

Document 2022 GW862

Book 2022 Page 862 Type 43 001 Pages 6 Date 3/25/2022 Time 1:16:31PM

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INDX ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

# REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

#### TRANSFEROR:

Name: Caleb D. Walton and Sara J. Walton Address: 1877 Nature Ct, Winterset, IA 50273

TRANSFEREE:

Name: Michael Charles Fehr and Patricia Ann Fehr Address: 6708 Reed Ln, West Des Moines, IA 50266

Address of Property Transferred: 1877 Nature Ct, Winterset, Iowa 5073

Legal Description of Property: (Attach if necessary)

Lot Fifteen (15) of Copper Fox Estates Subdivision located in the East Half (1/2) of the Southeast Quarter (SE 1/4) of Section Seventeen (17), in Township Seventy-six (76) North, Range Twenty-seven (27) 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.
- 6. Private Sewage Disposal System (check one)

**FILE WITH RECORDER** 

DNR form 542-0960 (July 18, 2012)

	l buildings on this property are served by a public or semi-public sewage disposal system.
	is transaction does not involve the transfer of any building which has or is required by law to have a wage disposal system.
la th ad	here is a building served by private sewage disposal system on this property or a building without any wful sewage disposal system. A certified inspector's report is attached which documents the condition of e private sewage disposal system and whether any modifications are required to conform to standards lopted by the Department of Natural Resources. A certified inspection report must be accompanied by its form when recording.
te be co be	nere is a building served by private sewage disposal system on this property. Weather or other imporary physical conditions prevent the certified inspection of the private sewage disposal system from ing conducted. The buyer has executed a binding acknowledgment with the county board of health to induct a certified inspection of the private sewage disposal system at the earliest practicable time and to responsible for any required modifications to the private sewage disposal system as identified by the rtified inspection. A copy of the binding acknowledgment is attached to this form.
bii on	ere is a building served by private sewage disposal system on this property. The buyer has executed a nding acknowledgment with the county board of health to install a new private sewage disposal system this property within an agreed upon time period. A copy of the binding acknowledgment is provided th this form.
se bir	ere is a building served by private sewage disposal system on this property. The building to which the wage disposal system is connected will be demolished without being occupied. The buyer has executed anding acknowledgment with the county board of health to demolish the building within an agreed upon the period. A copy of the binding acknowledgment is provided with this form. [Exemption #9]
□ Th	is property is exempt from the private sewage disposal inspection requirements pursuant to the lowing exemption [Note: for exemption #9 use prior check box]:
□ Th	e private sewage disposal system has been installed within the past two years pursuant to permit mber
Information hereto:	on required by statements checked above should be provided here or on separate sheets attached
_	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS
	FOR THIS FORM AND THAT THE INFORMATION STATED
	ABOVE IS TRUE AND CORRECT.
Signature:	Cal 75. Car Telephone No.: (515) 339-5448
	finensial A



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

# **Property information** Current owner <u>Caleb</u> + Sara Walton Realion Some Covernos Buyer M. Kettatty Fehr Mailing address \_\_\_ Site Address/County 1877 Nature Ct Winterset Towa madison Legal Description No. of bedrooms 5 Last occupied? Still thee Records available uses Permit/installation date 9-14-18 Separation distances 6kJno? Septic system information Septic tank(s): size 2000 gal material Coment condition looks over et land Tank pumped? 420 late 3-14-12 licensed pumper # 237 Septic/trash/processing tank: size \_\_\_\_\_ material \_\_\_\_ condition \_ 500 g Pin | Tank pumped? | date | 3-14-22 | licensed pumper | #2 3 7 Aerobic treatment unit (ATU) mfgr Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_ Maintenance contract? \_\_\_ expiration date \_\_\_ service provider \_\_\_\_ Condition Pump tanks/vaults: type \_\_\_\_\_ size \_\_\_\_ condition Distribution system: distribution box \_\_\_\_\_ outlets used \_\_\_ \_\_\_\_\_ outlets used \_\_\_\_\_ condition \_\_\_\_\_ # of lines \_\_\_\_\_ Pressure dosed? Header pipe(s) \_\_\_ Secondary treatment: length of absorption fields \_\_\_\_\_ determined by \_\_\_ determined by condition of fields \_\_\_ type of trench material Size of sand filter 64x 12 passer 2"Fife determined by probe + map discharge pipe located? yes Vent pipes above grade? Jus 3-14-24 Results Bon 5 2 753 Effluent sample taken? \_\_\_\_ Media filters: type Maintenance contract? expiration date \_\_\_\_\_ service provider \_\_\_ Condition NPDES General Permit No. 4: required? 10 permitted? NOI provided

