



Document 2012 GW1437

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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name John R. Hagen

Address 3334 215th Ln Saint Charles IA 50240  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name Shane A. Eckelberg

Address 3006 255th St Saint Charles IA 50240  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

3334 215th Ln Saint Charles IA 50240  
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary)

9.3 A E PT W 29.91 A N 1/4 SW & 3A S Cent PT S 40.13A S 1/2 N (See attached)

**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:

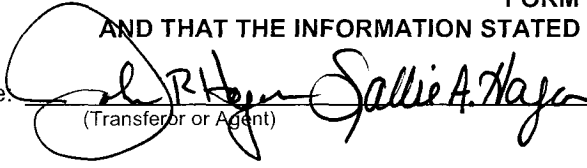
Two wells located north of house at south  
line of driveway

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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:  Telephone No.: (918) 331-3500  
(Transferor or Agent)

A tract of land located in the Southeast Quarter ( $\frac{1}{4}$ ) of the Northwest Quarter ( $\frac{1}{4}$ ) and in the North One-Quarter ( $\frac{1}{4}$ ) of the Southwest Quarter ( $\frac{1}{4}$ ) of Section Thirty-six (36), Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P. M., Madison County, Iowa, more particularly described as follows, to-wit: Beginning at the Southeast Corner of the Northwest Quarter ( $\frac{1}{4}$ ) of the Northeast Quarter ( $\frac{1}{4}$ ) of the Southwest Quarter ( $\frac{1}{4}$ ) of said Section Thirty-six (36), thence South  $84^{\circ}35'$  West 767 feet, thence North  $15^{\circ}15'$  East 1001 feet, thence South  $04^{\circ}00'$  East 232 feet, thence along a curve concave Northeasterly 215.98 feet, thence South  $84^{\circ}18'$  East 175 feet, thence along a curve concave Northerly 117.17 feet, thence North  $65^{\circ}00'$  East 80.8 feet, thence South 591 feet to the point of beginning, containing 9.6 acres, more or less.



# Time of Transfer Inspection Report

## Property Information

Current Owner: Sallie Hagen

Buyer: \_\_\_\_\_ Realtor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Site Address/County: 3334 215<sup>th</sup> Lane St Chas. Ia. 50240

Legal Description As Abstract Madison Co

No. of bedrooms: 4 Last occupied: occupied Records available: yes

Permit/ installation date: 1990 Separation distances (ok/no?): (O)

## Septic System Information

Septic tank(s): Size: 2000 Material: conc. Condition: good

Tank pumped?  Y  N Date: 9-7-11 Licensed pumper: Forest Septic Tank Serv

~~Septic/Trash/Processing tank: Size: \_\_\_\_\_ Material: \_\_\_\_\_ Condition: \_\_\_\_\_~~

~~Tank pumped?  Y  N Date: \_\_\_\_\_ Licensed pumper: \_\_\_\_\_~~

~~Aerobic treatment unit (ATU) mfr \_\_\_\_\_ 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 6 Condition: good~~

~~Header pipe(s): \_\_\_\_\_ No. of lines: \_\_\_\_\_ Pressure dosed? \_\_\_\_\_~~

## Secondary Treatment:

Length of absorption fields: 6 100' laterals Determined by: drawing

Condition of fields: good / dry Determined by: probing

Type of trench material: 36" Chamber

~~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. \_\_\_\_\_



3334 - 215<sup>th</sup> Lane, 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 attached

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

Comments: \_\_\_\_\_

#### 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: 9-13-11

Name (print): Brian Rinard Certificate #: 8809

Address: P.O. Box 219 Ind Fg. 50125

Phone #: 515-961-2113

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: 3334 215<sup>th</sup> Lane Date: 9-13-11  
St. Chas. Ia. 50240

Comments: Technician Brian Rinard  
All waste water from house drains to septic  
system.

The tank is a 2000 gal. two compartment  
concrete tank in good condition.

