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LISA SMITH, COUNTY RECORDER  
 MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name Misty June Holtry

Address 3091 Millstream Ave., Peru, IA 50222

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

**TRANSFeree:**

Name Craig A. Saveraid

Address PO BOX 150, Winterset, IA 50273

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

Address of Property Transferred:

3091 Millstream Ave., Peru, IA 50222

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 well South of new house and one cistern North of old  
house.

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

Signature: Misty J. Halory Telephone No.: ( 515 ) 577-1273  
(Transferor or Agent)

## Addendum

1. The following described tract of land, to-wit: Commencing at a point 7 rods North of the Southeast corner of the Southwest Quarter ( $\frac{1}{4}$ ) of the Southeast Quarter ( $\frac{1}{4}$ ) of Section Eighteen (18), in Township Seventy-four (74) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, and running thence West 14 rods, thence North 33 rods, thence West 12 rods, thence North 40 rods to the North line of said 40-acre tract, thence East 26 rods to the Northeast corner thereof, thence South to the place of beginning,



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

Property information

Current owner Misty Holtry  
Buyer \_\_\_\_\_ Realtor private sale  
Mailing address \_\_\_\_\_

Site Address/County 3091 Millstream ave <sup>Peru, Ia. 50222</sup> ~~Westport, Ia. 50773~~  
Legal Description Madison Co.

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

Permit/installation date 12-1999 Separation distances ok/ no? OK  
↳ 1881

Septic system information

Septic tank(s): size 1250 gal material Plastic condition good  
Tank pumped? yes date 2-2-2012 licensed pumper Mayer 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 \_\_\_\_\_ size \_\_\_\_\_ condition \_\_\_\_\_

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

Secondary treatment:  
length of absorption fields 4 at 100 ft determined by map + probing  
condition of fields good + dry determined by walking + probing  
type of trench material Chamber E 224

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 \_\_\_\_\_ 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 3091 Millstream ave.

Winterset, Ia on 2-2-12 - is in good working cond.

Explain (attach additional pages as needed): The septic tank was opened & pumped on 2-2-12. there are no cracks in the tank & water was at correct level at that time. also the tank has 2 compartments & intake & outflow baffles are there.  
 Comments: The dest. cap was opened and was in good cond. all labels took water on 2-2-12. also all grey water goes to septic tank on 2-2-12.

#### 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 2-2-2012

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 M. Mayer Date: 2-2-2012  
 Name (print): \_\_\_\_\_ Certificate #: 8979  
 Address: \_\_\_\_\_  
 Phone #: 515-462-2624

**JOHN MAYER**  
**SEPTIC TANK PUMPING**  
 1509 St. Hwy. 92  
 Winterset, IA 50278-0411

Provide a copy of this report, the narrative report and check with the \_\_\_\_\_ 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<sup>th</sup> St.  
 Des Moines, IA 50319