6-2009

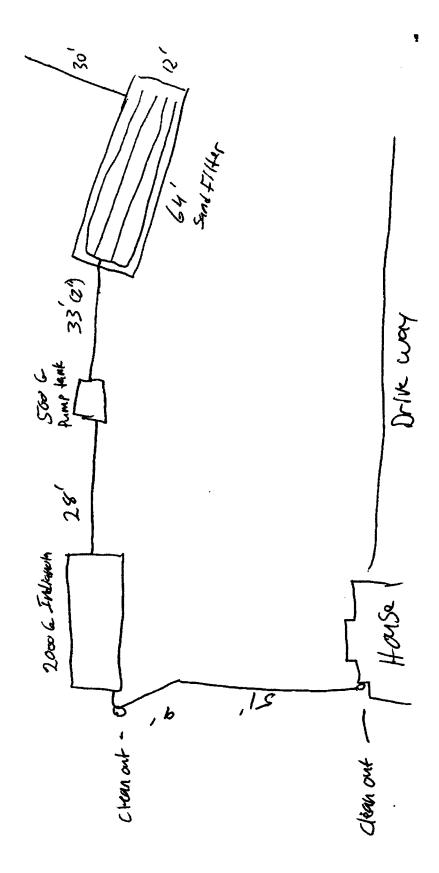
542-1



# Time of Transfer Inspection Report

Other components:
Alarms 400 Working? 400 disinfection 100 working?
Control box 40 Timers inspection ports 400
Other components
Overall condition of the private sewage disposal system
Report system status Every thing Last of the temp
Explain (attach additional pages as needed):
Comments:
Site status at conclusion of Time of Transfer inspection:
<ul> <li>Verify that controls are set on the appropriate mode.</li> </ul>
Power is on to all components.
<ul> <li>Revisit all components to verify lids are secure.</li> </ul>
<ul> <li>Gather all tools for removal from the site.</li> </ul>
<ul> <li>Verify that no sewage is on the ground surface.</li> </ul>
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: Allen Akers Date: 3-14-22  Name (print): Allen Akers Certificate #: 1023  Address: 2204 175tt ct Wisters of IA 50273  Phone # 515-462-1015
Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office, county Recorder in the county the inspection was conducted and to;
Iowa DNR Onsite Wastewater Program 502 E. 9 <sup>th</sup> St. Des Moines, IA 50319

1877 Nature Ct. Perm+ 077-18 9-14-18





### ANALYTICAL REPORT

1-800-421-IOWA (4692)

Collection Lo		∍n	Client Reference caleb walton	Accession # 2064388	
WINTERS	SET, Collected 2022-03-	14 09:33	Received 2022-03-14 11:11	Project	
10	ALLEN AKERS	ALLEN AKERS		Sample Description Waste Water discharge Sample Type	
Report 1	2204 175TH CT				
	WINTERSET, IA 50273-	WINTERSET, IA 50273-		Sample Note(s)	

### **RESULTS OF ANALYSIS - FINAL REPORT**

IESI	RESULT (mg/L)	QUANT LIMIT	ANALYSIS NOTE(S)
BOD, Carbonaceous 5 Day, SM 5210 B			
CBOD, 5 Day	<2	2	
Total Suspended Solids, USGS I-3765-85			
Total Suspended Solids	9	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**

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TEST	ANALYZED	SITE	RELEASED	<b>ANALYSIS PREP</b>
1. BOD, Carbonaceous 5 Day, SM 5210 B	2022-03-16 07:10 AMG	3201	2022-03-22 07:14 MLS	
2. Total Suspended Solids, USGS I-3765-85	2022-03-15 10:00 WMH, KAR	3201	2022-03-17 18:16 AMG	

## **DESCRIPTION OF UNITS**

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 LAB 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.