



Document 2010 GW506

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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name Kathryn A. Buhr f/k/a Kathryn A. Norman and Dennis E. Norman, Jr.

Address 2387 Peru Rd., Peru, IA 50222

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Evan Hollingsworth

Address 2794 Pioneer Ave., Peru, IA 50222

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:  
2387 Peru Rd., Peru, IA 50222

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. east of barn

**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 well 50 feet East of the barn.

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

Signature: Wesley Roberts Telephone No.: (515) 238-0843  
(Transferor or Agent)

## Addendum

1. Parcel "A" located in the Southeast Quarter ( $\frac{1}{4}$ ) of the Southeast Quarter ( $\frac{1}{4}$ ) of Section Thirty-two (32), Township Seventy-five (75) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, containing 6.318 acres, as shown in Plat of Survey filed in Book 2003, Page 1899 on April 3, 2003, in the Office of the Recorder of Madison County, Iowa



Realtor

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

Property information

Current owner Dennis Kathy Norman  
Buyer Evan Hollingsworth Realtor Dow Realty  
Mailing address 2994 Pioneer ave. Perre, la  
Site Address/County 2387- Perre Road Perre, la. Madison Co.  
Legal Description \_\_\_\_\_

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

Permit/installation date aug 1999 Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1500 material concrete condition good  
Tank pumped? yes date 3-1-10 licensed pumper Mayer ST 75  
Septic/trash/processing tank: size \_\_\_\_\_ material \_\_\_\_\_ condition \_\_\_\_\_  
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 system: distribution box Plastic outlets used 5 condition good  
Header pipe(s) 4 # of lines 5 Pressure dosed? yes

Secondary treatment:  
length of absorption fields 63'-4" determined by Co map & probing  
condition of fields good determined by walking & probing  
type of trench material 36" chamber

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

Tank was opened & Report system status Pumped septic tank on 3-1-10-

Explain (attach additional pages as needed): Tank is good cond. has two compartments and inlet & outlet baffle - outlet Tee has effluent filter - was cleaned

Comments: Pool top is good & no sewage on ground surface 3-1-10 water was run into tank before pumping effluent level was good. Tank does not have riser - only 8" soil on top of tank

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 - 3-1-10

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 M. Mayer Date: 3-1-10  
 Name (print): \_\_\_\_\_ **JOHN MAYER** Certificate #: 8979  
 Address: \_\_\_\_\_ **SEPTIC TANK PUMPING**  
 Phone # 515-462-2624 **1509 St. Hwy. 92**  
**Winterset, IA 50273-8411**

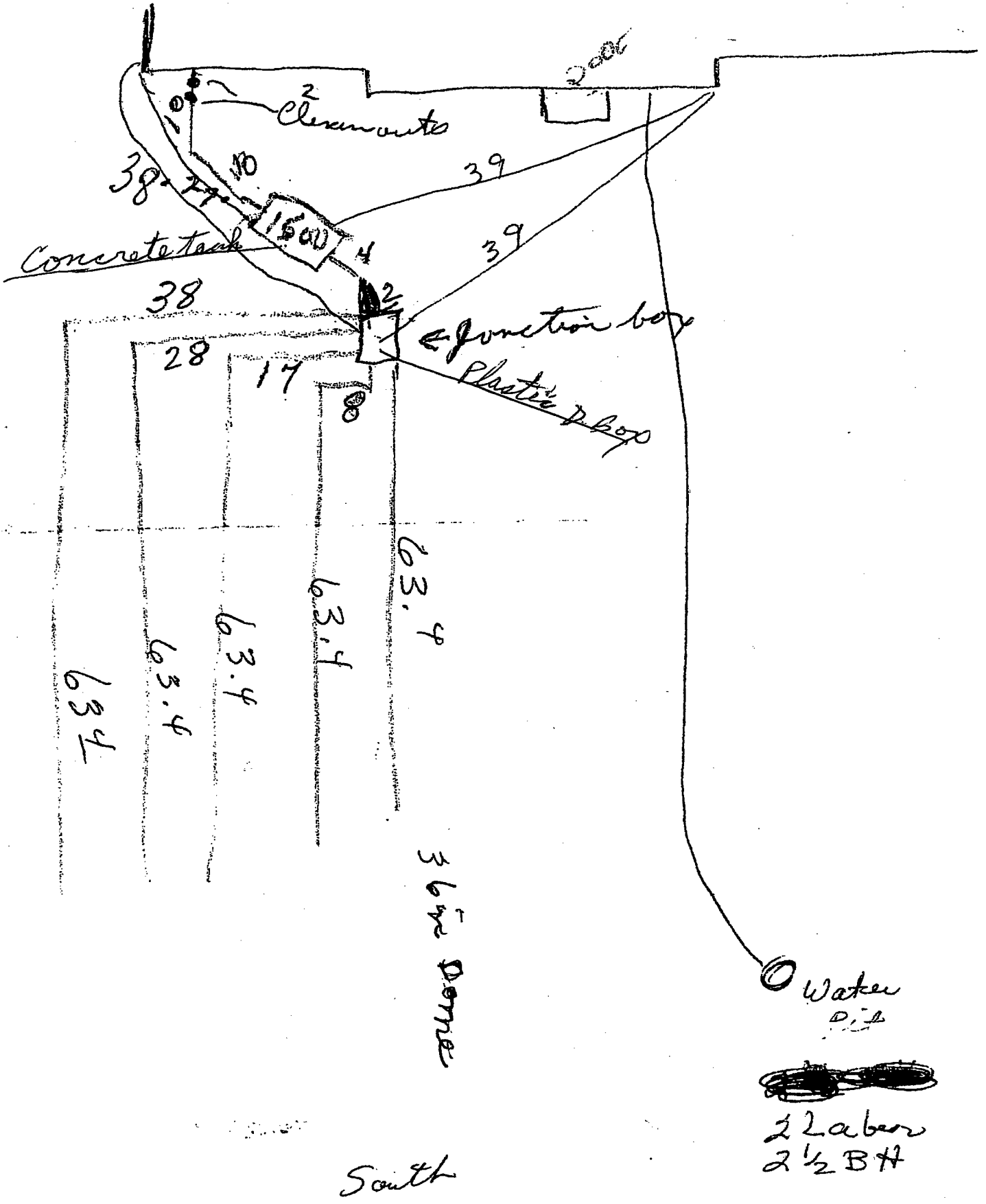
Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office, county Recorder in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program  
502 E. 9<sup>th</sup> St.  
Des Moines, IA 50319

*Map on Back →*

Woods - aug - 1999

2387 Peru Rd  
Permit # 1836



Bunkle

Water Pit

~~XXXXXXXXXX~~  
2 Labor  
2 1/2 BH

South