



Document 2011 GW782

Book 2011 Page 782 Type 43 001 Pages 9

Date 3/25/2011 Time 11:22 AM

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Daniel J. Nielsen and Lonna J. Nielsen

Address 1863 Earlham Road, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Stephen F. Dryden and Patricia L. Dryden

Address 33446 Waterbury Circle, Waukee, IA 50263

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

Madison County

Number and Street or RR

City, Town, or P.O.

State

Zip

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

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)

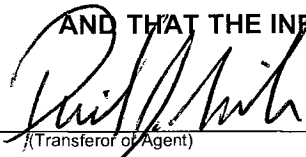
- All buildings on this property are served by a public or semi-public sewage disposal system.
- This transaction does not involve the transfer of any building.
- There is a building served by private sewage disposal system on this property or a building without any lawful sewage disposal system. A certified 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:

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM

AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature: _____



(Transferor or Agent)

Telephone No.: (515) 462-9050

Exhibit "A"

Parcel "D" located in the Northeast Quarter ($\frac{1}{4}$) of the Southeast Quarter ($\frac{1}{4}$) and in the Northwest Quarter ($\frac{1}{4}$) of the Southeast Quarter ($\frac{1}{4}$) of Section Thirteen (13), in Township Seventy-six (76) North, Range Twenty-nine (29) West of the 5th P.M., Madison County, Iowa, containing 16.25 acres, as shown in Plat of Survey filed in Book 2004, Page 5935 on December 15, 2004, in the Office of the Recorder of Madison County, Iowa.



Seller copy

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

Property information

Current owner Dan Nielsen
Buyer _____ Realtor Private sale
Mailing address _____

Site Address/County 1863-Earlham Road Earlham, Ia. Madison Co.
Legal Description _____

No. of bedrooms 5 Last occupied? is now Records available yes

Permit/installation date 8-13-04 Separation distances ok/ no? OK
↳ 153-03

Septic system information

Septic tank(s): size 1500 gal material Concrete condition Very good
Tank pumped? yes date 7-18-11 licensed pumper S.T. 75 Meyer
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

Aerobic treatment unit (ATU) mfr _____ size _____
Tank pumped? _____ date _____ licensed pumper _____
Maintenance contract? _____ expiration date _____ service provider _____
Condition _____

Pump tanks/vaults: type Concrete size 1000 gal condition Very good

Distribution system: distribution box Plastic outlets used 7 condition Very good
Header pipe(s) 4 # of lines 7 Pressure dosed? _____

Secondary treatment:
length of absorption fields 7- at 100ft long determined by map + probing
condition of fields Very good determined by walking + probing
type of trench material 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 _____

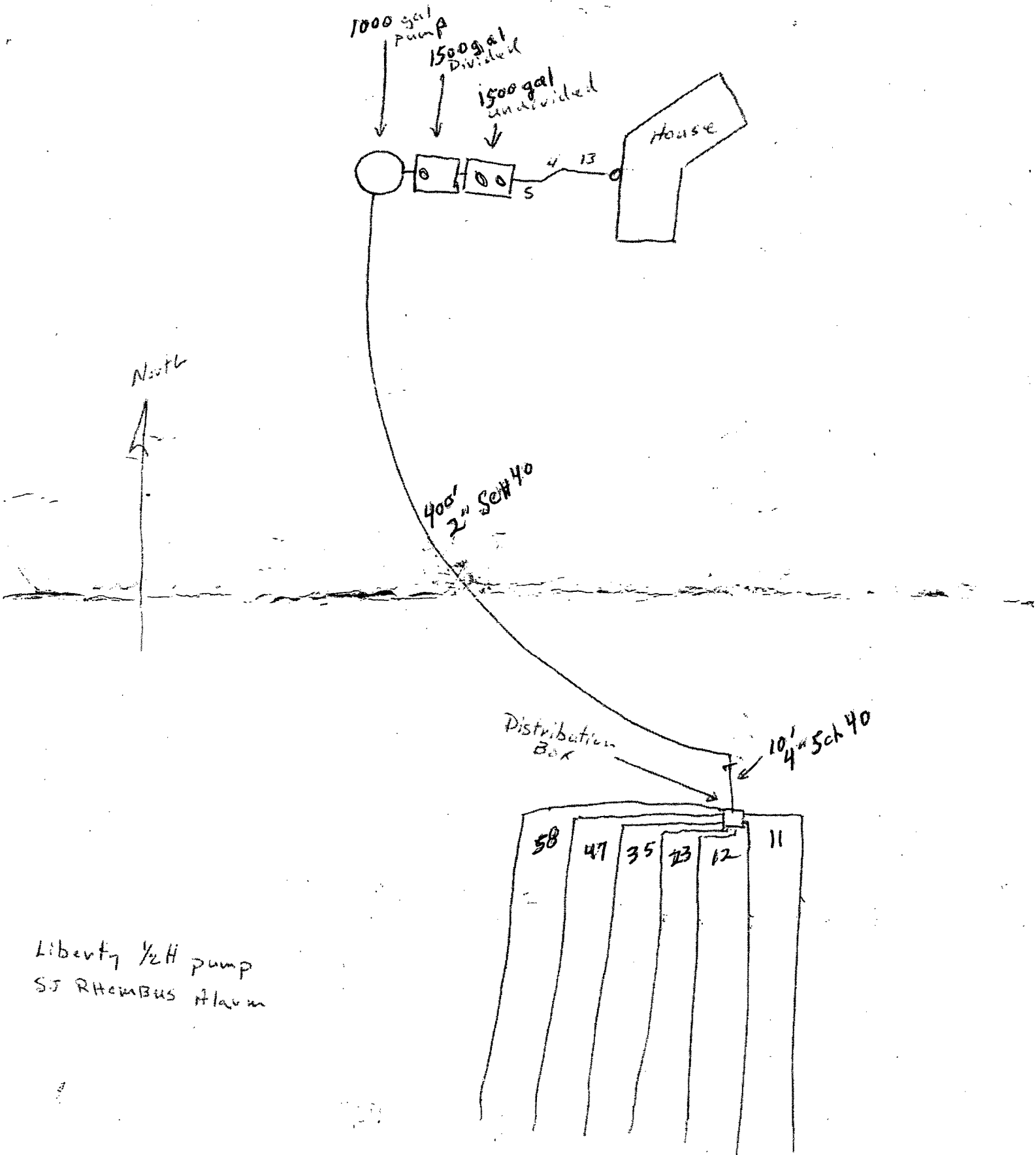
NPDES General Permit No. 4: required? _____ permitted? _____ NOI provided _____

