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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Thomas Lampe and Dorothy Lampe

Address 416 Gamay Dr Cloverdale CA 95425
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Jason R. Edwards and Kristi L. Loeffelholz Edwards

Address 3917 Belair Dr Urbandale IA 50323
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:
1435 Walnut Ln Cumming IA 50061
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary): Lot 12 of Walnut Cove Estates Subdivision Plat 2

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:

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature: Thomas W. Lunge Telephone No.: (707) 758-1032



Time of Transfer Inspection Report

Property Information

Current Owner: Thomas Lampe

Buyer: Jason Edwards Realtor: Karen Reichard

Mailing Address: _____
1435 Walnut Ln., Cumming IA

Site Address/County: _____

Legal Description Lot 2 Plat 12 Walnut Cove

No. of bedrooms: 5 Last occupied: 8/15/2009 Records available: _____

Permit/ installation date: 111-04R Separation distances (ok/no?): _____

Septic System Information

Septic tank(s): Size: 2000 gal Material: Concrete Condition: good

Tank pumped? Y N Date: _____ Licensed pumper: _____

Septic/Trash/Processing tank: Size: _____ Material: _____ Condition: _____

Tank pumped? Y N Date: _____ Licensed pumper: _____

Aerobic treatment unit (ATU) mfg _____ Size _____

Tank pumped? Y N Date: _____ Licensed pumper: _____

Maintenance contract? Y N Expiration date: _____ Service provider: _____

Condition: _____

Pump tanks/vaults: Type: _____ Size: _____ Condition: _____

Distribution system: Distribution box _____ Outlets used _____ Condition: _____

Header pipe(s): _____ No. 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: _____ Determined by: _____

Vent pipes above grade? Y N Discharge pipe located? Y N

Effluent sample taken Yes Results: BOD 15 TSS 48 7/6/09

Media Filters: Type: Effluent

Maintenance contract? Y N Expiration date: 12/31/09 Service provider: River to River

Condition: _____

NPDES General Permit No. 4: Required? Y N Permitted? Y N NOI provided: _____



Time of Transfer Inspection Report

Other components:

Alarms: Y N Working: Y N Disinfection: Y N Working: Y N

Control Box: _____ Timers: _____ Inspection Ports: _____

Other components: _____

Overall condition of the private sewage disposal system:

Report system status: _____

Explain (attach additional pages as needed): _____

Comments: Tank has been pumped. System cannot be resampled at this time as the house has been sitting vacant.

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.

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: *Robert D. McKinney* (pp) Date: 9/23/09

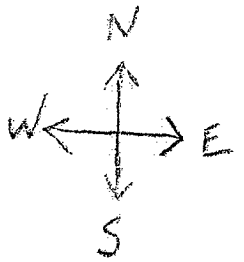
Name (print): Robert D. McKinney Certificate #: 9030

Address: P.O. Box 460 Waukee, IA 50263

Phone #: 515-987-3913

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office in the county the inspection was conducted, the county recorder and to:

Iowa DNR Onsite Wastewater Program
502 E 9th St
Des Moines IA 50319



Thomas + Dorothy Lampe
1435 Walnut Ln.
Cummins, IA 50061

Permit # 111-01R
ST 650 Reart

