



Document 2012 GW3676

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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name Matthew G. Knight and Katherine R. Knight  
Address 17117 White Road, Poolesville, MD 20837  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name David Holder and Karin Holder  
Address 218 North 7th Street, Winterset, IA 50273  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:  
2548 Elderberry Avenue, 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 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:                     *Toni M. Gindler*                     Telephone No.:           515-462-9292            
(Transferor or Agent)

## Addendum

1.  The South Forty-nine (49) acres of the West Half ( $\frac{1}{2}$ ) of the Northeast Quarter ( $\frac{1}{4}$ ) of Section Twenty-three (23), Except a tract in the Southwest corner thereof 9 rods East and West and 2 rods North and South, all in Township Seventy-five (75) North, Range Twenty-nine (29) West of the 5th P.M., Madison County, Iowa.



### Time of Transfer Inspection Report

Property Information

Current Owner: Matt & Kathy Knight

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

Mailing Address: 17117 Whites Road, Poolesville, MD 20837-2236

Site Address/County: 2548 Elderberry Ave., Winterset, IA, Madison County

Legal Description SW NE EX .11A CEM. , Section 023, Township 075, Range 029, Lot 029, & Block 075

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

Permit/ installation date: 11-14-2007 Separation distances (ok/no?): Ok

Septic System Information

Septic tank(s): Size: 2000 Material: Concrete Condition: Good

Tank pumped?  Y  N Date: 3-01-2012 Licensed pumper: Yes

Septic/Trash/Processing tank: Size: n/a Material: n/a Condition: n/a

Tank pumped?  Y  N Date: n/a Licensed pumper: n/a

Aerobic treatment unit (ATU) mfg: n/a Size n/a

Tank pumped?  Y  N Date: n/a Licensed pumper: n/a

Maintenance contract?  Y  N Expiration date: 2-2013 Service provider: TSS

Condition: \_\_\_\_\_

Pump tanks/vaults: Type: n/a Size: n/a Condition: n/a

Distribution system: Distribution box n/a Outlets used n/a Condition: n/a

Header pipe(s): n/a No. of lines: n/a Pressure dosed? n/a

Secondary Treatment:

Length of absorption fields: n/ar Determined by: n/a

Condition of fields: n/a Determined by: n/a

Type of trench material: n/a

Size of sand filter: n/a Determined by: n/a

Vent pipes above grade?  Y  N Discharge pipe located?  Y  N

Effluent sample taken n/a Results: n/a

Media Filters: Type: Peat Filter

Maintenance contract?  Y  N Expiration date: 2-2013 Service provider: TSS

Condition: Good

NPDES General Permit No. 4: Required?  Y  N Permitted?  Y  N NOI provided: \_\_\_\_\_



## Time of Transfer Inspection Report

Other components:

Alarms:  Y  N Working:  Y  N Disinfection:  Y  N Working:  Y  N

Control Box: n/a Timers: n/a Inspection Ports: n/a

Other components: n/a

Overall condition of the private sewage disposal system:

Report system status: Excellent

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: Chris Hansen Date: 3-1-2012

Name (print): Chris Hansen Certificate #: 9017

Address: 29468 200<sup>th</sup> St., Dallas Center, IA 50063

Phone #: 515-202-5005

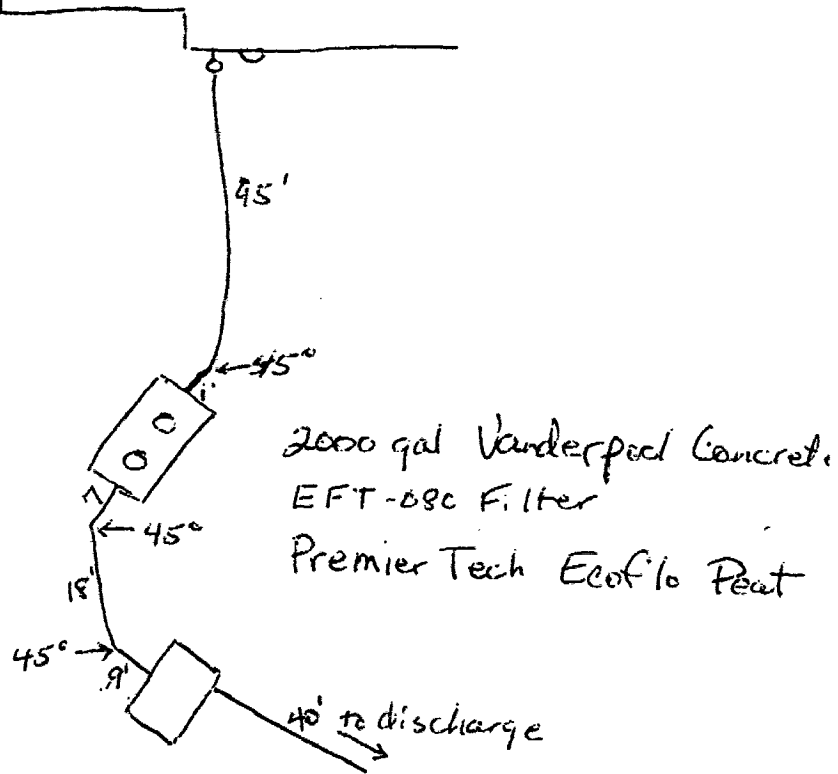
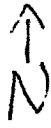
Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office in the county the inspection was conducted, the county recorder and to:

Iowa DNR Onsite Wastewater Program

502 E 9<sup>th</sup> St

Des Moines IA 50319

Marty Newton  
3548 Elderberry Ave  
Winterset



Permit# 073-07

Inspection 11/14/07

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