



Document 2012 GW1662

Book 2012 Page 1662 Type 43 001 Pages 5

Date 6/07/2012 Time 10:51 AM

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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 Deborah K. Hartman

Address 645 65th Place, #150, West Des Moines, IA 50266

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Jeremy L. Smith and Rebecca G. Smith

Address 319 E. North Street, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

**Address of Property Transferred:**

2770 State Highway 92, Winterset, IA 50273

Number and Street or RR

City, Town, or P.O.

State

Zip

**Legal Description of Property: (Attach if necessary)** A parcel of land located in the Northwest Quarter (1/4) of the Northeast Quarter (1/4) of Section Twenty-five (25), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, containing 3.983 acres, as shown in Plat of Survey filed in Farm Plat Book 2, Page 22 on January 6, 1986, in the Office of the Recorder of 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:**

There is one (1) active well located on the East side of the pond.

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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.: ( 515 ) 468-1318

(Transferor or Agent)

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

Realtor

Property information

Current owner Deborah Hartman  
Buyer \_\_\_\_\_ Realtor Covered Bridge Realty/Winterset, a  
Mailing address Madison Co.

Site Address/County 2770 Hwy 92 - Winterset, Ia. 50273  
Legal Description Madison Co.

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

Permit/installation date 4-1-1986 Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1000 gal material Concrete condition Very Poor  
Tank pumped? no date \_\_\_\_\_ licensed pumper Mayer  
Septic/trash/processing tank: size \_\_\_\_\_ material \_\_\_\_\_ condition \_\_\_\_\_  
Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_  
7 Tank no good w/ pump when install new tanks  
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 Concrete outlets used \_\_\_\_\_ condition Very bad  
Header pipe(s) \_\_\_\_\_ # of lines \_\_\_\_\_ Pressure dosed? \_\_\_\_\_

↳ bop has fell in it is no good

Secondary treatment:  
length of absorption fields 3 at 100 ft determined by digging + co. map  
condition of fields good determined by probe + map  
type of trench material P.V.C. pipe + gravel

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 system at 2770 - is no good for

Explain (attach additional pages as needed): use at this time -  
The concrete tank is bad on outlet end (concrete is eat away)

Comments: also concrete baffles are gone - also concrete  
distr. box is falling + is no good - the lateral field is  
clean and dig - field is rock + pipe also all grey water  
goes to Tanks on 4-26-12

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 4-26-12

*Done*  
*Done*

Using this worksheet, write a narrative report of the inspection results and attach a site sketch. 12

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: \_\_\_\_\_  
 Name (print): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone # 515-462-2624

**JOHN MAYER**  
**SEPTIC TANK PUMPING**  
 1509 St. Hwy. 92  
 Winterset, IA 50273-8400

Date: 4-26-2012  
 Certificate #: 89779

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<sup>th</sup> St.  
 Des Moines, IA 50319

*Map on Back ->*

Permit 1148  
2770 Hwy 92

