



Document 2010 GW2113

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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 Marilyn Jane Miller and Kathy Jo Ordway, Co-Trustees of the Maxine J. Wilson  
Irrevocable Family Trust

Address 2622 Truro Rd Saint Charles IA 50240  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name Kenneth E. Patterson and Patti A. Patterson

Address 16714 30th Ave Saint Charles IA 50240  
Number and Street or RR City, Town or P.O. State Zip

**Address of Property Transferred:**

2622 Truro Rd Saint Charles IA 50240  
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary): Parcel "B" in SW 1/4 of NW 1/4 of Sec 25-75-26

**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)**

- All buildings on this property are served by a public or semi-public sewage disposal system.
- This transaction does not involve the transfer of any building.
- There is a building served by private sewage disposal system on this property or a building without any lawful sewage disposal system. 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 building served by 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.
- There is a building served by private sewage disposal system on this property. The buyer has executed a binding acknowledgment with the county board of health to install a new private sewage disposal system on this property within an agreed upon time period. A copy of the binding acknowledgment is provided with this form.
- There is a building served by 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. [Exemption #9]
- This property is exempt from the private sewage disposal inspection requirements pursuant to the following exemption [Note: for exemption #9 use prior check box]: \_\_\_\_\_.
- 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:**

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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: Marilyn Jane Miller Telephone No.: (575) 725-0654  
(Transferor or Agent)

*Kathy J. Ordway*



# 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: no

Other components: none

Overall condition of the private sewage disposal system:

Report system status: Good working order

Explain (attach additional pages as needed): The Two Compartment Septic Tank that is 1000 gallon Tank is 10 inches below ground surface was

Comments: pumped & cleaned and has inlet and outlet baffles. The D. box and laterals do have hoses above them.

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: 5-29-10

Name (print): Vance Smith Certificate #: 8992

Address: 502 West Main Street St. Charles Ia 50240

Phone #: 641-396-2440

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 9<sup>th</sup> St  
Des Moines IA 50319



# Time of Transfer Inspection Report

### Property Information

Current Owner: A.D. Wilson 396-2427

Buyer: \_\_\_\_\_ Realtor: \_\_\_\_\_

Mailing Address: Gerald + Jo Ordway 2644 Truro Rd.

Site Address/County: 2622 Truro Rd. Madison County

Legal Description House

No. of bedrooms: 2 Last occupied: \_\_\_\_\_ Records available: yes

Permit/ installation date: 15301 Separation distances (ok/no?): yes

### Septic System Information

Septic tank(s): Size: 1000 gal Material: concrete Condition: excellent

Tank pumped?  Y  N Date: 5-25-10 Licensed pumper: yes ST. 307

Septic/Trash/Processing tank: Size: \_\_\_\_\_ Material: \_\_\_\_\_ Condition: \_\_\_\_\_

Tank pumped?  Y  N Date: \_\_\_\_\_ Licensed pumper: \_\_\_\_\_

Aerobic treatment unit (ATU) mfr \_\_\_\_\_ 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): 3 No. of lines: 3 Pressure dosed? no

### Secondary Treatment:

Length of absorption fields: 3x100 = 300 Determined by: [Signature]

Condition of fields: good Determined by: [Signature]

Type of trench material: Perforated Pipe & Rock

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: \_\_\_\_\_