map on Back →

Permit # 153-03

Nielsen Inspection 8/13/04

1863 Edgemoor Road



Liberty 1/2 H pump
SF RHOMBUS Alarm



Time of Transfer Inspection Report

Other components:

Alarms yes Working? yes disinfection no working? —

Control box — Timers no inspection ports yes

Other components _____

Overall condition of the private sewage disposal system

Report system status The septic system at 1863 Carlham Road

Carlham, Ia - is in very good working cond. all gray water goes to tank. The septic tank was pumped on 3-18-11 - also water in tank was

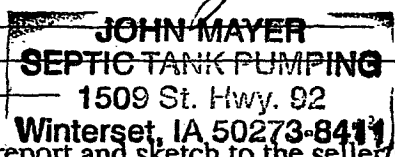
Comments: at the correct level - also effluent fltr - was cleaned - The first tank from house is one compartment & intake & outflow baffles are in place. The second tank has two compartments & has intake & outflow baffles in place. The dest. box is in good cond. & all labels as taking water - the system was working

- Site status at conclusion of Time of Transfer inspection: properly set of in op on 3-18-2011
- yes • Verify that controls are set on the appropriate mode.
 - yes • Power is on to all components. The effluent pump was checked - also alarm - pump & alarm was working properly on 3-18-2011
 - Done • Revisit all components to verify lids are secure.
 - Done • Gather all tools for removal from the site. None on 3-18-2011
 - 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: John W. Mayer Date: 3-18-2011
 Name (print): _____ Certificate #: 8979
 Address: _____
 Phone # 515-462-2624



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. 9th St.
Des Moines, IA 50319

Pictures on Back →



seller copy

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

Property information

Current owner Dan Nielson
Buyer _____ Realtor Private sale
Mailing address _____

Site Address/County 1863 - Earlham Road Earlham, Ia. Madison Co.
Legal Description _____

No. of bedrooms 10 *this is a gym -* Last occupied? is now Records available yes

Permit/installation date 8-16-04 Separation distances ok/ no? OK
↳ 154-03

Septic system information

Septic tank(s): size 1250 material Concrete condition Very good
Tank pumped? yes date 3-17-11 licensed pumper S. J. To Meyer
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

Aerobic treatment unit (ATU) mfg _____ 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 4 condition Very good
Header pipe(s) 3 # of lines 4 Pressure dosed? _____

Secondary treatment:
length of absorption fields 4 - 100ft long determined by Walking & Probing Map.
condition of fields Very good determined by Walking & Probing
type of trench material Chamber dome plastic

Size of sand filter _____ determined by _____
Vent pipes above grade? _____ discharge pipe located? _____
Effluent sample taken? _____ Results _____

