



Document 2013 GW1755

BK: 2013 PG: 1755 Type 43 001 Pages 8

Recorded: 6/11/2013 at 9:39:01.0 AM

Fee Amount: \$0.00

Revenue Tax:

LISA SMITH RECORDER

Madison County, Iowa

INDX

ANNO

SCAN

CHEK

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

TRANSFEROR:

Name Thomas N. Turner and Tara A. Turner

Address PO Box 213 Winterset IA 50273  
Number and Street or RR City, Town or P.O. State Zip

TRANSFereeE:

Name John A. Crow and Gina M. Crow

Address 1623 Mueller Court, Winterset, IA 50273  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

1623 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 attached 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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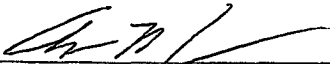


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I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature:  Telephone No.: (515) 494.5740  
(Transferor or Agent)

# Exhibit A

Parcel "Q" located in that part of the Northwest Quarter ( $\frac{1}{4}$ ) of the Southeast Quarter ( $\frac{1}{4}$ ) of Section Three (3), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5<sup>th</sup> Principal Meridian, Madison County, Iowa, containing 3.39 acres, as shown in Plat of Survey filed in Book 3, Page 597 on June 9, 2000, in the Office of the Recorder of Madison County, Iowa.



### Time of Transfer Inspection Worksheet

Other components:

Alarms OK Working? \_\_\_\_\_ disinfection \_\_\_\_\_ working? \_\_\_\_\_

Control box \_\_\_\_\_ Timers \_\_\_\_\_ inspection ports \_\_\_\_\_

Other components \_\_\_\_\_

#### Overall condition of the private sewage disposal system

Acceptable? Yes \_\_\_\_\_ Unacceptable? \_\_\_\_\_

Explain (attach additional pages as needed): System seems to be in good working order.

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.

Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.

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: Alan Bedwell Date: 6-5-13  
 Name (print): Alan Bedwell Certificate #: 7263  
 Address: 2924 Quaker St. Charles IA 50240  
 Phone # 641 386 2462



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

Property information

Current owner Thomas + Tara Turner

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

Mailing address 1623 Mueller Court Winterset IA 50273

Site Address/County Same Madison

No. of bedrooms 4 Last occupied? Current Disposal? Y  N  Softener? Y  N  H<sub>2</sub>O supply? Rural

Records available Yes Permit/installation date 1/10/02 Installer \_\_\_\_\_

Septic system information

Septic tank(s): size 2-1000 gallon material Concrete condition Good

Tank pumped? YES date 5-8-13 licensed pumper ST-237

Septic/trash/processing tank: size NA material \_\_\_\_\_ condition \_\_\_\_\_

Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_

Aerobic treatment unit (ATU) mfg NA size \_\_\_\_\_

Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_

Maintenance contract? \_\_\_\_\_ expiration date \_\_\_\_\_ service provider \_\_\_\_\_

Condition \_\_\_\_\_

Pump tanks/vaults: type NA size \_\_\_\_\_ condition \_\_\_\_\_

Distribution system: distribution box NA outlets used \_\_\_\_\_ condition \_\_\_\_\_

Header pipe(s) \_\_\_\_\_ # of lines \_\_\_\_\_

Pressure dosed? \_\_\_\_\_

Secondary treatment:

length of absorption fields \_\_\_\_\_ determined by \_\_\_\_\_

condition of fields \_\_\_\_\_ determined by \_\_\_\_\_

type of trench material \_\_\_\_\_

Size of sand filter 32' X 30' determined by County Inspection MAP

Vent pipes above grade? Yes discharge pipe located? Yes

Effluent sample taken? Yes Results Yes Included with report

Media filters: type NO

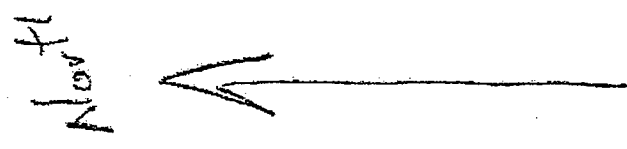
Maintenance contract? \_\_\_\_\_ expiration date \_\_\_\_\_ service provider \_\_\_\_\_

