

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

TRANSFEROR:

Name Chance G. Dullard and McKenna Dullard

Address 1605 State Highway 92, WINTERSET, IA 50273

Number and Street or RR

City, Town or PO

State

Zip

TRANSFeree:

Name Christopher L. Roberts and Mariah L. Roberts

Address 1605 State Highway 92, WINTERSET, IA 50273

Number and Street or RR

City, Town or PO

State

Zip

Address of Property Transferred:

1605 State Highway 92, WINTERSET, IA 50273

Number and Street or RR

City, Town or PO

State

Zip

Legal Description of Property: (Attach if necessary)

Exhibit A

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: Chance Dullard
(Transferor or Agent)

Telephone No.: 515-739-0099



TIME OF TRANSFER INSPECTION TOT# 2168 ALLEN AKERS CERT # 1023

Site Information

Parcel Description: **PT. OF THE SW QUARTER OF THE SW OF QUARTER SECTION 31-T76N-R28W**
Address: **1605 STATE HWY 92, Winterset, IA 50273** County: **Madison**

Owner Information

Property is owned by a business: **No**
Business Name:
Owner Name: **CHANCE DULLARD**
Email Address: **CHANCEDULLARD97@GMAIL.COM**
Address: **1605 STATE HWY 92, Winterset, IA 50273**
Phone No: **515-739-0099**

Additional Contact Information

Name	Email Address	Affiliate Type
MCKENNA DULLARD	MCKENNADULLARD@GMAIL.COM	Other
JANA SEVERSON	JANA@MILLERANDCLARK.COM	Realtor

Site related information

No Of Bedrooms: 3	Inspection Date: 09/17/2022
Facility Type: Residential	Currently Occupied: Yes
Last Occupied:	System Installation Date: 11/15/1999
Permit issued by County: Yes	Permit Number: 1868
All plumbing fixtures enter septic system: Yes	County contacted for records: Yes
Property Information Comments: TANK IS EAST OF THE GARAGE	

Primary Treatment

Tank 1		
Tank Name: Tank 1	Type: Septic Tank	Tank Size (Gal): 1500
Tank Material: Concrete	Tank Corrosion Type: None	Liquid Level Type: Normal

No. of Compartments: **2**

Pump Tank Chamber: **No**

Licensed Pumper Name: **WIEGERT
DISPOSAL INC**

Date Pumped: **9/17/2022**

Meets Setback to Well: **Yes**

Well Type: **Private**

Distance To Well (Ft.): **180**

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: **HAS CLEAN OUTS, RISERS ON TANK AND FILTER IN TANK**

General Primary Treatment Comments:

