



Document 2013 GW2538

Book 2013 Page 2538 Type 43 001 Pages 6

Date 8/27/2013 Time 3:14 PM

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INDX
ANNO
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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 Robert Weeks

Address 2105 N 1st St Winterset IA 50273
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Robin D. Barber

Address P O Box 64 Booneville IA 50038
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

3523 N John Wayne Dr Winterset IA 50273
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary)

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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) 468-1051

EXHIBIT "A"

A part of the Northwest Fractional Quarter (1/4) of the Southwest Quarter (1/4), except the east quarter thereof, of Section Nineteen (19), in Township Seventy-six (76) North, Range Twenty-Seven (27) West of the 5th P.M., Madison County, Iowa, Containing 6.03 acres, as shown in Plat of Survey filed in Book 2, page 317 on June 1, 1992, in the Office of the Recorder of the Madison County, Iowa.



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

Property information

Current owner Bob Weeks
 Buyer _____ Realtor Bob Weeks
 Mailing address 2105 N 1st Winterset

Site Address/County 3523 Hwy 169 Winterset Madison
 Legal Description 4.03A NW PT NW SW 19-76-27

No. of bedrooms 3 Last occupied? 3/15/2013 Records available pictures

Permit/installation date _____ Separation distances (ok)no? _____

Septic system information

Septic tank(s): size _____ material _____ condition _____

Tank pumped? yes date May 13 licensed pumper yes

Septic/trash/processing tank: size _____ material _____ condition _____

Tank pumped? _____ date _____ licensed pumper _____

Aerobic treatment unit (ATU) mfg Multiflow size 600 GPD

Tank pumped? yes date 5-1-13 licensed pumper yes

Maintenance contract? yes expiration date 12-31-13 service provider Allen AKers

Condition good working need dirt around Multiflow

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 _____ determined by _____

Vent pipes above grade? _____ discharge pipe located? _____

Effluent sample taken? yes Results Bod 5 Day 2 - 2

total Solids 1 - 1

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 OK Working? yes disinfection ~~working?~~

Control box _____ Timers _____ inspection ports _____

Other components Could not find sand filter

Overall condition of the private sewage disposal system

Report system status Needs to put dirt around pipe & tank

Explain (attach additional pages as needed): fix wood box fill with dirt around multi stop & pipe

Comments: pump Multi, float cleaned socks in May 2013
new pump in Jan 2013

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. ✓

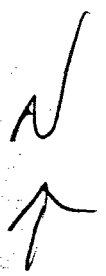
Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

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: Allen Akers Date: 5-28-13
 Name (print): Allen Akers Certificate #: 203
 Address: 2204 175 Court 1023
 Phone #: 515-462-1015 515-468-0091

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



Deck



Ditch