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Book 2013 Page 1809 Type 43 001 Pages 7

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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

CHEK

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

**TRANSFEROR:**

Name Edward Y. McClelland  
Address 327 Water Street, Kellogg, IA 50135  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name Kenneth I. Klingaman  
Address 2285 Fawn Lane, Winterset, IA 50273  
Number and Street or RR City, Town or P.O. State Zip

**Address of Property Transferred:**

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 \_\_\_\_\_.

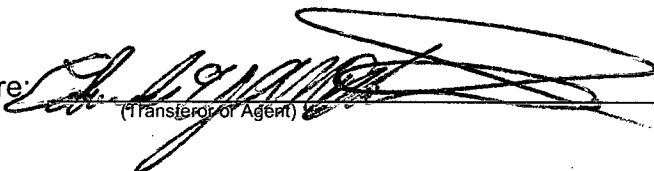
**Information required by statements checked above should be provided here or on separate sheets attached hereto:**

The well is located approximately 50' South of the House.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.: (641) 840-9831

## Addendum

1. Parcel "A" located in the Southeast Quarter ( $\frac{1}{4}$ ) of the Southwest Quarter ( $\frac{1}{4}$ ) and in the Southwest Quarter ( $\frac{1}{4}$ ) of the Southeast Quarter ( $\frac{1}{4}$ ) of Section Twelve (12), Township Seventy-five (75) North, Range Twenty-nine (29) West of the 5th P.M., Madison County, Iowa, containing 3.00 acres, as shown in Plat of Survey filed in Book 2012, Page 810 on March 19, 2012, in the Office of the Recorder of Madison County, Iowa.



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

### Property information

Current owner Ken Klingaman 515-360-8201  
 Buyer Ken Klingaman Realtor \_\_\_\_\_  
 Mailing address 2285 Fawn Lane Winderset Ia 50273  
 Site Address/County 2317 Francesca Ave Winderset Ia / Madison Co.  
 Legal Description \_\_\_\_\_

No. of bedrooms \_\_\_\_\_ Last occupied? 13 Records available yes

Permit/installation date 11-12-02 Separation distances ok/no? ok  
11-2-02

### Septic system information

Septic tank(s): size 1,500 gal material Doly Vinyl condition Fair  
 Tank pumped? yes date 6-6-13 licensed pumper 25 307  
 Septic/trash/processing tank: size \_\_\_\_\_ material \_\_\_\_\_ condition \_\_\_\_\_  
 Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_

Aerobic treatment unit (ATU) mfrg \_\_\_\_\_ size \_\_\_\_\_  
 Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_  
 Maintenance contract? \_\_\_\_\_ expiration date \_\_\_\_\_ service provider \_\_\_\_\_  
 Condition \_\_\_\_\_

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

Distribution system: distribution box yes outlets used no condition excellent  
 Header pipe(s) 1 # of lines 5 Pressure dosed? no

### Secondary treatment:

length of absorption fields 5 x 100 = 500ft. determined by [Signature]  
 condition of fields excellent determined by [Signature]  
 type of trench material 24 inch infiltration

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 Worksheet

Other Components

Alarms no Working? \_\_\_\_\_ Disinfection no Working? \_\_\_\_\_

Control Box no Timers no Inspection Ports no

Other Components none

Overall condition of the private sewage disposal system

Acceptable? yes Unacceptable? \_\_\_\_\_

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.

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: *Wance Smith* Date: 6.6.13  
 Name (print): Wance Smith Certificate #: 9992  
 Address: 502 West Main Street, St. Charles La 60440  
 Phone #: 641-396-2440

**ANYTIME SEPTIC SERVICES II  
VANCE SMITH  
502 WEST MAIN ST.  
ST. CHARLES IA 50240  
641-396-2440**

On June 5th 2013 Anytime Septic Services II did Time of Transfer Realestate Inspection on septic tank, distribution box and laterial field at 2377 Francesca Ave. Winterset IA. 50273. Ken Klingaman residence. The septic tank is a 1,500 gallon two compartment Poly Vinyl septic tank with inlet and outlet tee baffles with drops, that I pumped and cleaned with tap water, also cleaned effluent filter. The septic tank is 18 inches below ground level. The hydraulics from the ground wieght deformed the top of septic tank forcing the center wall towards outlet side of tank. The outlet tee baffle is also forced upward with little room to remove effluent filter for cleaning. The distribution box is a Tuff Tite plastic box with tee baffle. There is a concrete surrounding around the box for support and also has accessable lid at ground level. There are 5 lines leaving distribution box going through 5 speed levelers equally distributing efflunence into 5 runs of 24 inch chambered laterials at 100 feet each totaling 500 feet of laterials. There is no evidence of surfacing or ponding of efflunence above absorption field.

**DISCLAIMER: ANYTIME SEPTIC SERVICES II IS NOT RESPONSIBALE FOR ANY FAILED SEPTIC SYSTEMS.**

Permit # 112-02 Klingaman Inspection 11/12/02  
2377 Francesca Ave