Distribution Type

Distribution Box 1

Label: **Distribution Box 1**

Material Type: **Plastic and Concrete**

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: **Gravelless Pipe**

Trench Width: **24"**

Lines: **4**

Total Length of Absorption Line: **400**

System Hydraulic Loaded: **Yes**

Gallons Loaded: **300**

Meets Setback to Well: **Yes**

Well Type: **Private**

Distance To Well (Ft.): **200**

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: **FUNCTIONING AS DESIGNED, LATERAL FIELD IS IN HAY FIELD**



TIME OF TRANSFER INSPECTION TOT# 2168 ALLEN AKERS CERT # 1023

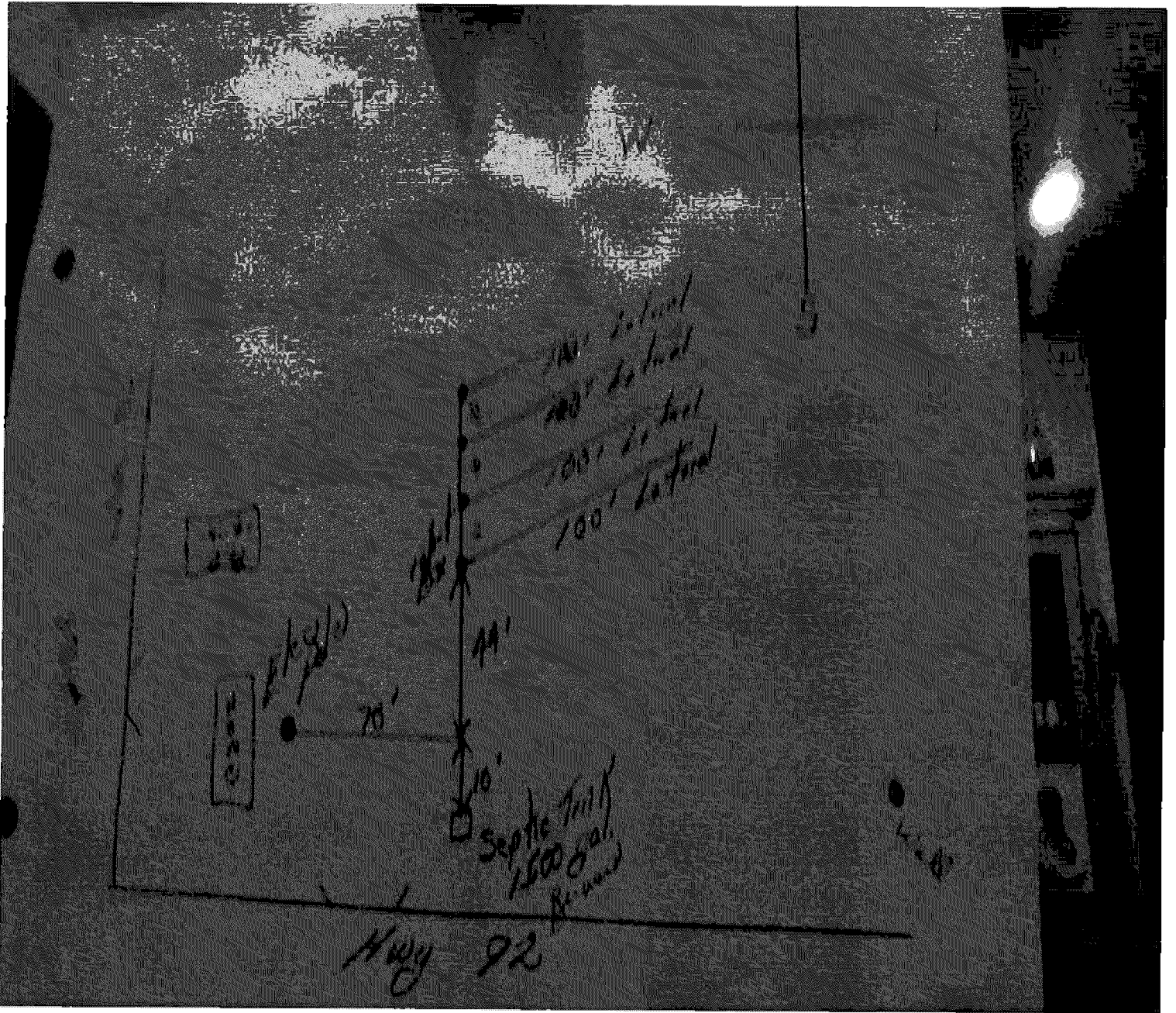
Owner Name: **CHANCE DULLARD**

Address: **1605 STATE HWY 92 , Winterset , IA 50273**

County: **Madison**

Inspection Date: **09/17/2022**

Submitted Date: **9/19/2022**







STATE OF OREGON
BOARD OF HEALTH
SEPTIC TANKS PERMIT APPLICATION

PERMIT NO. 1868

1968 SEP 11 1968 11 11 68
38000516006376 PERMIT ISSUED 11-11-68

APPLICANT W. J. ... TELEPHONE NO. _____

ADDRESS _____ TELEPHONE NO. _____

PROPOSED SEWERAGE SYSTEM Septic Tank
SPECIAL 1 TOWERSHIP ... COUNTY ...

DATE OF PERMIT 11-11-68
PERMIT EXPIRES 11-11-73
FEE PAID ...

DOUBLE COMPARTMENT SEWER TANKS REQUIRED STATE APPROVED

THIS PERMIT IS VALID FOR THE PERIOD OF 5 YEARS FROM THE DATE OF ISSUANCE

THE BOARD OF HEALTH RESERVES THE RIGHT TO SUSPEND OR REVOKE THIS PERMIT

IF THE APPLICANT FAILS TO COMPLY WITH THE CONDITIONS OF THIS PERMIT

THE BOARD OF HEALTH SHALL BE AUTHORIZED TO TAKE SUCH ACTION AS MAY BE NECESSARY

TO PROTECT THE PUBLIC HEALTH AND SAFETY OF THE PEOPLE OF THE STATE OF OREGON

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Board of Health

at Salem, Oregon, this 11th day of September, 1968.

Allen Akers
2204 1754th
Winterset IA 50273

515-468-0091 374606

ORDER INFO	customer's order no.	date	9-16-22
	name	9-17-22	
	address	Chance + McKenna Dillard	
	city, state, zip	1605 - HWY 92	
	Winterset IA 50273		
paid by	cash <input type="checkbox"/>	charge <input type="checkbox"/>	check <input type="checkbox"/>
	cod <input type="checkbox"/>	on acct <input type="checkbox"/>	shipping information

quantity		amount
1	pump tank	428.00
2		
3	time transfer	450.00
4		
5		
6		
7	Total	878.00
8		
9		
10		