



Document 2013 GW2940

Book 2013 Page 2940 Type 43 001 Pages 5  
Date 10/02/2013 Time 10:46 AM  
Rec Amt \$.00

INDX  
ANNO  
SCAN  
CHEK

LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name Shane Berry  
Address 2465 Hiatt Apple Trail, Winterset, IA 50273  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name Billy Frederick Ibsen and V Jane Ibsen  
Address 1911 - 74th Street, Windsor Heights, IA 50324  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

2465 Hiatt Apple Trail, Winterset, Ia 50273  
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) The East Half (E 1/2) of the West Half (W 1/2) of the Northwest Quarter (NW 1/4) of Section Twenty-three (23), Township Seventy-five (75) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa

**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: Shane L. Berry  
(Transferor or Agent)

Telephone No.: 515-468-0463



Realtor

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

Property information

Current owner Shane Berry

Buyer \_\_\_\_\_

Realtor White Tail Prop.

Mailing address \_\_\_\_\_

1905 Tree Line Ct Van Meter, Mo 63026

Site Address/County 246.5 Hiatt Apple Trl. Winterset, Mo. 65027

Legal Description Madison Co

No. of bedrooms 1 Last occupied? is now Records available yes

Tank repl. new # 9-2013  
Permit/installation date 05-13-  
125-02-2002

Separation distances ok/ no? OK

Septic system information

→ Pumped old Plastic tank - caved in.

Septic tank(s): size 1250 material Concrete condition new

Tank pumped? yes date 9-18-13 licensed pumper Mason S. 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 3 condition Good

Header pipe(s) 2 # of lines 3 Pressure dosed? \_\_\_\_\_

Secondary treatment:

length of absorption fields 3 at 100ft determined by map + probing

condition of fields good determined by walking + probing

type of trench material Pipe + gravel

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 2465 Hiatt apple rd.

Explain (attach additional pages as needed): Winterset, Ia. in good working cond. The septic tank was opened & pumped on 9-18-13. The tank was covered in

Comments: on the ends of a new concrete 1250 gal was installed - The det. Box was opened & all laterals took water on 9-18-13

all gray water goes to system on 9-18-13. The new tank has 2-comp. & intake & outflow baffles are in place.

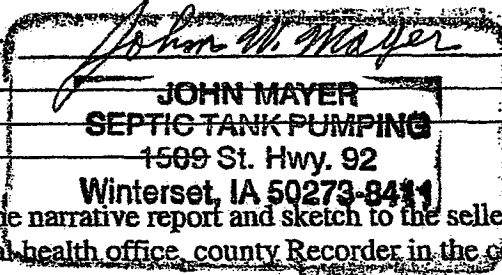
Site status at conclusion of Time of Transfer inspection:

- 3 Verify that controls are set on the appropriate mode.
- 2 Power is on to all components.
- Done Revisit all components to verify lids are secure.
- Done Gather all tools for removal from the site.
- Verify that no sewage is on the ground surface. None on 9-18-2013

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: 9-18-2013  
 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. 9<sup>th</sup> St.  
 Des Moines, IA 50319

Map on Back →

North

