

Book 2011 Page 1847 Type 43 001 Pages 7 Date 7/15/2011 Time 12:44 PM

Rec Amt \$.00

INDX L ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRAI	NSFEROR:						
Name	e Dennis A. Koss and Lisa J. Koss						
				=00	40		
Addre	ess <u>3354 218th Street</u>	St. Charles	IA	50240			
	Number and Street or RR	City, Town or P.O.		State	Zip		
TRAI	NSFEREE:						
	Samuel R. Chopard						
			<u>-</u>				
Addre	ess 2171 Warren Ave	St. Charles	IA		0240		
	Number and Street or RR	City, Town or P.O.		State	Zip		
۸ ططء	and of Dranarty Transformed						
	ess of Property Transferred: 218th Street	St. Charles	IA	5	0240		
	Number and Street or RR	City, Town, or P.O.		State	Zip		
	Description of Property: (Attach						
	el "A" located in the Southwest Quart						
	ship Seventy-six (76) North, Range						
conta	ining 10.00 acres as shown in Plat o	f Survey filed in Book 2, Page 45	5 on March 28,	1994			
4 147							
	ells (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						
~				d legal sta	atus are		
^ C.	stated below or set forth on an		ecessary.				
	olid Waste Disposal (check one						
	There is no known solid waste						
Ш	There is a solid waste disposal		nation related t	inereto is	provided in		
2 4	Attachment #1, attached to this	document.					
	azardous Wastes (check one)	racta on this property					
	There is no known hazardous w				•		
L	There is hazardous waste on the Attachment #1, attached to this		iated thereto is	provided	in		
4 11.	nderground Storage Tanks (che						
			ety (Note eyel	luciono ou	ah aa		
<u>مل</u> وا	There are no known undergroup						
	small farm and residential moto instructions.)	n luci taliks, most neating on t	anks, disterns	anu septit	Lains, III		
		ie tank on this property. The t	vno(e) size(o)	and any b	nown		
Ц	substance(s) contained are list						

5.	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	wn
	identifying information of the decedent(s) is stated below or on an attached separat	
	necessary.	o oneet, ao
6	6. Private Sewage Disposal System (check one)	
υ.		Levetom
	 □ All buildings on this property are served by a public or semi-public sewage disposa □	system.
	There is a building served by private sewage disposal system on this property or a	huildina
	without any lawful sewage disposal system. A certified inspector's report is attached	-
	documents the condition of the private sewage disposal system and whether any m	
	are required to conform to standards adopted by the Department of Natural Resour	
	certified inspection report must be accompanied by this form when recording.	003. 7
	☐ There is a building served by private sewage disposal system on this property. We	ather or
	other temporary physical conditions prevent the certified inspection of the private se	
	disposal system from being conducted. The buyer has executed a binding acknow	
	with the county board of health to conduct a certified inspection of the private sewa	
	system at the earliest practicable time and to be responsible for any required modif	• ,
	the private sewage disposal system as identified by the certified inspection. A copy binding acknowledgment is attached to this form.	of the
	☐ There is a building served by private sewage disposal system on this property. The	
	executed a binding acknowledgment with the county board of health to install a new	•
	sewage disposal system on this property within an agreed upon time period. A copy	or the
	binding acknowledgment is provided with this form.	
	☐ There is a building served by private sewage disposal system on this property. The	
	which the sewage disposal system is connected will be demolished without being o	
	buyer has executed a binding acknowledgment with the county board of health to d	
	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	oursuant 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 private sewage disposal system has been installed within the past two years private sewages.	ursuant to
	permit number	
		_
	Information required by statements checked above should be provided here or on se	parate
sn	sheets attached hereto:	- L
_	200 ft. South along cast property line and 40 ft. Wes	<u>.T.</u>
_		
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS	FOR THIS
	FORM	
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CO	RRECT.
Çi.	Signature: Telephone No.: (575) 66	9-5/01
Οί	(Transferor or Agent)	1 21
	· · · · · · · · · · · · · · · · · · ·	



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

Property information
Current owner USA KOSS Buyer NA Realtor Remax (Mike GROSSMON) Mailing address 3354 2187 Lu ST CHARLET TA 502 KU
Site Address/County 3354 2187 LN - MAdison Co. Legal Description AS ABSTRACT.
No. of bedrooms 3 Last occupied? Plesont Records available 45
Permit installation date 1819 Separation distances ok/no?
Septic system information
Septic tank(s): size 2 1000 9A1 material Coucre condition 6000 Tank pumped? date 4-13-11 licensed pumper Forest 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 condition
Distribution system: distribution box $\frac{\sqrt{R5}}{\text{Header pipe(S)}}$ outlets used condition $\frac{9000}{\text{Pressure dosed?}}$
Secondary treatment: length of absorption fields determined by condition of fields determined by type of trench material
Size of sand filter 40 × 18 determined by County Pacord, Vent pipes above grade? 425 discharge pipe located? 425 Effluent sample taken? 465 Results
Media filters: type
NPDE8 General Permit No. 4: required?



