



Document 2023 GW703

Book 2023 Page 703 Type 43 001 Pages 9
Date 4/10/2023 Time 12:33:23PM
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BRANDY MACUMBER, COUNTY RECORDER
MADISON COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED IN FULL BY TRANSFEROR

If the transaction is exempt from filing a declaration of value pursuant to Iowa Code 428A.1(2), **STOP HERE**. Pursuant to Iowa Code section 558.69(1), when no declaration of value is submitted during a transaction, you are not required to submit a groundwater hazard statement or include the statutory language in Iowa Code section 558.69(8A). Please consult your realtor or legal counsel for further advice, including on whether a declaration of value is required. The Department provides this information for statutory reference only.

Instructions for this document can be found at:

<https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960%20Instructions.pdf>

Attachment 1, if required, can be found at: <https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960a.pdf>

TRANSFEROR:

Name Nicholos Roberts and Alexis Roberts

Address 1786 Millstream Court, Winterset, Iowa 50273

Number and Street or RR

City, Town or PO

State

Zip

TRANSFeree:

Name Jon Henry Kaufman and Dena Jayne Kaufman

Address 1786 Millstream Court, Winterset, Iowa 50273

Number and Street or RR

City, Town or PO

State

Zip

Address of Property Transferred:

1786 Millstream Court, 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)

- No Condition - There are no known wells situated on this property.
- Condition Present - 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)

- No Condition - There is no known solid waste disposal site on this property.
- Condition Present - 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)

- No Condition - There is no known hazardous waste on this property.
- Condition Present - 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)

- No Condition - 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.)
- Condition Present - 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)

- No Condition - There are no known private burial sites on this property.
- Condition Present - 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)

- No Condition - All buildings on this property are served by a public or semi-public sewage disposal system.
- No Condition - This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
- Condition Present - 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.
- Condition Present - 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.
- Condition Present - There is a building served by private sewage disposal system on this property. The system is failing to ensure effective wastewater treatment or is otherwise improperly functioning, and 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.
- Condition Present - 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 #7]
- Condition Present - There is a building served by private sewage disposal system on this property. This property is exempt from the private sewage disposal inspection requirements pursuant to the following Exemption [Note: for exemption #7 use prior check box]: _____
- Condition Present - There is a building served by private sewage disposal system on this property. The private sewage disposal system has been installed within the past two years pursuant to permit number: _____

Review the following two directions carefully:

- A. If you selected a box stating "No Condition" for every numbered section above, **STOP HERE**. Do not submit this form. Instead, pursuant to Iowa Code section 558.69(8A), you must include the following language on the first page of the recorded deed, instrument, or other writing:

"There is no known private burial site, well, solid waste disposal site, underground storage tank, hazardous waste, or private sewage disposal system on the property as described in Iowa Code section 558.69, and therefore the transaction is exempt from the requirement to submit a groundwater hazard statement."

Please consult your realtor or legal counsel for further advice on this exemption. By law, the owner of the property is responsible for the accuracy of this statement, and the Department provides this information for statutory reference only.

- B. If you checked any box stating "Condition Present" for any of the numbered sections above, continue below. You must complete this form, including providing all required information, and you must submit this form to the county recorder's office with declaration of value.

Information required by statements checked above should be provided here or on separate sheets attached hereto:

#4 - 500 gallon fuel tank

#6 - See attached report

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.: 641-344-9406

Legal Description

Lot Thirty (30) of Covered Bridge Estates, located in the Fractional Southwest Quarter (1/4) of the Southwest Quarter (1/4) of Section Seven (7), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa; AND in the Southeast Quarter (1/4) of the Southeast Quarter (1/4) of Section Twelve (12), Township Seventy-six (76) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa



TIME OF TRANSFER INSPECTION TOT# 4114 BEN BEDWELL CERT # 11612

Site Information

Parcel Description: **400070700300000**

Address: **1786 millstream ct, Winterset, IA 50273**

County: **Madison**

Owner Information

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

Business Name:

Owner Name: **Nick Roberts**

Email Address: **roberts4712@icloud.com**

Address: **323 N 15th Ave, Winterset, IA 50273**

Phone No: **641-344-9406**

Additional Contact Information

Name	Email Address	Affiliate Type
Rachel Eller	Rachel@racheleller.com	Realtor

Site related information

No Of Bedrooms: **4**

Inspection Date: **02/28/2023**

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date: **07/01/2020**

Permit issued by County: **Yes**

Permit Number:

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: **Concrete**

Tank Corrosion Type: **None**

Liquid Level Type: **Normal**

No. of Compartments: **2** Pump Tank Chamber: **No** Licensed Pumper Name: **NA less than 3 years old**
Date Pumped: **2/28/2023** 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:

General Primary Treatment Comments:

Distribution Type

Header Pipe 1

Label: **Header Pipe 1** Material Type: **Plastic** Accessible: **Yes**
Functioning As Designed: **Yes**

General Distribution System Comments :

