 230, Winterset, (515) 462-3731
 Individual's Name Street Address City State ZIP+4
 MICHELLE OTSLEK, RECORDER
 MADISON COUNTY, IOWA
 SPACE ABOVE THIS LINE FOR RECORDER



WARRANTY DEED - JOINT TENANCY

For the consideration of SIXTY-THREE THOUSAND (\$62,000.00) Dollars and other valuable consideration, Marvin D. Cox and Mary A. Cox, Husband and Wife, do hereby Convey to Thomas R. Clause and Mary K. Clause,

as Joint Tenants with Full Rights of Survivorship, and not as Tenants in Common, the following described real estate in MADISON County, Iowa:

Parcel "B" located being that part of the Southeast Quarter (SE 1/4) of the Southeast Quarter (SE 1/4) and of the Northeast Quarter (NE 1/4) of the Southeast Quarter (SE 1/4) of Section Three (3) and of the Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4) of Section Two (2), all in Township Seventy-six (76) North, Range Twenty-seven (27) West of the Fifth Principal Meridian, Madison County, Iowa, described as follows: Beginning at the northeast corner of the Southeast Quarter (SE 1/4) of the Southeast Quarter (SE 1/4) of said Section Three (3); thence on an assumed bearing of South 00 degrees 30 minutes 10 seconds west along the east line of said Southeast Quarter (SE 1/4) of the Southeast Quarter (SE 1/4) a distance of 168.74 feet; thence North 90 degrees 00 minutes 00 seconds west 1032.57 feet; thence North 02 degrees 57 minutes 25 seconds East 28.11 feet; thence North 71 degrees 26 minutes 08 seconds west 30.00 feet; thence North 36 degrees 30 minutes 42 seconds East 422.51 feet; thence North 50 degrees 14 minutes 31 seconds East 846.41 feet; thence South 63 degrees 23 minutes 10 seconds East 771.24 feet; thence south 11 degrees 02 minutes 00 seconds east 405.87 feet to the south line of the Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4) of said Section Two (2); thence South 89 degrees 26 minutes 30 seconds west along said south line a distance of 608.26 feet to the point of beginning. Said tract contains 20.92 acres.

SEE ATTACHED FOR EASEMENT RESERVATION

Grantors hereby Covenant with grantees and successors in interest, that grantors hold the real estate by title in fee simple; that they have good and lawful authority to sell and convey the real estate; that the real estate is Free and Clear of all Liens and Encumbrances except as may be above stated; and grantors Covenant to Warrant and Defend the real estate against the lawful claims of all persons except as may be above stated. Each of the undersigned hereby relinquishes all rights of dower, homestead and distributive share in and to the real estate.

Words and phrases herein, including acknowledgment hereof, shall be construed as in the singular or plural number, and as masculine or feminine gender, according to the context.

STATE OF IOWA Dated: June 10, 1998
 ss: MADISON COUNTY,

On this 11 day of June, 1998, before me, the undersigned, a Notary Public in and for said State, personally appeared Marvin D. Cox and Mary A. Cox

Marvin D. Cox (Grantor)

Mary A. Cox (Grantor)

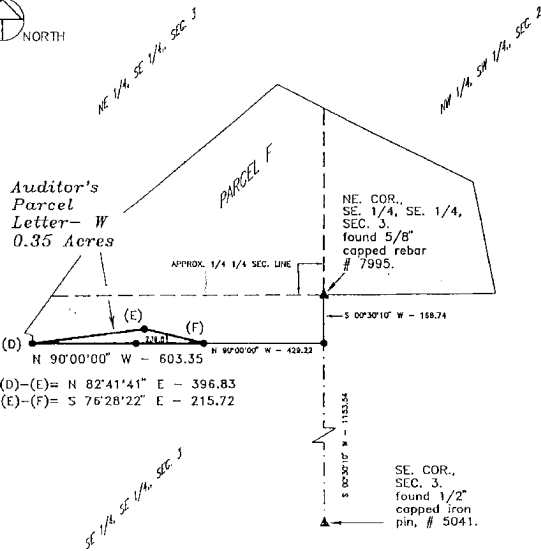
to me known to be the identical persons named in and who executed the foregoing instrument and acknowledged that they executed the same as their voluntary act and deed.

