



Document 2013 GW2305

Book 2013 Page 2305 Type 43 001 Pages 8

Date 8/05/2013 Time 2:34 PM

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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 Barry L. Stott and Camma D. Stott

Address 2397 250th Street, Winterset, Iowa 50273

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Ben W. Johnson and Terri Johnson

Address 2647 235th Street, Winterset, Iowa 50273

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

2209 Rustic Avenue, Winterset, Iowa 50273

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) For Legal Description see Exhibit "A" attached hereto and by this reference incorporated herein.

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.

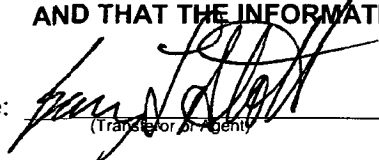
6. Private Sewage Disposal System (check one)

- 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:

One (1) inactive well is located approximately 435 feet South/Southeast of the dwelling.

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) 205-7278

(Transferor or Agent)

EXHIBIT "A"

The Southeast Quarter ($\frac{1}{4}$) of the Southwest Quarter ($\frac{1}{4}$) of the Southeast Quarter ($\frac{1}{4}$) of Section Thirty-five (35) in Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., and the Fractional North Half ($\frac{1}{2}$) of the Northeast Quarter ($\frac{1}{4}$) of Section Two (2), Township Seventy-five (75) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, EXCEPT a tract located in the Northeast Quarter ($\frac{1}{4}$) of the Northeast Quarter ($\frac{1}{4}$) of said Section Two (2) containing 3.02 acres more or less, as shown in Plat of Survey filed in Book 2, Page 423 on November 23, 1993, in the Office of the Recorder of Madison County, Iowa; AND EXCEPT Parcel "A", located in the Northeast Fractional Quarter ($\frac{1}{4}$) of the Northeast Quarter ($\frac{1}{4}$) of said Section Two (2), containing 10.001 acres, as shown in Plat of Survey filed in Book 2002, Page 5390 on October 31, 2002 in the Office of the Recorder of Madison County, Iowa,

AND

All of the Northwest Quarter ($\frac{1}{4}$) of the Southeast Quarter ($\frac{1}{4}$) lying South of the public highway running East and West through said 40-acre tract, containing 27.65 acres more or less, AND the South 59 acres of the East Half ($\frac{1}{2}$) of the Southeast Quarter ($\frac{1}{4}$); ALL in Section Thirty-five (35), in Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, EXCEPT Parcel "F" located in the Southeast Quarter ($\frac{1}{4}$) of the Southeast Quarter ($\frac{1}{4}$) of said Section Thirty-five (35), containing 4.42 acres, as shown in Plat of Survey filed in Book 2011, Page 1437 on June 3, 2011, in the Office of the Recorder of Madison County, Iowa,

AND

A tract of land located in the Northeast Quarter ($\frac{1}{4}$) of the Northeast Quarter ($\frac{1}{4}$) of Section Two (2), Township Seventy-five (75) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, containing 3.02 acres, more or less, as shown in Plat of Survey filed in Book 2, Page 423 on November 23, 1993, in the Office of the Recorder of Madison County, Iowa,

AND

Parcel "A", located in the Northeast Fractional Quarter ($\frac{1}{4}$) of the Northeast Quarter ($\frac{1}{4}$) of Section Two (2), Township Seventy-five (75) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, containing 10.001 acres, as shown in Plat of Survey filed in Book 2002, Page 5390 on October 31, 2002 in the Office of the Recorder of Madison County, Iowa.



Time of Transfer Inspection Worksheet

Other components:

Alarms yes Working? yes disinfection no working?

Control box no Timers no inspection ports no

Other components _____

Overall condition of the private sewage disposal system

Report system status Good

Explain (attach additional pages as needed): checked mf. unit & all components
& found to be operating properly & in good condition. FAF.
Also in good condition & operating properly.
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: Gary E. Main Date: 7-19-13
Name (print): Gary E. Main Certificate #: 10160
Address: 3826 E 27th Des Moines Ia 50317
Phone # 515-402-3127

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 and to;

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

stott



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

Property information

Current owner Camma Stott
Buyer Ben Johnson Realtor Covered Bridge Realty - Teri Tingle
Mailing address 104 N 1st Ave Winterset Ia 50273

Site Address/County 2209 Rustic Ave Winterset Ia 50273 Madison Co.
Legal Description _____

No. of bedrooms 3 Last occupied? Present Records available yes

Permit/installation date 11/24/93 Separation distances no? yes

Septic system information

Septic tank(s): size _____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

Aerobic treatment unit (ATU) mfr Consolidated Treatment size 600
Tank pumped? yes date 4-6-2011 licensed pumper Thomas Brothers Septic
Maintenance contract? yes expiration date 7/31/13 service provider Oswat LLC
Condition Good

Pump tanks/vaults: type _____ size _____ condition _____

Distribution system: distribution box _____ 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 FAF 5'x10' determined by Documents, Inspection
Vent pipes above grade? _____ discharge pipe located? yes
Effluent sample taken? yes 4-24-13 Results CBOD - 24.00 TSS - 29.50

Media filters: type _____
Maintenance contract? _____ expiration date _____ service provider _____
Condition _____

NPDES General Permit No. 4: required? yes permitted? yes NOI provided _____



AgSource Laboratories

A Subsidiary of Cooperative Resources International

1532 Dewitt/P. O. Box 247
Ellsworth, IA 50075
Tel: 515-836-4444
Fax: 515-836-4541

Madison

Report To:

DATE OF REPORT : April 30, 2013

O W W T LLC WASTE WATER TECH
JAMES CANNEY
1541 NE 66TH AVE
DES MOINES, IA 50313

SAMPLE ID : 04-25.51

SAMPLE LOCATION : STOTT 27100

COLLECTION POINT : 2209 RUSTIC Ave

DATE COLLECTED : 04/24/13 *Winterset*

TIME COLLECTED : 15:21

SAMPLE TYPE : GRAB

DATE RECEIVED : April 25, 2013

COURIER : AgSource

COLLECTED BY : CHAD BLAKLEY

50273

Parameter	Concentration	Unit	Analyst	Methods	Date Analyzed	MRL
CBOD	<4.00	mg/L	JR	SM 5210B	4/24/2013	1
SOLIDS - SUSPENDED	<9.50	mg/L	JMR	USGS I 3765-85	4/29/2013	9.50

(515)836-4444 Jim Friedrichs

EPA Lab # : 46

* Methods used in this report are from EPA.

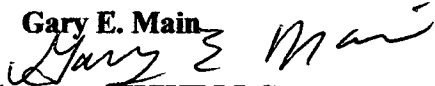
* mg/L - Milligrams per Liter.

* ppm - parts per million

Time Of Transfer Inspection Narrative

7/19/2013

On above date I (Gary Main) performed a Time of Transfer Inspection of the private wastewater disposal system at 2209 Rustic Ave Winterset, IA 50273. The system consists of A Multi-Flow Aerobic Treatment Unit, a 5ft X 10ft Free Access Sand Filter, and a final discharge to surface. All components of Multi-Flow Were checked and found to be in proper working order. A hydraulic test was performed for 30 minutes, all water was taken by Multi-Flow and FAF and flow at final discharge was achieved. The entire system is functioning properly and is in good condition.

Gary E. Main

Manager OWWT LLC