Condition \_\_\_\_\_

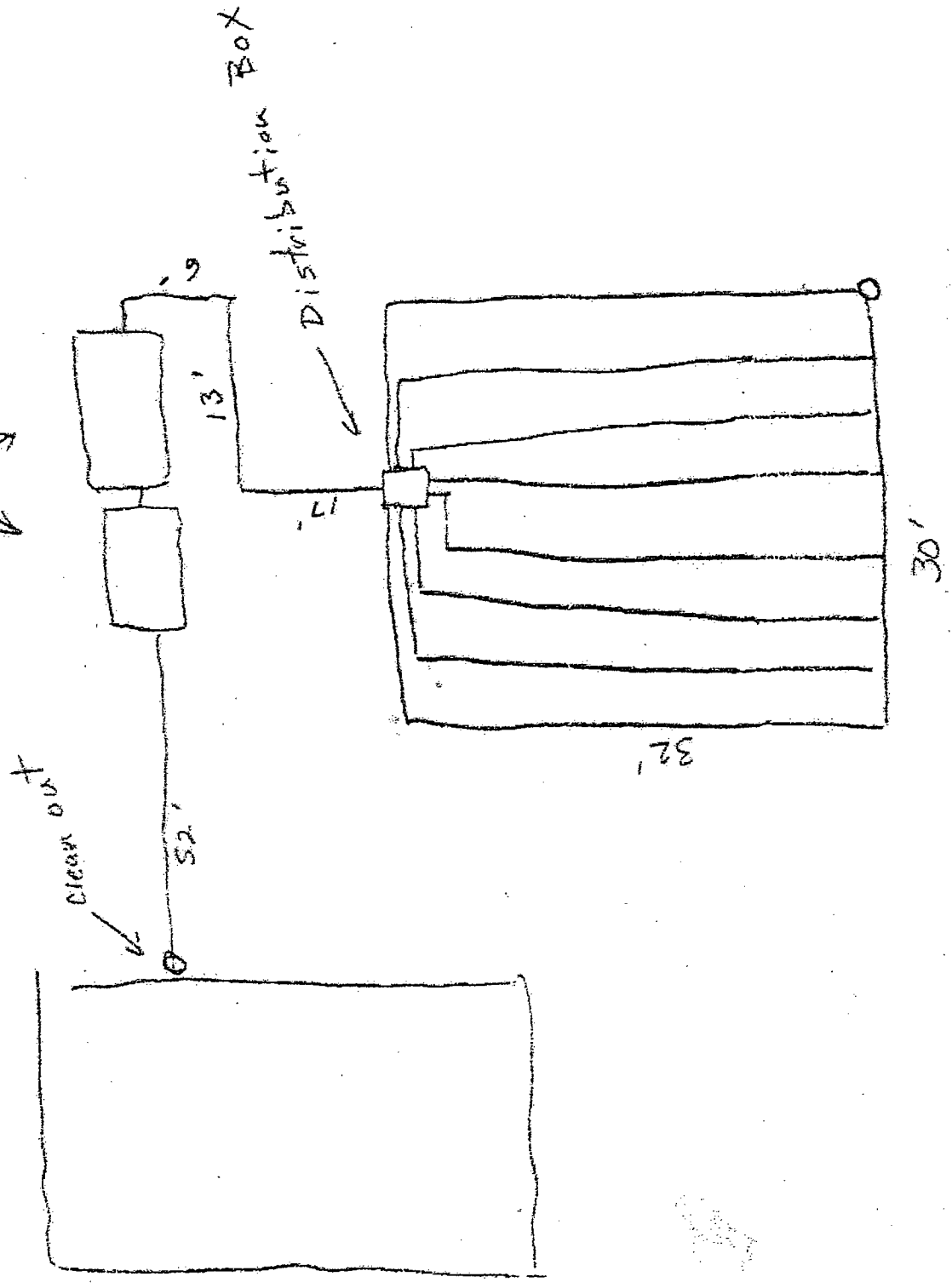
NPDES General Permit No. 4: required? NO permitted? \_\_\_\_\_ NOI submitted \_\_\_\_\_

Permit # 2060 1/10/02

Thomas & Tara Turner  
1603 Maxwell Court



1000 gal. Tanks





# State Hygienic Laboratory

Accession Number | 98957

The result(s) of this report relate only to the items analyzed. This report shall not be reproduced except in full without the written approval of the laboratory.

Iowa Environmental Laboratory IDs are: Ankeny #397, Iowa City/Coralville #027, Lakeside #393.

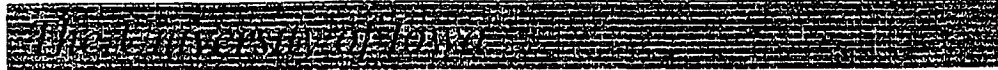
If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500. Thank you.

Page 2 of 2

Michael D. Wichman, Ph.D. Associate Director <a href="http://www.shl.uiowa.edu">http://www.shl.uiowa.edu</a>	University of Iowa Research Park 2490 Crosspark Road Coralville, IA 52241 319/335-4500 Fax: 319/335-4555	Lakeside Laboratory 1838 Highway 86 Milford, IA 51351 712/337-3669 ext. 6 Fax: 712/337-0227	Iowa Laboratories Complex 2220 S. Ankeny Blvd Ankeny, IA 50023 515/725-1600 Fax: 515/725-1642
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# State Hygienic Laboratory



GLEN  
 BEDWELL BUILDERS  
 2924 QUAKER ST  
 SAINT CHARLES, IA 50240

Accession Number 98957  
 Date Sample Finalized 2013-06-05 10:10  
 Date Received 2013-05-29 09:44  
 Sample Source Non-Drinking Water  
 Project  
 Date Collected 2013-05-28 15:30  
 Collection Site sand filter discharge  
 Collection Town WINTERSET  
 Sample Description waste water  
 Client Reference thomas turner  
 Collector bedwell glea  
 Phone 641/396-2462

Note: Upon arrival, sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

### Results of Analyses



Units	[MPN]/100mL	Analyzed In	Ankeny
Date Analyzed	2013-05-29 15:30	Date Verified	2013-05-31 14:16
Analyst	DMJ	Verifier	JAB

Analyte	Result	Quant Limit
E.coli	20.	10



Units	mg/L	Analyzed In	Ankeny
Date Analyzed	2013-05-30 07:15	Date Verified	2013-06-05 10:10
Analyst	PB, MGB	Verifier	DMJ

Analyte	Result	Quant Limit
CBOD, 5 Day	<2	2



Units	mg/L	Analyzed In	Ankeny
Date Analyzed	2013-05-29 00:00	Date Verified	2013-05-31 09:06
Analyst	RWR	Verifier	DLS

Analyte	Result	Quant Limit
Total Suspended Solids	2	1



[MPN]/100mL = Most Probable Number per 100 Milliliters  
 mg/L = Milligrams per Liter