Larry D. Watts (Grantor)
 Notary Public

(This form of acknowledgment for individual grantors is void if not signed by all grantors.)
 LARRY D. WATTS
 MY COMMISSION EXPIRES 11-1-2000

MORRISSEY SURVEYING, 1926 PAMMEL PARK ROAD, WINTERSET, IA 50273-8317, 515-462-2166

PLAT OF SURVEY
SE 1/4 of the SE 1/4, SEC. 3, T-70N, R-27W
MADISON COUNTY, IOWA



(D)-(E) = N 82°41'41" E - 396.83
(E)-(F) = S 76°28'22" E - 215.72

MONUMENTS

- ▲ - found sec. cor. (pipe, stone, etc.)
- - found or set - 5/8" rebar with cap
R.L.S. 7995
- - no monument found or set
- - found lot cor. (pipe, stone, etc.)



I hereby certify that this land surveying document was prepared and the related survey work was performed by me or under my direct personal supervision and that I am a duly licensed Land Surveyor under the laws of the State of Iowa.

Signature: *J. Brian Morrissey* Date: *8/13/98*
J. Brian Morrissey Iowa Lic. No. 7995
My license renewal date is 12/31/99.
Pages covered by this seal: 1 and 2

SURVEY FOR AND OWNER: TOM CLAUSE, 303 LOCUST ST., DES MOINES, IA 50309

PROJ. NO. 239-98W DATE OF SURVEY: 12/6/97, 4/11,26/98, 7/10/98 PAGE 1

MORRISSEY SURVEYING, 1926 PAMMEL PARK ROAD, WINTERSET, IA 50273-8317, 515-462-2166

PLAT OF SURVEY

SE 1/4 of the SE 1/4, SEC. 3, T-78N, R-27W

MADISON COUNTY, IOWA

DESCRIPTION- PARCEL W

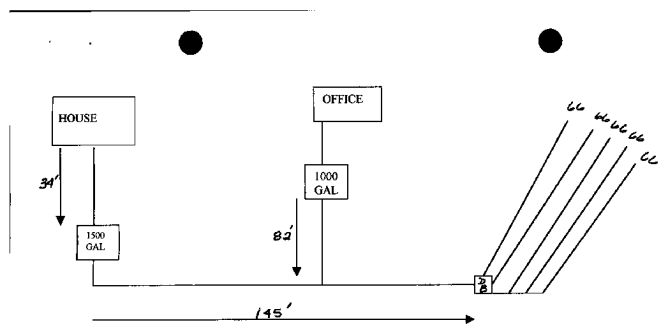
That part of Parcel F, recorded in Farm Plat Book 3, Pages 227 and 228, Madison County Iowa, Recorder's Office, located in the Southeast Quarter of the Southeast Quarter of Section 3, Township 76 North, Range 27 West of the Fifth Principal Meridian, Madison County, Iowa, described as follows:

Commencing at the northeast corner of the Southeast Quarter of the Southeast Quarter of said Section 3;
thence on an assumed bearing of South 00 degrees 30 minutes 10 seconds West along the east line of said Southeast Quarter of the Southeast Quarter and the easterly line of said Parcel F a distance of 168.74 feet to the southerly line of said Parcel F;
thence North 90 degrees 00 minutes 00 seconds West along said southerly line a distance of 429.22 feet to the point of beginning;
thence North 90 degrees 00 minutes 00 seconds West along said southerly line a distance of 503.35 feet;
thence North 82 degrees 41 minutes 41 seconds East 396.83 feet;
thence South 76 degrees 28 minutes 22 seconds East 215.72 feet to the southerly line of said Parcel F and the Point of beginning.

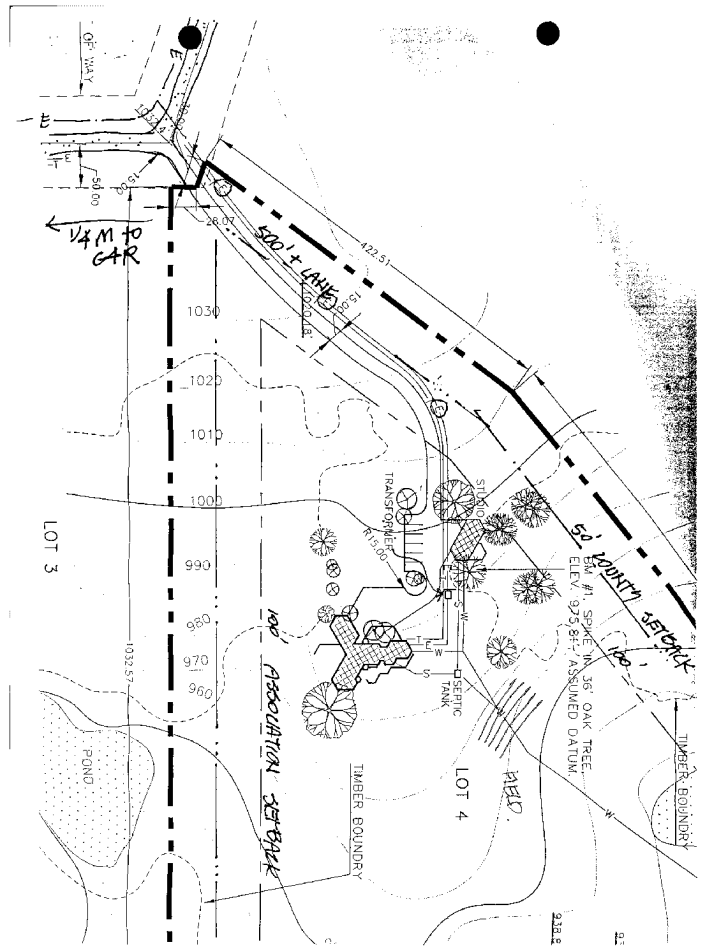
Said tract contains 0.35 acres.