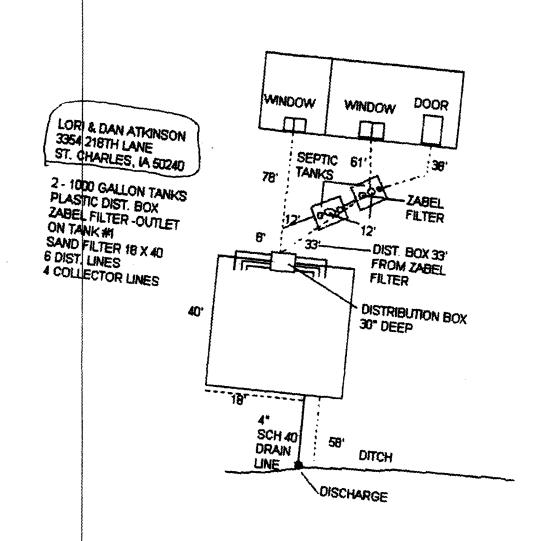
3354 218th Ln St. Charles, 50240 Time of Transfer Inspection Report

Other components:				
Alarms	Working? disinfection working?			
Control box	Timers inspection ports			
Other components	NONE			
Overall condition o	the private sewage disposal system			
Report system statu	s See NOTES			
Explain (attach add	tional pages as needed):			
Comments:				
	sion of Time of Transfer inspection:			
Veri	fy that controls are set on the appropriate mode.			
Pow	er is on to all components.			
• Revi	sit all components to verify lids are secure.			
• Gath	er all tools for removal from the site.			
• Veri	fy that no sewage is on the ground surface.			
, •••				
Using this workshe	et, write a narrative report of the inspection results and attach a site sketch.			
ouis and working	I will a manage of the mapped of the manage and and an and the sketch			
This report indicate	the condition of the private sewage disposal system at the time of			
	des not guarantee that it will continue to function satisfactorily.			
Signature of Certifi	ed inspector: Date: 4-13-1- Certificate #: \$805			
Name (print):	13rian RINARO Certificate #: 8805			
Address:	0.0 BUX 219 INDIANILA TA 50125			
Phone #	208-3863			
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. 9 th St.				
Des Moines, IA 50	319			
· · · - ·				

DNR Time of Transfer Report System Status

Address:	3354 218T LN	Date: 4-13-11
3	ET CHARLET TO SOUND	
Comments A	S: Technician Technician PASIEWater From House 2	STIAN XIVARD
3354	218th LN 9005 INTO 5	SONC SUTTEM
	•	,
(3) 1,000	parton Concrete Santon maintments mas BAFFL EFFURE FILTER IN IN good working Coud	Toole with
WITA	EFFUENT FILTER IN	1st tank
WAS	IN good working loud.	tion at Time
DF 7	THE INSPECTION	
40×18	SAND Filter BED A	11 DRY AND
DISTRI	WATER RAN AT TIME	o was Level.
	water KAN AT TIME	OF FUSPECTION
SYSTON	TIME OF THE TUPP	2cTOM
		,
EFFULLA	it sample taken on	4-13-11 47
TIME	of THE Enspection	
	DIAGRAM OF SYSTEM	
	See	
	County	•
	Records	
	(Color)	

NORTH





11041431-01 4/13/2011

Des Moines WRF Laboratory

Forest Septic Tank Sampl

(515) 323-8002

Results Report

Date:

22-Apr-11

Order ID:

11041431

Sample	Collect Date	s
11041431-01	4/13/2011	Koss-3354 218

Site	Parameter	Result	Units	Method	Analysis Date
Koss-3354 218th Ln., St. Charles	CBOD	16	mg/L	SM 5210 B	4/14/2011
Koss-3354 218th Ln., St. Charles	TSS	<2.6	mg/L	SM 2540 D	4/14/2011