



Document 2012 GW2104

Book 2012 Page 2104 Type 43 001 Pages 6

Date 7/17/2012 Time 3:15 PM

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INDX
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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Kent H. Payne

Address 1705 US Hwy 169, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name James A. Hannaford, Jr.

Address 2103 Savannah Drive, Papillion, NE 68133

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

1705 US Hwy 169, Winterset, IA 50273

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:

Southeastern portion of property, 100 ft approximately from eastern
fence line, 20 feet from southern fence line. 1 well in
Current Usable Condition

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.: 351-729-0747

Parcel "B", located in the Southeast Quarter (SE 1/4) of the Southeast Quarter (SE 1/4) of Section One (1) and the Northeast Quarter (NE 1/4) of the Northeast Quarter (NE 1/4) of Section Twelve (12), all in Township Seventy-six (76) North, Range Twenty-eight (28) West of the 5th P.M., and the Southwest Quarter (SW 1/4) of the Southwest Quarter (SW 1/4) of Section Six (6), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., all in Madison County, Iowa, as shown in Plat of Survey filed in Book 3, Page 469 on June 24, 1999, in the Office of the Recorder of Madison County, Iowa.



Realtor

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

Property information

Current owner Kent Payne
Buyer
Mailing address
Site Address/County 1705 Hwy 169 - Winterset, Mo. 65273
Legal Description

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

Permit/installation date 7-2-1999 Separation distances ok/ no? OK
#1810

Septic system information

Septic tank(s): size 1250 material Concrete condition good
Tank pumped? yes date 6-6-12 licensed pumper
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 7 condition good
Header pipe(s) 3 # of lines 4 Pressure dosed?

Secondary treatment:
length of absorption fields 4 at 90 ft. determined by map + probing
condition of fields good determined by walking + probing
type of trench material chamber

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 1705-Hwy 169

Explain (attach additional pages as needed): Winterset, Ia. is in good working cond. the septic tank was opened & pumped out 6-6-12

Comments: there are no rocks in the tank tank has two compartments of intake & outflow baffles in place. The desic box was uncovered & opened box was addressed - all laterals took water on 6-6-12

- Site status at conclusion of Time of Transfer inspection:
- Verify that controls are set on the appropriate mode. all grey water goes to septic system - also no sewage on ground on 6-6-12
 - Power is on to all components. lateral field was clean & dry
 - Revisit all components to verify lids are secure. none on 6-6-12
 - Gather all tools for removal from the site.
 - Verify that no sewage is on the ground surface. none on 6-6-12

Done
Done

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 W. Mayer Date: 6-6-2012
 Name (print): _____ Certificate #: 8979
 Address: **JOHN MAYER**
SEPTIC TANK PUMPING
 Phone #: 515-462-2624 **1509 St. Hwy. 92**
Winterset, IA 50273-8411

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. 9th St.
Des Moines, IA 50319

Mapon Back



Permit # 810-2-2-99

1705# by 169

Payne's