SURVEY FOR AND OWNER: TOM CLAUSE, 303 LOCUST ST., DES MOINES, IA 50309

PROJ. NO. 259-98W DATE OF SURVEY: 12/6/97, 4/11,26/98, 7/10/98 PAGE 2



Tom Clause





Time of Transfer Inspection Report

542-0191

Property Information

Current Owner: Tom Clause
 Buyer: _____ Realtor: _____
 Mailing Address: _____
 Site Address/County: 1684 Mueller Court, Winterset/ Madison County
 Legal Description: _____
 No. of bedrooms: 3 Last occupied: _____ Current: _____ Records available: yes
 Permit/ installation date: 9-14-98 Separation distances (ok/no?): ok

Septic System Information

Septic tank(s): Size: 1500 gal Material: Plastic Condition: Good
 Tank pumped? Y N Date: 3-23-20 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 yes Outlets used: 5 Condition: Good
 Header pipe(s): 4"sch40 No. of lines: 5 Pressure dosed? no
 Secondary Treatment:
 Length of absorption fields: 5x66' Determined by: County Records
 Condition of fields: good/dry Determined by: Hydraulic test
 Type of trench material: 36" 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: System Working Properly at the time of Inspection

Explain (attach additional pages as needed): Tank good. D-box good. Hydraulic test good.

All plumbing goes to septic.

Comments: The 1,000 gal tank for the office has never been hooked up and used. Still in good condition.

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: 3-25-20

Name (print): Ben Bedwell Certificate #: 11612

Address: 1500 N B Street, Indianola IA

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:

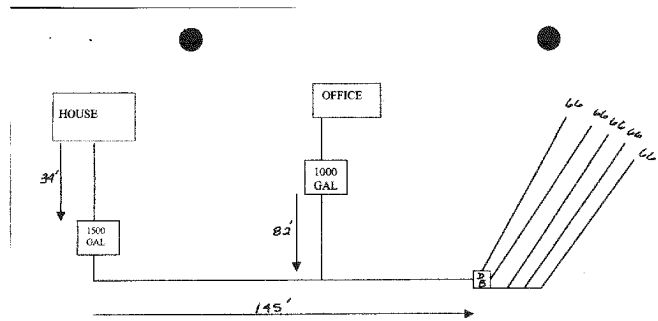
Iowa DNR

Private Sewage Disposal Program

502 E 9th St

Des Moines IA 50319

4/2010 ems/dae
DNR Form 362-0191



Tom Clause

8178

EDLN 41-0421732



The Grease Trap Cleaners

A Division of
WIF-GERT DISPOSAL, INC.
P.O. Box 344 1-800-728-4908
Martinsdale, IA 50160

Customer's
Order No. Ben Bedwell Date 3-23-20

Sold To Tom SIS-371-0935

Address 1604 Mueller Court

CASH CHARGE C.O.D. SALESMAN REC. ON ACCT.

QUAN.	DESCRIPTION	PRICE	AMOUNT
1	Grease trap Cleaning Septic		3.25 00
	COVER NOT BACK UP		
	CALL REC FOR GOING		
	PLASTIC TANK		
	LOOKS OK		
	THANK YOU		

TAX 22 76
TOTAL 347 76

SIGNATURE _____

BEDWELL BUILDER
30 YEARS OF SERVICE
2924 QUAKER STREET
SAINT CHARLES, IOWA 50
(641) 396-2462

CUSTOMER'S ORDER NO.		PHONE 563-317-0436			
NAME Tom Clause					
ADDRESS 1684 Mueller Winterset					
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD
QTY.	DESCRIPTION				
1	Time of transfer Inspection				
