



Document 2009 GW3040

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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name Alesia N. Harlan and Brent L. Harlan

Address 2876 Carriage Trail, Macksburg, IA 50155

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Pamela Schutz and Michael Connolly

Address 1257 280th St., Macksburg, IA 50155

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

2876 Carriage Trail, Macksburg, IA 50155

Number and Street or RR

City, Town, or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) See 1 in Addendum

**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)**

- There are no known private sewage disposal systems on this property.
- 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 \_\_\_\_\_


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

One working well is on the east side of the pole building.

Two non-working wells: One is on the South border, west of the driveway approximately 100 feet; and the other is on the South border east of the driveway approximately 25 feet.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.: 611-745-9534



Restor

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

Property information

Current owner Brent Harlan  
Buyer Pam Schutz Realtor Covered Bridge Realty  
Mailing address 2876 Carriage Trl. Macleburg, Va

Site Address/County 2876 Carriage Trl. Macleburg, Va. Madison Co.  
Legal Description \_\_\_\_\_

No. of bedrooms 3 Last occupied? is now Records available yes

Permit/installation date                      Separation distances ok/ no? yes

Septic system information

Septic tank(s): size \_\_\_\_\_ material \_\_\_\_\_ condition \_\_\_\_\_

Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_

Septic/trash/processing tank: size \_\_\_\_\_ material \_\_\_\_\_ condition \_\_\_\_\_

Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_

Aerobic treatment unit (ATU) mfg Whitewater size 800 gal

Tank pumped? yes date 9-12-09 licensed pumper Norman S. 75

Maintenance contract? yes expiration date \_\_\_\_\_ service provider Wuff & Son

Condition good

Pump tanks/vaults: type \_\_\_\_\_ size \_\_\_\_\_ condition \_\_\_\_\_

Distribution system: distribution box \_\_\_\_\_ outlets used \_\_\_\_\_ condition \_\_\_\_\_

Header pipe(s) \_\_\_\_\_ # of lines \_\_\_\_\_ Pressure dosed? \_\_\_\_\_

Secondary treatment:

length of absorption fields \_\_\_\_\_ determined by \_\_\_\_\_

condition of fields \_\_\_\_\_ determined by \_\_\_\_\_

type of trench material \_\_\_\_\_

Size of sand filter 8' X 4' determined by probing

Vent pipes above grade? \_\_\_\_\_ discharge pipe located? yes

Effluent sample taken? yes Results on back page

Media filters: type \_\_\_\_\_

Maintenance contract? \_\_\_\_\_ expiration date \_\_\_\_\_ service provider \_\_\_\_\_

Condition \_\_\_\_\_

NPDES General Permit No. 4: required? \_\_\_\_\_ permitted? \_\_\_\_\_ NOI provided \_\_\_\_\_



### Time of Transfer Inspection Report

Other components:

Alarms \_\_\_\_\_ Working? yes disinfection \_\_\_\_\_ working? \_\_\_\_\_

Control box X Timers X inspection ports \_\_\_\_\_

Other components \_\_\_\_\_

Overall condition of the private sewage disposal system

Report system status good

Explain (attach additional pages as needed): \_\_\_\_\_

Comments: \_\_\_\_\_

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. none

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: John W. Mayer Date: 9-12-09  
 Name (print): \_\_\_\_\_ JOHN MAYER Certificate #: 8979  
 Address: \_\_\_\_\_ SEPTIC TANK PUMPING  
 Phone # 515-462-2624 1509 St. Hwy. 92  
 Winterset, IA 50273-8411

