



Document 2010 GW1952

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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 John K. McDonald and Susan C. McDonald

Address 2700 Woodland Ave Saint Charles IA 50240
Number and Street or RR City, Town or P.O. State Zip

TRANSFereeE:

Name Andrew Bartleman and Sheryl Bartleman

Address 1405 Westside Dr Polk City IA 50226
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

2700 Woodland Ave Saint Charles IA 50240
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary): See Exhibit attached

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: John McDe

Telephone No.: (641) 356-2248

Parcel "E" located in the Southwest Quarter (1/4) of the Southwest Quarter (1/4) of Section Twenty-five (25), and in the Northwest Quarter (1/4) of the Northwest Quarter (1/4) of Section Thirty-six (36), ALL in Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing 10.29 acres, as shown in Amended Plat of Survey filed in Book 2010, Page 1354 on June 14, 2010 in the Office of the Recorder of Madison County, Iowa.



Time of Transfer Inspection Report

Property Information

Current Owner: John McDonald 396-2248
 Buyer: _____ Realtor: Russel Strawn 729-0080
 Mailing Address: 2700 Woodland Ave St. Charles Ia 50240
 Site Address/County: 2788 Woodland Ave Madison County
 Legal Description House
 No. of bedrooms: 4 Last occupied: '15 Records available: yes
 Permit/ installation date: 1982 Separation distances (ok/no?): yes

Septic System Information

Septic tank(s): Size: 1250 Material: concrete Condition: excellent
 Tank pumped? Y N Date: Summer 09 Licensed pumper: yes ST 307
 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 yes Outlets used no Condition: excellent
 Header pipe(s): 4 No. of lines: 4 Pressure dosed? no

Secondary Treatment:

Length of absorption fields: 4x93=372 St Determined by: Daniel Smith
 Condition of fields: excellent Determined by: Daniel Smith
 Type of trench material: 24 inch infiltrators
 Size of sand filter: _____ Determined by: _____
 Vent pipes above grade? Y N Discharge pipe located? Y N
 Effluent sample taken _____ Results: _____
 Media Filters: Type: _____
 Maintenance contract? Y N Expiration date: _____ Service provider: _____
 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: no Timers: no Inspection Ports: _____

Other components: none

Overall condition of the private sewage disposal system:

Report system status: septic Tank and system in good working order

Explain (attach additional pages as needed): Summer of 2009 Pumped 1250 gallon

septic Tank The Tank is a Two compartment Tank with inlet

Comments: and outlet baffles. The center clean out lid is at

ground surface

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: Vance Smith Date: 5-28-10

Name (print): Vance Smith Certificate #: 8992

Address: 502 West Main St. St. Charles Ia 50240

Phone #: 417-394-2440

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