



Document 2012 GW1275

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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name Kelly J. Schlaht

Address 2403 Valleyview Avenue St. Charles, IA 50240

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Andy S. Cleghorn and Maria F. Cleghorn

Address 920 52nd Place West Des Moines, IA 50265

Number and Street or RR

City, Town or P.O.

State

Zip

**Address of Property Transferred:**

2403 Valleyview Avenue St. Charles, IA 50240

Number and Street or RR

City, Town, or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) The North 10 Acres of the Northeast Quarter (1/4) of the Northeast Quarter (1/4) of Section Sixteen (16) in Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa

**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:**

#2. Sand-filtered well. Pump house built on top. Well is not used.

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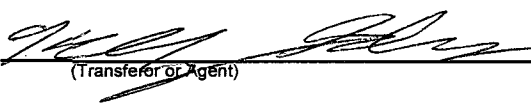


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**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature:   
(Transferor or Agent)

Telephone No.: (515) 238-0102



# Time of Transfer Inspection Report

## Property Information

Current Owner: Kelly Schlaht  
 \* Buyer: LONNIE Realtor: Next Generation Realty  
LUGENE ISLEMAN  
 Mailing Address: 2403 Valleyview Ave, ST CHARLES IA  
 Site Address/County: 2403 Valleyview Ave - Madison Co.  
 Legal Description: AS ABSTRACT  
 No. of bedrooms: 3 Last occupied: present Records available: yes  
 Permit/ installation date: 2004 Separation distances (ok/no?): OK

## Septic System Information

Septic tank(s): Size: 1250 gal Material: Concrete Condition: Good  
 Tank pumped?  Y  N Date: 1-30-12 Licensed pumper: First Septic  
 Septic/Trash/Processing tank: Size: \_\_\_\_\_ Material: \_\_\_\_\_ Condition: \_\_\_\_\_  
 Tank pumped?  Y  N Date: \_\_\_\_\_ Licensed pumper: \_\_\_\_\_  
 Aerobic treatment unit (ATU) mfg: \_\_\_\_\_ 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 yes Outlets used 7 Condition: Good  
 Header pipe(s): \_\_\_\_\_ No. of lines: \_\_\_\_\_ Pressure dosed? \_\_\_\_\_

## Secondary Treatment:

Length of absorption fields: 7 75' Determined by: County Records  
 Condition of fields: See NOTES Determined by: probing  
 Type of trench material: Chamberl  
 Size of sand filter: \_\_\_\_\_ Determined by: \_\_\_\_\_  
 Vent pipes above grade?  Y  N Discharge pipe located?  Y  N  
 Effluent sample taken \_\_\_\_\_ Results: \_\_\_\_\_  
 Media Filters: Type: \_\_\_\_\_  
 Maintenance contract?  Y  N Expiration date: \_\_\_\_\_ Service provider: \_\_\_\_\_  
 Condition: \_\_\_\_\_  
 NPDES General Permit No. 4: Required?  Y  N Permitted?  Y  N NOI provided: \_\_\_\_\_



2403 Valleyview Ave., St. Charles  
50240

### 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: SEE NOTES.

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

Comments: NO BASEMENT.

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: [Signature] Date: 1-30-12

Name (print): BRIAN RINARD Certificate #: 8805

Address: P.O. Box 219, INDIANOLA, IA 5025

Phone #: 202-3863

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office and to:

Iowa DNR  
Private Sewage Disposal Program  
502 E 9<sup>th</sup> St  
Des Moines IA 50319

DNR Time of Transfer Report System Status

Address: 2403 Valley View Ave. Date: 1-30-12

St. Charles, Ia 50240

Comments: Technician Brian Rinard

All waste water from house drains to  
septic system.

The tank is a 1850 gal. two compartment  
concrete tank in good condition.

The Distribution Box is a plastic box  
in good condition.

The fourth chamber lateral was surfacing at the  
end of the lateral however it was getting the majority  
of the water in the box.