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

map on back →

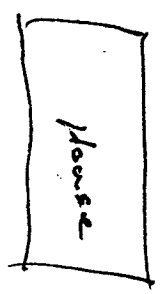
North

A

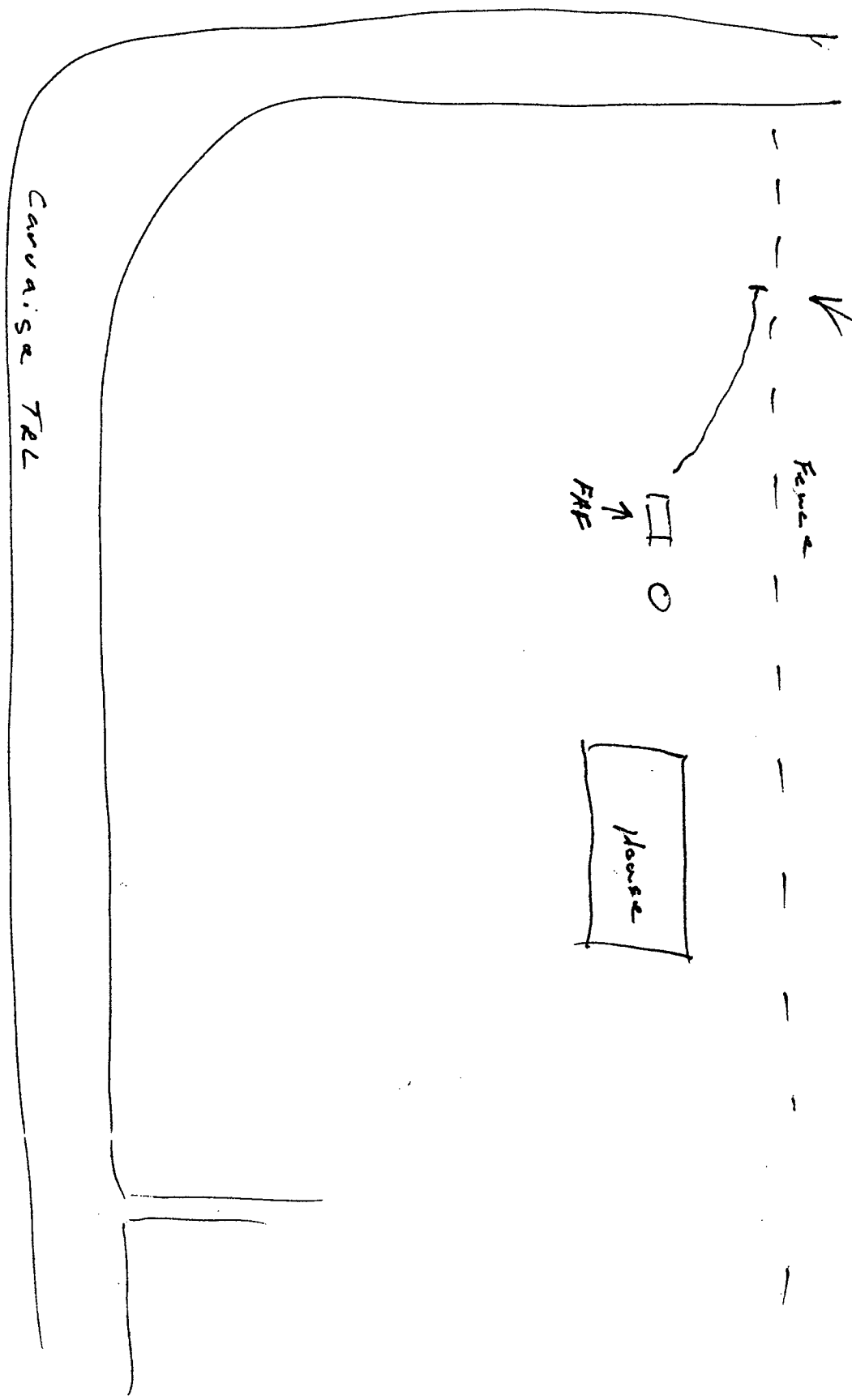
Discharge next to fence  
half way down hill

Fence

FAP



Carriage TEL





# Hygienic Laboratory

The University of Iowa

Date of report: 04-08-2009

|||||  
LARRY HUFF  
HUFF & SONS WELL BORING  
1996 295TH LANE  
  
WINTERSET IA 50273

Sample Number 2009008492  
Date Received 03-31-2009  
Project  
Date Collected 03-31-2009 09:06  
Collection Site sample port  
Collection Town Macksburg  
Description wastewater  
Reference ALISHA HARLAN  
Collector WITT TRAVIS  
Phone  
Purchase Order

**Comments**

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.

## Results of Analyses

### Total Suspended Solids

Analyte	Concentration mg/L	Quantitation Limit mg/L
Total Suspended Solids	5	1

Comments: Dried at 103 degrees C

Date Analyzed: 04-01-2009  
Method: USGS I-3765-85

Analyst: LD  
Verified: DS

### Carbonaceous 5 day BOD

Analyte	Concentration mg/L	Quantitation Limit mg/L
Carbonaceous BOD (5 day)	<2	2

Date Analyzed: 04-01-2009  
Method: SM 5210B

Analyst: RS/PB  
Verified: LF

### Description of units used within this report

mg/L - Milligrams per Liter

Quant Limit - Lowest concentration reliably measured

The results of this report relate only to the items analyzed. This report shall not be reproduced except in full without the written approval of the laboratory.

Iowa Environmental Laboratory ID #027.

If you have any questions please call Client Services at 800/421-IOWA (4692) or 319/335-4500. Thank you.

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Michael A. Pentella, Ph.D.  
Associate Directors

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