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Book 2013 Page 3336 Type 43 001 Pages 6

Date 11/01/2013 Time 12:11 PM

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SCAN

LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

CHEK

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

**TRANSFEROR:**

Name Nathan Owen

Address 2769 Peru Rd Peru IA 50222-8210  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name Jennifer Jay Harvey

Address 32824 S Old Hwy 6 Redfield IA 50233  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

2769 Peru Rd Peru IA 50222  
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:

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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: \_\_\_\_\_

(Transferor or Agent)

Telephone No.: \_\_\_\_\_

(JTC) 468-1051

## **EXHIBIT "A"**

**Parcel "D" located in the Southeast Quarter (1/4) of the Southwest Quarter (1/4) of Section Twelve (12), Township Seventy-Four (74) North, Range Twenty-seven (27) West of the 5<sup>th</sup> P.M., Madison County, Iowa, containing 7.086 acres, as shown in the Plat of Survey filed in Book 2007, Page 4034 on November 2, 2007, in the Office of the Recorder of Madison County, Iowa.**



12 Walnut

223-12

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

#### Property information

Current Owner Wathen Owens cell. 220-5331  
Buyer \_\_\_\_\_ Realtor Rita Cochran 518-462-3120  
Mailing Address 3670 Underwood Dr Osage, Ia 50461

Site Address/County 27129 Pecan Road - Madison County

No. of Bedrooms 3 Last Occupied? Dec. Disposal? Y/ⓧ Softener? Y/ⓧ H<sub>2</sub>O Supply? rural

Records Available yes Permit/Installation Date 5-19-08 Installer excellent  
↳ 005-08

#### Septic System Information

Septic Tank(s): Size 1,500 gallons Material concrete Condition \_\_\_\_\_  
Tank Pumped? yes Date 9-18-12 Licensed Pumper yes ST 307  
Septic/Trash/Processing Tank: Size \_\_\_\_\_ Material \_\_\_\_\_ Condition \_\_\_\_\_  
Tank pumped? \_\_\_\_\_ Date \_\_\_\_\_ Licensed Pumper \_\_\_\_\_

Aerobic treatment unit (ATU) MFGR \_\_\_\_\_ 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 Number of Lines 3  
Pressure Dosed? no

#### Secondary Treatment

Length of Absorption Fields 3 x 100 = 300 ft Determined by [Signature]  
Condition of Fields excellent Determined by [Signature]  
Type of Trench Material 3/4 inch infiltrators

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 submitted \_\_\_\_\_



## 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: Have Septic Tank Pumped every 3 to 5 years.  
clean effluent filter at least once or twice a year.

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.

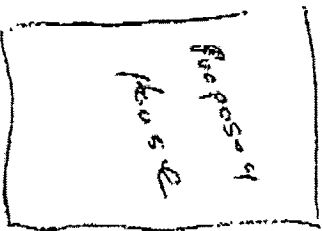
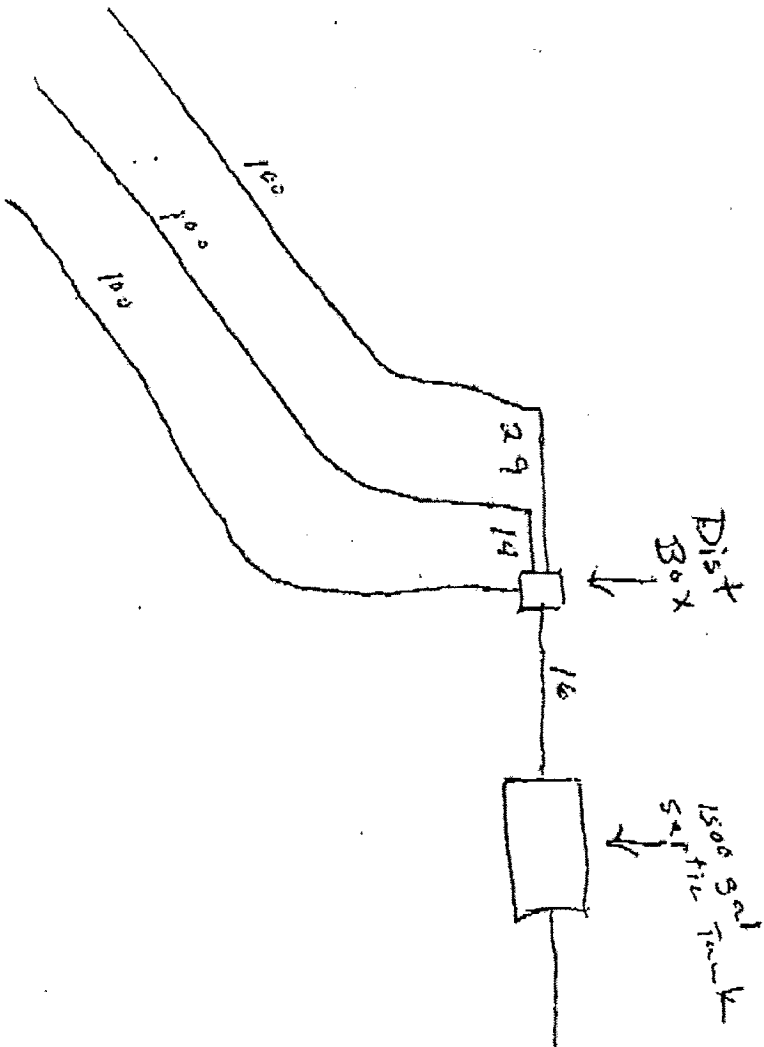
Using this worksheet, write a narrative report of the inspection results.

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: Vance Smith Date: 9.24.12  
 Name (print): Vance Smith Certificate #: 9992  
 Address: 502 West Main Street St. Charles Ia 50240  
 Phone #: 641-396-2440

Permit # 005-08 Nathan Owen Inspection 5/19/08  
2769 Row Rd



North  
A