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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 Robert S. Anderson and Patsy A. Anderson

Address 1920 Summerhill Trail, Winterset, IA 50273

Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:

Name Robb Steinbeck

Address 313 Hillside Ave., West Des Moines, IA 50265

Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
1920 Summerhill Trail, Winterset, IA 50273

Number and Street or RR | City, Town, or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) The South 330 feet of the Southwest Quarter (¼) of the Southwest Quarter (¼) of Section Seventeen (17); AND the North 10 acres of the Northwest Quarter (¼) of the Northwest Quarter (¼) of Section Twenty (20), ALL in Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa

1. **Wells (check one)**
   - X 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)**
   - X 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)**
   - X 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)**
   - X 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)**
   - X 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.
   - X 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: Robert L Anderson (Transferor or Agent) Telephone No.: (515) 240-7397

FILE WITH RECORDER **DNR form 542-0960 (Sept. 1, 2010)**

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

Property information

Current owner Robert anderson
Buyer _____ Realtor Private sale
Mailing address _____

Site Address/County 1920 Summer Hill Drive - Madison Co.
Legal Description Winterset, Lot 50 Pt 73

No. of bedrooms 3 Last occupied? 10 now Records available yes

Permit/installation date 3-22-94 → 1404 Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1200 gal material Concrete condition Good
Tank pumped? Yes date 4-13-2011 licensed pumper Mayfer S.T. 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 Concrete size approx. 300 gal condition Good

Distribution system: distribution box Plastic outlets used 5 condition Good
Header pipe(s) 4 # of lines 5 Pressure dosed? _____

Secondary treatment:
length of absorption fields 5 at 60 ft long determined by map, walking & probing
condition of fields Very good determined by walking & probing
type of trench material 10" graveless

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 yes Working? yes disinfection no working? —

Control box — Timers — inspection ports yes

Other components _____

Overall condition of the private sewage disposal system The septic systems at 1920 Summer Hill Drive - was inspected on 4-13-11 and was in good cond.
Report system status The septic tank & pump tank was pumped by Mayer on 4-13-11.
The septic tank & pump tank has no cracks in the tanks. The septic tank has two compartments & inlet & outlet flow baffles are in place - on 4-13-11.
all gray water goes to septic tank on 4-13-11
Explain (attach additional pages as needed):
Comments: The lateral field has no sewage on ground level & test bor is in good cond - walked & probed lateral field & found no - wet spots in the field area. All water was run into system & all levels in tank & pump sta - were at correct level - on 4-13-11. Also over level alarm was working in pump pit on 4-13.

Site status at conclusion of Time of Transfer inspection:

Yes Done Verify that controls are set on the appropriate mode.

- Power is on to all components.
- Done Revisit all components to verify lids are secure.
- Done Gather all tools for removal from the site.
- Verify that no sewage is on the ground surface. None on 4-13-11

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: 4-13-2011
Name (print): _____ Certificate #: 8979
Address: _____
Phone # 515-462-2624

JOHN MAYER
SEPTIC TANK PUMPING
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. 9th St.
Des Moines, IA 50319

Map on Back →

Robert Anderson IV