

Document 2009 GW2658

Book 2009 Page 2658 Type 43 001 Pages 5 Date 8/21/2009 Time 2:45 PM

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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

Name	Linda K. Brittain								
Address	2220 Rustic Ave	Winterset	IA	50273					
	Number and Street or RR	City, Town or P.O.	State	Zip					
TRANSFE	REE:								
Name	Bruce Holtry and Sharon Holtry								
Address	2220 Rustic Ave	Winterset	ΙA	50273					
	Number and Street or RR	City, Town or P.O.	State	Zip					
Address o	f Property Transferred:								
	2220 Rustic Ave	Winterset	IA	50273					
	Number and Street or RR	City, Town or P.O.	State	Zip					
of The	ere are no known wells situated on this property. ere is a well or wells situated on this property. The t ated below or set forth on an attached separate shee	ype(s), location(s) and legal st	atus ar	e , NW car					
2. Solid V	stated below or set forth on an attached separate sheet, as necessary. LIVES TOCK USE, WW CORN solid Waste Disposal (check one)								
	here is no known solid waste disposal site on this property.								
	ere is a solid waste disposal site on this property and	d information related thereto is	provid	ed in					
	achment #1, attached to this document. lous Wastes (check one)								
	ere is no known hazardous waste on this property.								
□ The	ere is hazardous waste on this property and informat achment #1, attached to this document.	tion related thereto is provided	l in						
4. Underg	ground Storage Tanks (check one)								
	ere are no known underground storage tanks on this								

- 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)

TRANSFEROR-

There are no known private burial sites on this property.

	П	identifying information of the decedent(s) is stated below or on an attached separate sheet, as
•	D:.	necessary.
D. `	Priv	vate Sewage Disposal System (check one)
V		There are no known private sewage disposal systems on this property. There is a private sewage disposal system on this property.
F	X	There is a private sewage disposal system on this property. 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 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. When the inspection is completed, an amended Groundwater Hazard
		Statement shall be recorded with the certified inspection and shall include the document
		numbers of both the real estate transfer document and the original Groundwater Hazard
	_	Statement.
		There is a 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.
		This property is exempt from the private sewage disposal inspection requirements pursuant to
		the following exemption:
		The private sewage disposal system has been installed within the past two years pursuant to
		permit number .
		ation required by statements checked above should be provided here or on separate attached hereto:
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS
		FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sic	nati	ure: Oxnaak Baltain Telephone No.: (515 669-7436
	,	Continue of the second of the



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

Property information
Current owner Linda Brittain Ruver Base State Britain Rechard OF CHIRCH
Current owner //UCA DRIVING
Realtor DES CHOICH
Buyer Bryce Holtry Realtor DES CHURCH Mailing address 2220/ RUSTIC AV2 (IDWA Realty) Windersel TA 50273 Site Address/County 2220 RUSTIC AV2 / MADISON CO Legal Description
Site Address/County 22 0 5 0 5 1 MARCALL CA
Legal Description SEE County Records.
/
No. of bedrooms 3 Last occupied? Presently Records available yes
Permit/installation date 5-24-02 Separation distances ok/ no?
Septic system information
Sandy and the Control of the Control
Septic tank(s): size 150 cm material Couche condition 60000 Tank pumped? 405 date 7-10-09 licensed pumper 70105T SEPTIC Septic/trash/processing tank: size material condition
Sontial make pumper forest septic
Tools over and?
Tank pumped? date licensed pumper
Aerobic treatment unit (ATU) mfgr size
Tank pumped? date licensed pumper
Aerobic treatment unit (ATU) mfgr size Tank pumped? date licensed pumper Maintenance contract? expiration date service provider Condition
Pump tanks/vaults: type size condition
Distribution quetoms distribution has No. 3 milletoured 1/ condition (> 0
Distribution system: distribution box 465 outlets used 4 condition 6556 Header pipe(s) # of lines Pressure dosed?
Secondary treatment:
length of absorption fields 4) low LINES determined by County Records
condition of fields DRY determined by DROBING
Secondary treatment length of absorption fields low Lines determined by lounty Records determined by lounty Records determined by lounty lounty
Size of sand filter determined by discharge pipe located?
Effluent sample taken? Results
Media filters: type
Media filters: type Maintenance contract? expiration date service provider Condition
Condition
NPDES General Permit No. 4: required? permitted? NOI provided



Time of Transfer Inspection Report

Other compone	ints:				
	Working? _	,,	disinfection	wo	rking?
Control box	niinga	Timers	inspecti	ion ports	
Other compone	ents				
	on of the private s				
Report system	status Septic	Systen	1 WAS 1	N gor	
Explain (attach	additional pages	as needed):	ON AT	FRETTO	N.
		······································		······	and the second s
•	onclusion of Time Verify that control Power is on to all Revisit all compo Gather all tools for Verify that no sev	ols are set on the components. nents to verify light removal from	appropriate mode. ds are secure. the site.		
Using this worl	ksheet, write a nar	rrative report of	he inspection resul	ts and attach a s	ite sketch
the inspection.	It does not guara	ntee that it will g	sewage disposal sys	satisfactorily.	
Signature of Co Name (print): Address: Phone #	ertified inspector: BRIAN 20. Dox 202-489	Ringes 197 P	nell Tukony, IM	Date: Certification 5002/	7-10-09 ate#: <u>13</u> 3
	an/environmental		and sketch to the s unty Recorder in th		
Iowa DNR One 502 E. 9 th St. Des Moines, IA	site Wastewater P A 50319	rogram			

From: Elion Date: 7/7/2009 2:37:04 PM To: plforest@mchsi.com

Attachments Preview:

tmpF.jpg (Resized to 43%, Show actual size)

ermit # 023.02 Ronald Br. Hain 3/21/02