Secondary Treatment

Pkg Treatment Media Filter1

Media Type: **Peat Moss** Manufacturer: **NA** Model Number: **NA**
Serial Number: **NA** Maintenance Contract: **Yes**
Maintenance Provider: **Bedwell Builders**
System Hydraulic Loaded: **Yes** Gallons Loaded: **300** Discharge At Time of Inspection: **Yes**
CBOD Results (mg/L): **9** TSS Results (mg/L): **2** Disinfection Present: **No**
Disinfection Type: Tertiary Treatment Present: **No** Tertiary Treatment Type:
Meets Setback to Well: **N/A** Well Type: Distance To Well (Ft.):
GP4 Permitted: **No** GP4 Required: **No** Vent(s) Present: **Yes**
Media Present: **Yes** Outlet Found: **Yes** Sample Taken: **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# 4114 BEN BEDWELL CERT # 11612

Owner Name: **Nick Roberts**

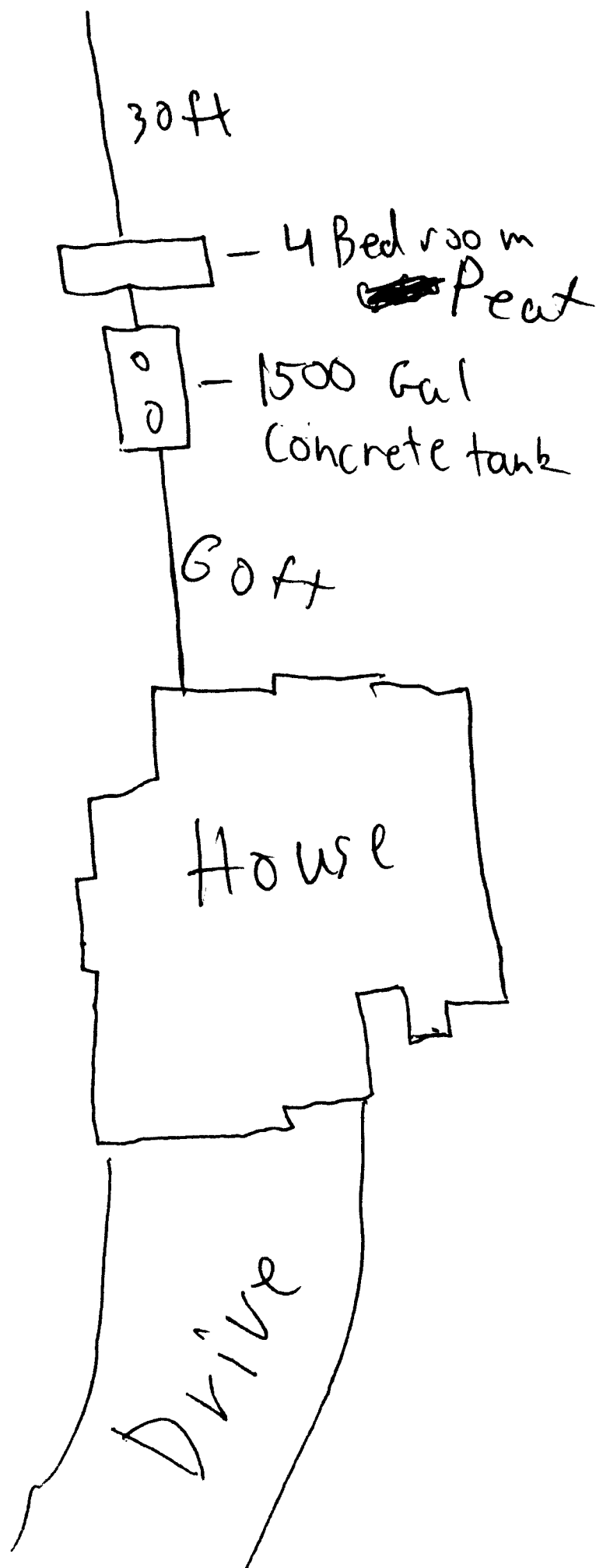
Address: **1786 millstream ct , Winterset , IA 50273**

County: **Madison**

Inspection Date: **02/28/2023**

Submitted Date: **3/19/2023**

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(8).





Collection Location septic		Collector and Phone bedwell ben 515/671-2053	Client Reference roberts nick	Accession # 2246968
WINTERSET,		Collected 2023-02-28 08:15	Received 2023-02-28 09:29	Project
Report To	BEN BEDWELL BUILDERS 1500 NORTH B ST INDIANOLA, IA 50125			Sample Description waste water
				Sample Type Non-Drinking Water
				Sample Source
				Sample Note(s) 1

RESULTS OF ANALYSIS - FINAL REPORT

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

<u>TEST</u>	<u>ANALYZED</u>	<u>SITE</u>	<u>RELEASED</u>	<u>ANALYSIS PREP</u>
1. BOD, Carbonaceous 5 Day, SM 5210 B	2023-03-01 08:00 AMG, WMH,	3201	2023-03-07 14:48 MGB	
2. Total Suspended Solids, USGS I-3765-85	2023-02-28 13:00 WMH	3201	2023-03-01 14:00 MGB	

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.