

Ocument 2013 GW1189

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LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSF	EROR:						
Name	Ronnie L. Driskill and Carl	a F. Driskill					
Address	1423 263rd Lane, Madrid, I	owa 50156					
	Number and Street or RR	City, Town or P.O.	State	Zip			
TRANSF	EREE:						
Name	Robert L. Zimmerman and	Gretchen A. Zimmerman					
Address							
	Number and Street or RR	City, Town or P.O.	State	Zip			
	of Property Transferred:						
1849 Fox	x Trail, Winterset, Iowa 5027	3					
Nur	mber and Street or RR	City, Town or P.O.	State	Zip			
1. Wells	ce of the Recorder of Madison Coun (check one) here are no known wells situa	ated on this property.					
T	here is a well or wells situate	d on this property. The type(s), loc		itus are			
		attached separate sheet, as neces	ssary.				
	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						
	Attachment #1, attached to		on related thereto is p	Diovided			
	dous Wastes (check one)	ans document.					
	here is no known hazardous	waste on this property.					
		this property and information relate	d thereto is provided i	in			
	ttachment #1, attached to this						
	rground Storage Tanks (ch						
		und storage tanks on this property.					
		or fuel tanks, most heating oil tanks	s, cisterns and septic	tanks, in			
	structions.)						
		ige tank on this property. The type ted below or on an attached separa					

5.	Private Burial Site (check one)
	X 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)
٠.	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.
	X 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
	pormit number
Int	formation required by statements checked above should be provided here or on separate
	eets attached hereto:
J.,	coto attacinou ficiolo.
_	
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
	(m ' x 1 , 600
Sig	gnature: Telephone No.: (515) 321-5482
	(Transferor or Agent)

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a.	Solid waste Disposal (check one)				
	There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous. There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.				
b	Hazardous Wastes (check one)				
	There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.				
	There is hazardous waste on this property and the appropriate response or remediation actions or the need therefore, have not yet been determined.				
Fu	rther descriptive information:				
_					
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.				
O:-	$(\mathcal{A}, \mathcal{A})$				
Sig	rature: Telephone No.: (515) 321-5482				



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

Froperty information
Current owner Ron Drishill
Buyer Realtor <u>Private salo</u> Mailing addres:
Mailing address
Site Address/County 1849- Pop tal Wintersat, da 50273 Masison Co. Legal Description
No. of bedrooms 2 Last occupied? Last occupied? Records available 405
Permit/installation date 8-15-02 Separation distances ok/no? OK 4035-02
Septic system information
Septic tank(s): size /000 Jab. material Plastic condition Good Tank pumped? yes date //-/0-20/0 licensed pumper Mayor S. 7.75 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 6 condition 900 d Header pipe(s) 5 # of lines 6 Pressure dosed?
Secondary treatment: length of absorption fields 100 ff determined by mapt probing determined by walking trobing 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?
Working:
Control box inspection ports
Other components
Overall condition of the private sewage disposal system
Report system status The septice system at 1849- West In Winterset, do Explain (strach additional pages as needed): The septic tanh was opened fluxed on 11-10-10 The system was checked on -3-25-13+ system to
Explain (attach additional pages as needed): The sentir tanh was opened funcos
on 11-10-10 The system was checked on -3-25-13+ systemas
Comments: tractments + intaket outflow beller are in place. The desti box
was opened on - 3-23-134 all later lottook water also the tanking of
correct rester level on 3-2,5-13-
Site status at conclusion of Time of Transfer inspection: (A Verify that controls are set on the appropriate mode)
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.
Variety that no correct is on the ground correct
• Verify that no sewage is on the ground surface was 3.
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: When W. Mayor Date: 3-25-2013
Name (print): JOHN MAYER Certificate #:8979
Address: SEPTIC TANK PUMPING
Phone # <u>515-462-2624</u> 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. Mak on Ball
Iowa DNR Onsite Wastewater Program 502 E. 9 th St. Des Moines, IA 50319 May on Back

Promit # 035-02 Ron Driskill Inspection 8/15/02 1849 Fox Trail. 100 100 100 100 100 स 100 Distribution Box LOCATEL GEEN PU North 1000 gal Septiz Tauk 75 Clean out House