**JOHN MAYER**  
**SEPTIC TANK PUMPING**  
 1509 St. Hwy. 92  
 Winterset, IA 50273-8411

Mason Beck →



# Utility Equipment Company

4665 NE 16th Street • Des Moines, IA 50313  
(515)266-5184 • 800-798-5184 • Fax: (515)265-0750

PROJECT \_\_\_\_\_

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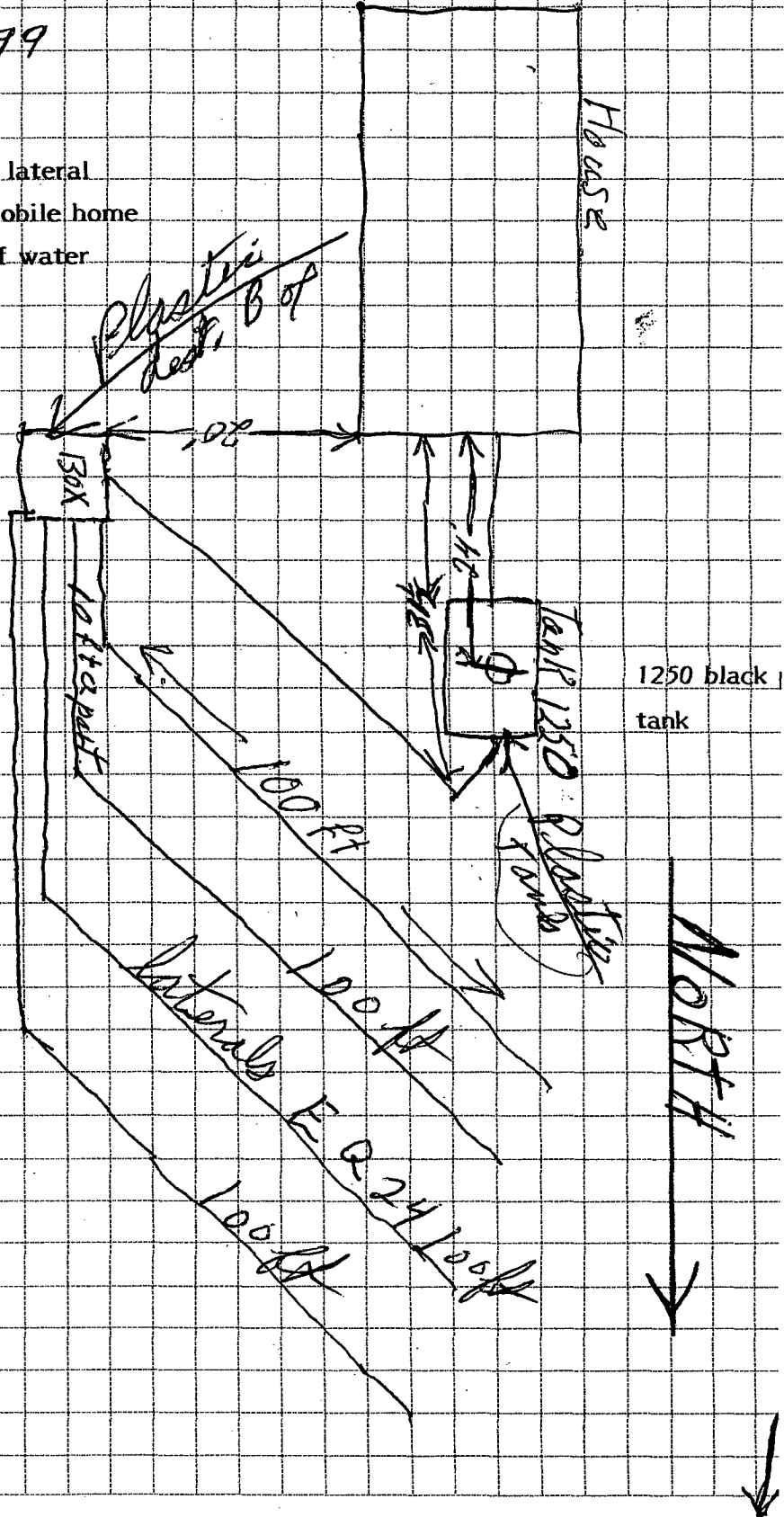
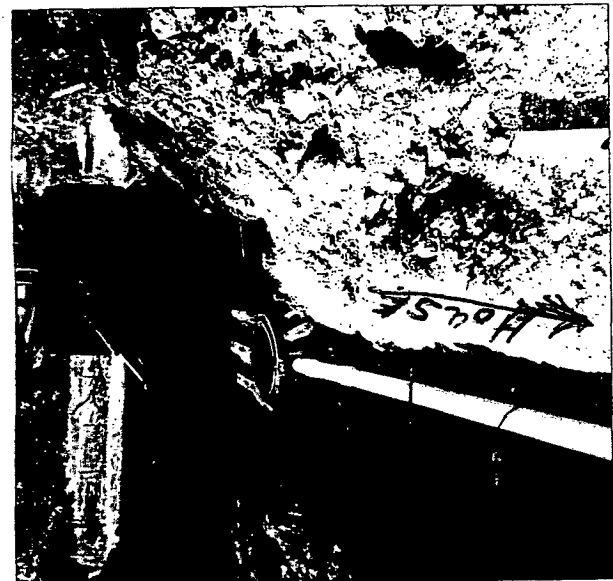
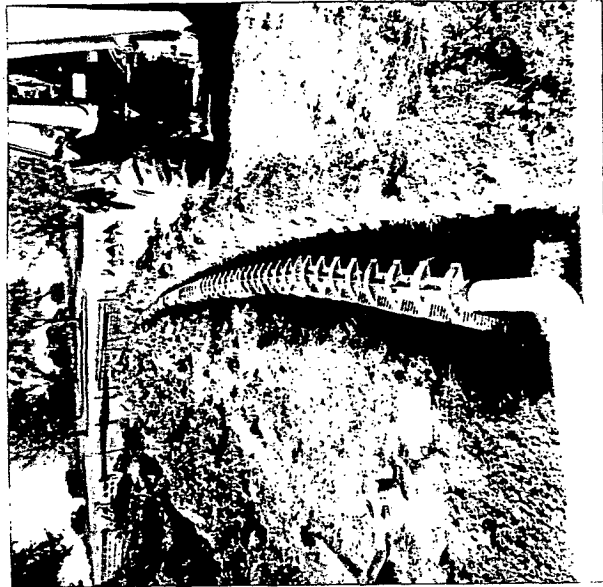
DATE \_\_\_\_\_

MISTY HOLTRY

PERMIT #1881 Dec 1999

Need to:

1. Screw distribution lines to lateral
2. Install clean out outside mobile home
3. Fill septic tank half full of water



tion must be received within 24 hrs in ad-