



Document 2013 GW1449

Book 2013 Page 1449 Type 43 001 Pages 6

Date 5/20/2013 Time 12:41 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 Benjamin U. Greear

Address 32655 Panther Creek Rd. Adel IA 50003
Number and Street or RR City, Town or P.O. State Zip

TRANSFereeE:

Name Kacy and Lindsay Curry

Address 321 59th St. Des Moines IA 50312
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

1688 Mueller Court Winterset IA 50273
Number and Street or RR City, Town, or P.O. State Zip

Legal Description of Property: (Attach if necessary) See 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.

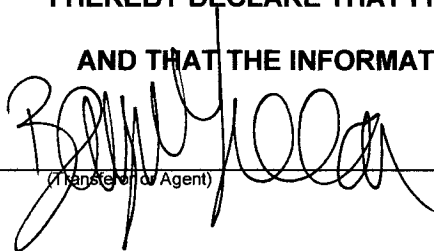
6. Private Sewage Disposal System (check one)

- 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: _____



(Transferor or Agent)

Telephone No.: (515) 993-2289

Addendum

1. Parcel "I" and Parcel "W" located in the Southeast Quarter (1/3) of the Southeast Quarter (1/4) of Section Three (3), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, as shown in Plat of Survey filed in Book 3, Page 253 on May 20, 198 and in Book 3, Page 303 in the Office of the Recorder of Madison County, Iowa.



Realty

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

Property information

Current owner Ben Greas
Buyer _____ Realtor Madison Co. Realty
Mailing address _____

Site Address/County 1688 Mueller Ct. Winterset, Mo 64073 Madison Co.
Legal Description _____

No. of bedrooms 3 Last occupied? not for 6 mo. Records available yes

Permit/installation date 10-15-1998 Separation distances ok/ no? OK
1728

Septic system information

Septic tank(s): size 1500 gal material Concrete condition good
Tank pumped? yes date 5-9-13 licensed pumper Mayer S.T. 75
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

Aerobic treatment unit (ATU) mfg _____ 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) 3 # of lines 4 Pressure dosed? _____

Secondary treatment:
length of absorption fields 90' long determined by map & Probing
condition of fields good determined by walking & Probing
type of trench material 10" gravelles

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 1688 Mueller Ct. Winterset, Ia

Explain (attach additional pages as needed): is in good working cond. The septic tank was opened & pumped on 5-9-13. It has 2 compartments & 1 inlet

Comments: outflow baffles are in place water was at correct level before pumping the lateral dist. box was opened & all laterals took water on 5-9-13. more water was run on each lateral because not lived in for a time - also all gray water goes to system on 5-9-13 also lateral field was clean & dry on 5-9-13

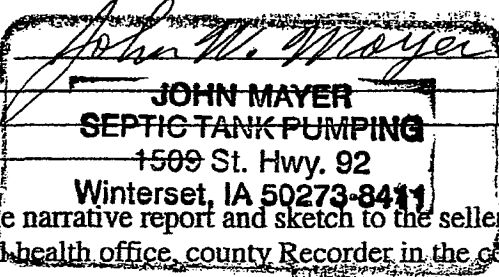
Site status at conclusion of Time of Transfer inspection:

- Verify that controls are set on the appropriate mode.
- Power is on to all components.
- Done Revisit all components to verify lids are secure.
- Gather all tools for removal from the site.
- Done Verify that no sewage is on the ground surface. None on 5-9-13

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: _____
Name (print): _____
Address: _____
Phone # 515-462-2624



Date: 5-10-2013
Certificate #: 8979

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;

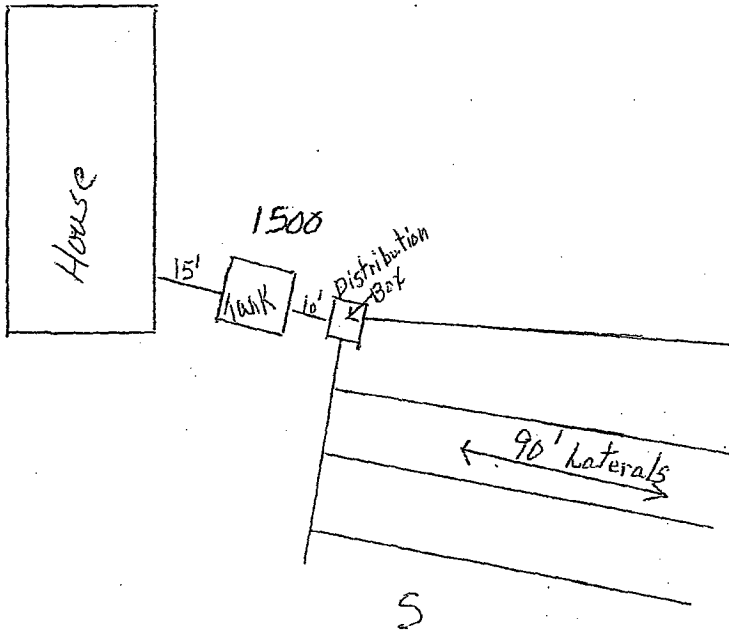
Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

Map on Back →

Mark Hay Res
1688 Mueller Ct
Permit 1728

N

E



10" Gravelless pipe