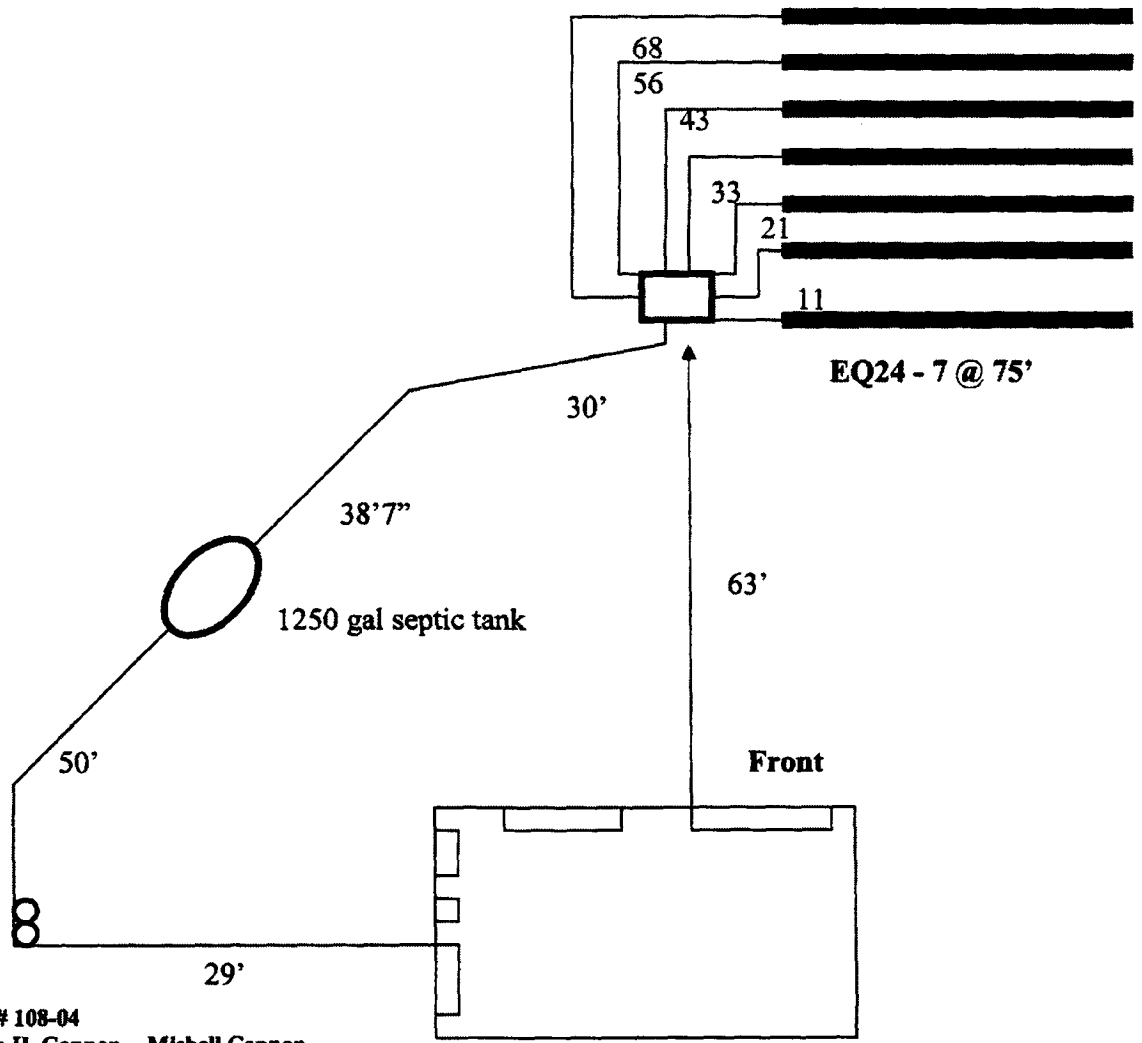
We turned the speed leveler up on this lateral  
and leveled the remaining laterals.

This is not a guarantee!  
This certifies the condition of the septic system  
at the time of the inspection.

DIAGRAM OF SYSTEM

See  
County  
Records

2403 Valleyview Ave St. Charles 50240



Permit # 108-04  
Winston H. Cannon - Mishell Cannon  
2403 Valleyview Ave