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INDX
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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER – GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name MAC JOSEPH SLAUSON AND CALANDRA ANNE SLAUSON

Address 16 - 34th Street Des Moines Iowa 50312
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name ROBERT GLENN SILKMAN AND LYNNETTE LORENE SILKMAN

Address 1654 McBride Ridge Court Winterset Iowa
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

Address 1654 McBride Ridge Court Winterset Iowa
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) _____
Lot 5 in County Estates West

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.

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 acknowledgement 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 acknowledgement 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 acknowledgement with the county board of health to demolish the building within an agreed-upon time period. A copy of the binding acknowledgement is provided with this form.
☐ This property is exempt from the private sewage disposal inspection requirements pursuant to the following exemptions: _____
☐ 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: _____

(Transferor or Agent)

Telephone No.: (515) 205-5195



CS-Rec

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

Property information

Current owner Mac Slawson
Buyer Rob Silberman Realtor no realtor
Mailing address 16 on 34th St Des Moines, Ia 50312
Site Address/County 1654 Mac Bride Ridge Ct. Madison Co.
Legal Description _____

No. of bedrooms 4 Last occupied? in now Records available yes

Permit/installation date 10/16/03 Separation distances ok/ no? yes
→ 123-02

Septic system information

Septic tank(s): size 1500 material plastic condition good
Tank pumped? yes date 9-30-09 licensed pumper ST 75 mayer
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

Aerobic treatment unit (ATU) mfr _____ size _____
Tank pumped? _____ date _____ licensed pumper _____
Maintenance contract? _____ expiration date _____ service provider _____
Condition _____

Pump tanks/vaults: type _____ size _____ condition _____

Distribution system: distribution box Plastic outlets used 4 condition good
Header pipe(s) 3-4" # of lines 4 Pressure dosed? yes

Secondary treatment:

length of absorption fields 100' determined by Co map & probing
condition of fields good determined by walking & probing
type of trench material plastic dome

Size of sand filter _____ determined by _____
Vent pipes above grade? _____ discharge pipe located? _____
Effluent sample taken? _____ Results _____

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? _____ disinfection _____ working? _____

Control box _____ Timers _____ 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: 10-1-09

Name (print): _____ Certificate #: 8979

Address: JOHN MAYER

Phone # 515-462-2624 SEPTIC TANK PUMPING

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. 9th St.

Des Moines, IA 50319

Map on Back →

Permit # 123-02 Slawson Inspection 10/16/03