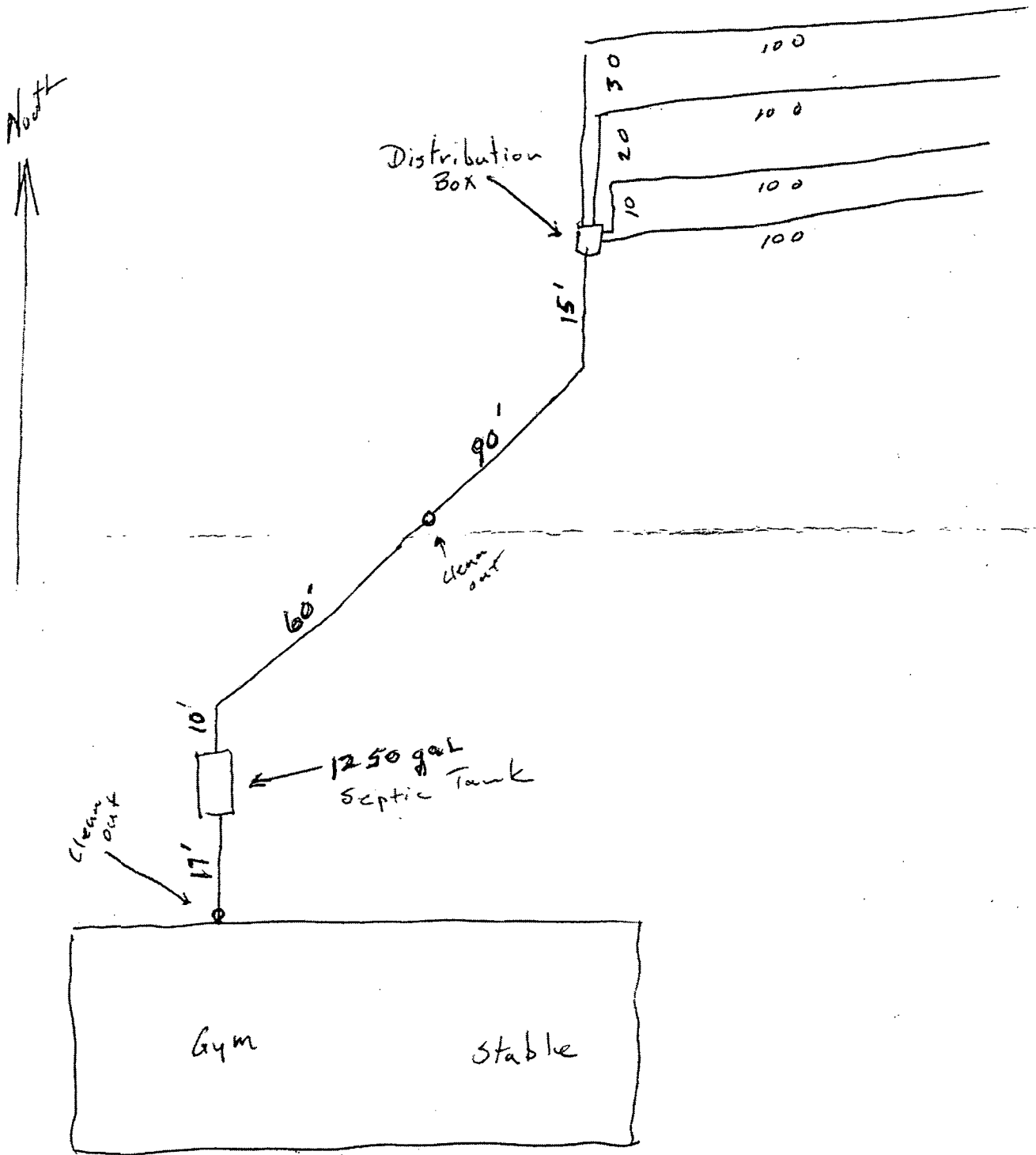
Media filters: type _____
Maintenance contract? _____ expiration date _____ service provider _____
Condition _____

NPDES General Permit No. 4: required? _____ permitted? _____ NOI provided _____

Map on back →

Permit # 154-03 Nielse - Gym Inspection 8/16/04

1863 - Cushman Road





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

Report system status The septic system at 1863 - Earlham Rd Fulka, Ia is in very good cond.

Explain (attach additional pages as needed): This is only septic waste from a Gym - the 1250 gal tank was at correct level of water before pumping was pumped on - 3-17-11 - tank has two compartments + intake + outflow

Comments: buffer in place all gray water goes to septic tank - the lateral field was dry & no waste water was on top of ground & dest. but was in good cond - as of 3-18-2011 - also all gray water goes to septic tank on 3-18-11

Site status at conclusion of Time of Transfer inspection:

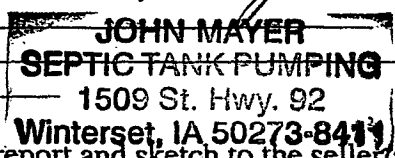
- Verify that controls are set on the appropriate mode.
- Power is on to all components.
- Revisit all components to verify lids are secure.
- Gather all tools for removal from the site.
- Verify that no sewage is on the ground surface. None on 3-18-2011

yes done

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 W. Mayer Date: 3-18-2011
 Name (print): _____ Certificate #: 8979
 Address: _____
 Phone # 515-462-2624



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. 9th St.
Des Moines, IA 50319

Pictures on back ->