The Distribution Box & all laterals were  
in good working condition.

This is not a guarantee!

This certifies that the septic system  
was in good working condition at the  
time of the inspection.

DIAGRAM OF SYSTEM

See county  
drawing

Permit No 059-11

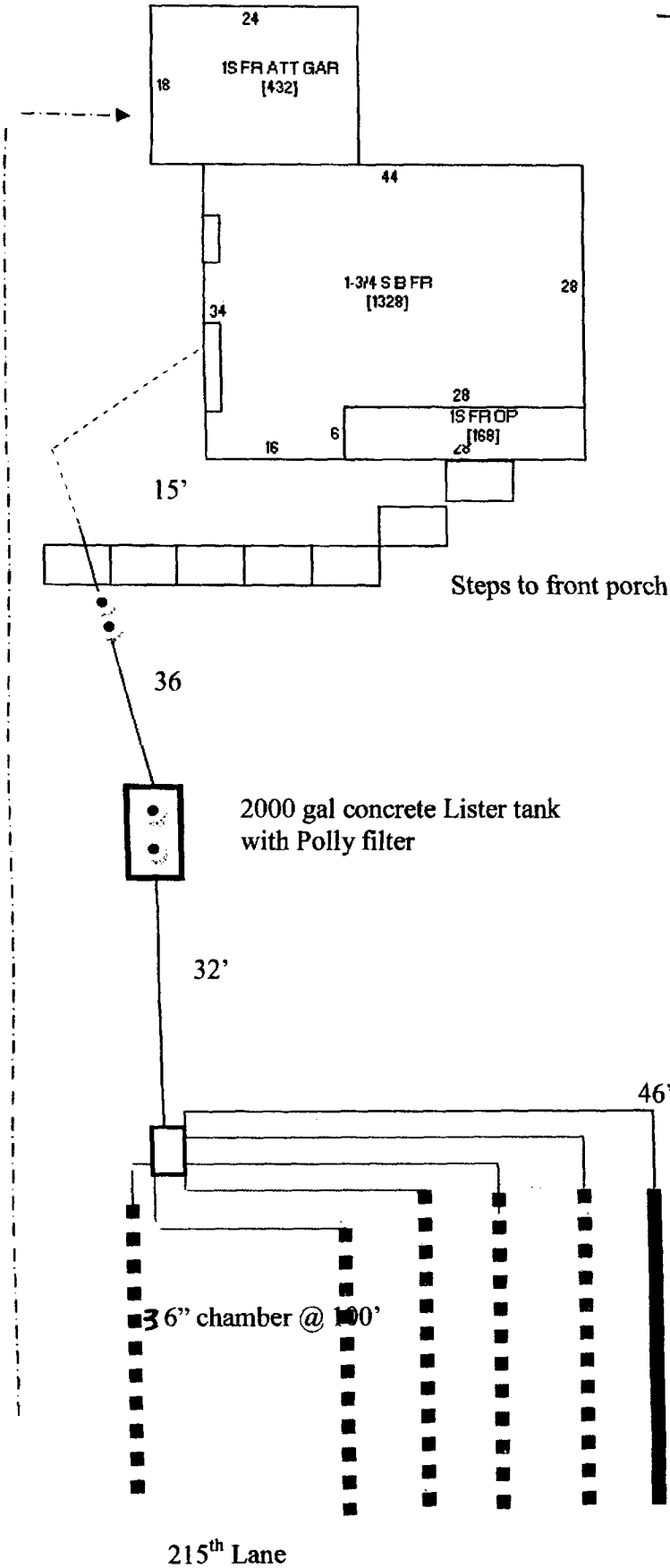
Date of Inspection: 9-8-11

Contractor: Golden Rule - Tom 729-3262 3334 - 215<sup>th</sup> Lane

Name: John & Sallie Hagen

Inspected by: Jean Thompson

St Charles 50240



Black new system  
Red existing system