



Document 2011 GW553

Book 2011 Page 553 Type 43 001 Pages 6

Date 2/28/2011 Time 12:05 PM

Rec Amt \$.00



LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name Daniel Anthony Rico and Jennifer Joy Rico

Address 1930 Quarry Trail, Winterset, IA 50273  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name Doug Losey and Kristy Losey

Address 1067 S Hover St., Longmont, CO 80501-7904  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:  
1930 Quarry Trail, Winterset, IA 50273  
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.

**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:**

One inactive well located approximately 25 feet Southwest of the house.

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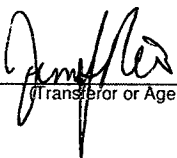


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**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM  
AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature:  Telephone No.: ( 515 ) 462-3120  
(Transferor or Agent)

## Addendum

1. A tract of land commencing at a point 58 rods and 40 feet South of the Northwest corner of the West Half ( $\frac{1}{2}$ ) of the Southwest Quarter ( $\frac{1}{4}$ ) of Section Twenty-three (23), in Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., running thence East 69 rods; thence South 40 rods, thence West 69 rods, thence North 40 rods to the point of beginning, containing 17.25 acres



### Time of Transfer Inspection Report

Property Information

Current Owner: Daniel & Jennifer Rico  
 Buyer: Douglas & Kristy Losey Realtor: Shawn - Madison Co. Realty  
 Mailing Address: \_\_\_\_\_  
 Site Address/County: 1930 Quarry Trail, Winterset IA 50273  
 Legal Description Section: 23 Township: 76 Range: 27 W 8.6A S 10A NW SW  
 No. of bedrooms: 4 Last occupied: 3 weeks Records available: \_\_\_\_\_  
 Permit/ installation date: #108-05 8/12/05 Separation distances (ok/no?): ok

Septic System Information

Septic tank(s): Size: 1500 gal Material: concret Condition: good  
 Tank pumped?  Y  N Date: 1/19/11 Licensed pumper: River to River Onsite  
 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 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 8/17/10 Results: BOD <8 TSS 4  
 Media Filters: Type: EcoFlo ST 650  
 Maintenance contract?  Y  N Expiration date: 2/28/2011 Service provider: River to River  
 Condition: \_\_\_\_\_

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



## 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: system is in good shape did not see anything out of the ordinary

Explain (attach additional pages as needed): \_\_\_\_\_

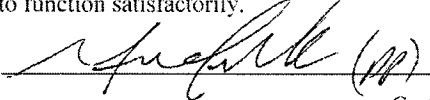
Comments: No new sample was taken because house has been vacant for 3 weeks and not discharging at this time

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:  Date: 1-19-11

Name (print): Robert D. McKinney Certificate #: 8875

Address: PO 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 9<sup>th</sup> St  
Des Moines IA 50319

Permit # 108-05 Salisbury  
Rico  
Permit Filter Inspection 8/12/05

