



Document 2012 GW3263

Book 2012 Page 3263 Type 43 001 Pages 7

Date 10/30/2012 Time 10:45 AM

Rec Amt \$.00

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Todd E. Wolff and Kathryn L. Wolff

Address 3170 190th St., Prole, IA 50299

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Jason D. Meehan and Jolyn K. Meehan

Address 3911 Vista Dr., Apt. 120, West Des Moines, IA 50266

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

3170 190th St., Prole, IA 50299

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 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:

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

Signature: Katie J. Wilson Telephone No.: (517) 712-7505
(Transferor or Agent)

Addendum

1. Parcel "D", located in the South Half ($\frac{1}{2}$) of the Southeast Quarter ($\frac{1}{4}$) of Section Fifteen (15), Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing 9.193 acres as shown in Plat of Survey filed in Book 2003, Page 4915 on August 19, 2003, in the Office of the Recorder of Madison County, Iowa



Time of Transfer Inspection Report

Property Information (517) 712-7505
 Current Owner: TODD & KATHRYN WOLFF 462-3120
 Buyer: JASON Meehan Realtor: Lawrence Watts / Madison Co Realty
 Mailing Address: 3170 190th ST, PROLE, IA 50229
 Site Address/County: SAME MADISON CO
 Legal Description AS ABSTRACT
 No. of bedrooms: 3 Last occupied: OCCUPIED Records available: YES
 Permit/ installation date: 11-21-03 Separation distances (ok/no?): OK

Septic System Information

Septic tank(s): Size: 1500 GAL Material: Concrete Condition: OK
 Tank pumped? Y N Date: 11-17-11 Licensed pumper: FOREST SEPTIC
 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 3 Condition: OK
 Header pipe(s): _____ No. of lines: _____ Pressure dosed? _____

Secondary Treatment:

Length of absorption fields: 3 100' Determined by: County Record
 Condition of fields: OK - DRY Determined by: PROBING
 Type of trench material: CHAMBERLAIN
 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: _____



3170-190th St, Prole 50229
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: Sump pump

Overall condition of the private sewage disposal system:

Report system status: See Notes

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: 10-11-12

Name (print): BRIAN KINARD Certificate #: 8805

Address: P.O. BOX 219 INDIANOLA IA 50125

Phone #: 208-3863

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 9th St
 Des Moines IA 50319

DNR Time of Transfer Report System Status

Address: 3170 190th ST Date: 10-11-12

Comments: PROG, #A 50229 Technician BRIAN

ALL WASTEWATER FROM HOUSE GOES INTO
SEPTIC SYSTEM.

1500 GALLON CONCRETE (2) COMPARTMENT SEPTIC TANK
WITH RISERS & EFFLUENT FILTER IN
GOOD WORKING CONDITION

PLASTIC DISTRIBUTION BOX WITH Baffle AND
SPEED LEVELERS USED.

(3) 100' LATERALS WITH CHAMBERS TOOK WATER
AT TIME OF THE INSPECTION

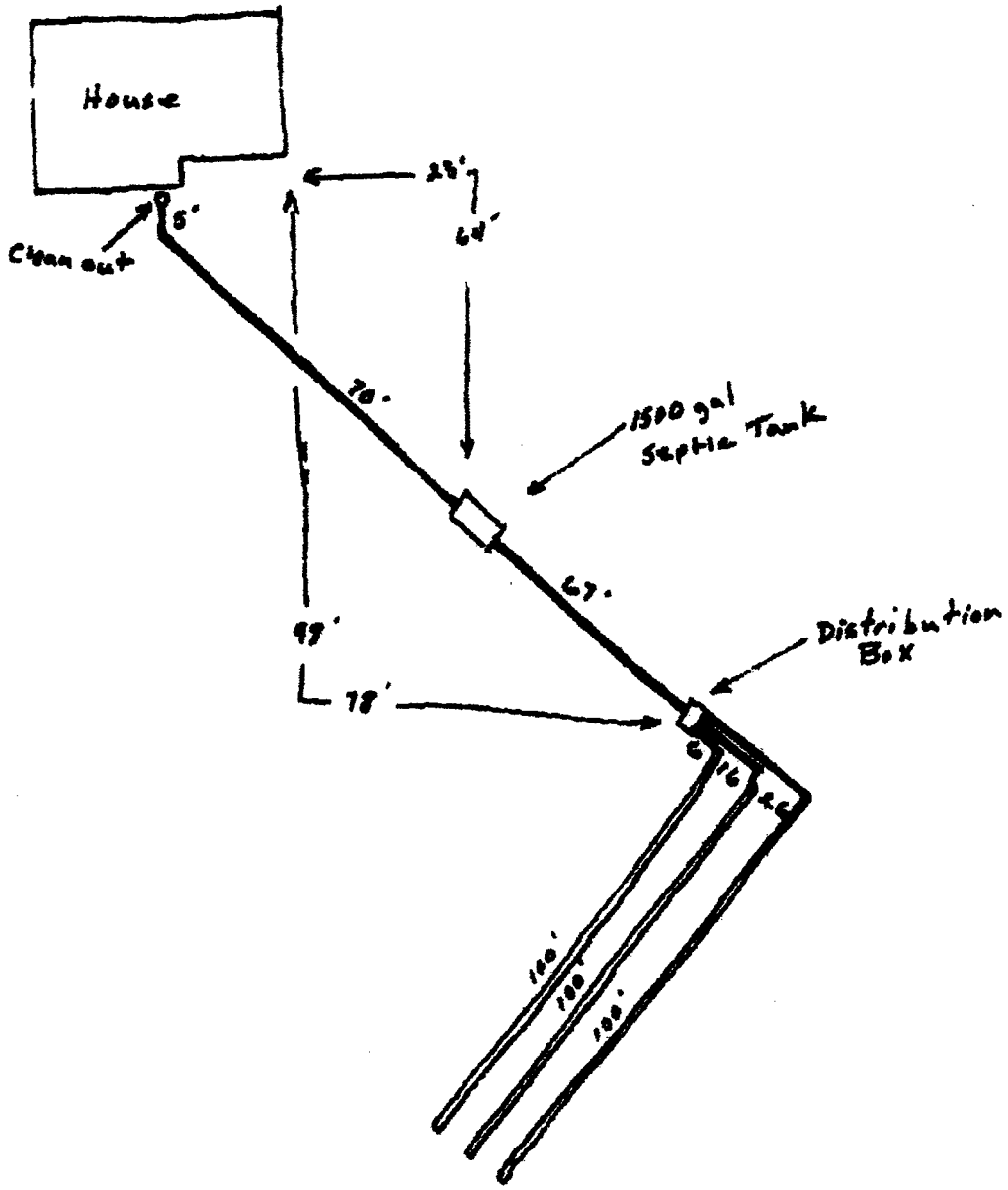
SEPTIC SYSTEM WAS IN
GOOD WORKING CONDITION AT
TIME OF THE INSPECTION

DIAGRAM OF SYSTEM

See
County
Records

Permit # 114-03 Glenn Inspection 11/21/03

3170 190th St., Prole



No Pictures