



Document 2012 GW3040

Book 2012 Page 3040 Type 43 001 Pages 5  
Date 10/09/2012 Time 4:02 PM  
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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name Daniel V. Doud and Anne M. Doud

Address 700 NW Burkhardt Ave, Earlham, IA 50072  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name Dwight Reason, Justin and Priscilla Toter

Address 1723 Creamery Road, Dexter, IA 50070  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

1723 Creamery Road, Dexter, IA 50070  
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) The Northeast Quarter (1/4) of the Northeast Quarter (1/4) of Section Seven (7), in Township Seventy-six (76) North, Range Twenty-nine (29) West of the 5th P.M., Madison County, Iowa EXCEPT Parcel "A" located in the Northeast Quarter (1/4) of said Section Seven (7), containing 10.00 acres, as shown in the Amended Plat of Survey filed in Book 2004, Page 867 on March 1, 2004, 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 which has or is required by law to have a sewage disposal system.
- ☒ 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:

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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: \_\_\_\_\_

*Anne M. David*  
(Transferor or Agent)

Telephone No.: \_\_\_\_\_

*515-313-5555*



Doud

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

Property information

Current owner Dan + Anne Doud  
Buyer \_\_\_\_\_ Realtor Jane Mackay-Stevens Realty  
Mailing address 4390 High St. W. - Dexter, MI 48726  
Site Address/County 1723 Creamery Road - Dexter, MI 48720  
Legal Description Madison Co.  
No. of bedrooms 3 Last occupied? is now Records available yes  
Permit/installation date 10-2001 Separation distances ok/ no? OK  
#1994

Septic system information

Septic tank(s): size 1500 gal material Plastic condition good  
Tank pumped? yes date 7-18-12 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 75' long 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 1723 Creamery Road Dexters.

Explain (attach additional pages as needed): is in good cond. The septic tank was opened & pumped - on - 7-18-12 - the tank has two compartments

Comments: and intake & outflow baffles are in place - the dest. box was opened & all laterals took water on - 9-20-12 also all gray water goes to system on 9-20-12

also water in tank was at correct level - on - 9-20-12  
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 9-20-12

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

Name (print): \_\_\_\_\_

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

Phone # 515-462-2624

Date: 9-20-2012

Certificate #: 8979

**JOHN MAYER**  
**SEPTIC TANK PUMPING**  
1509 St. Hwy. 92  
Winterset, IA 50273-8499

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

Permit # 1994 Dan & Jamie Alstott  
10-2001

North

