



Document 2014 GW669

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Date 3/25/2014 Time 1:57 PM

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name ERIC M. FRIEDRICH

Address 802 West Madison Street Mount Ayr Iowa 50854
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name ERINN K. SMITH

Address 1657 McBride Ridge Court Winterset Iowa 50273
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

1657 McBride Ridge Court Winterset Iowa 50273
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) Lot 6 in Country Estates West, Winterset, Madison County, SE⁴ & SW⁴, Sec. 3-76-27

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)

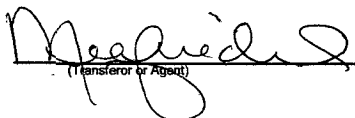
- There are no known private burial sites on this property.
- There is a private burial site on this property. The location(s) of the site(s) and known identifying information of the decedent(s) is stated below or on an attached separate sheet, as necessary.

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 a 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 a 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 acknowledgement 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 acknowledgement is attached to this form.
- There is a building served by private sewage disposal system on this property. The buyer has executed a binding acknowledgement with the county board of health to install a new private sewage disposal system on this property with an agreed-upon time period. A copy of the binding acknowledgement 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 acknowledgement with the county board of health to demolish the building within an agreed-upon time period. A copy of the binding acknowledgement 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:  Telephone No.: 319-430-9400
(Transferor or Agent)



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

Property information

Current owner Eric Friedrich
Buyer
Realtor
Mailing address 1657 McBride Ridge Ct Winterset IA 50273

Site Address/County SAME

No. of bedrooms 4 Last occupied? current Disposal? Y (N) Softener? Y (N) H2O supply? Yes

Records available Yes Permit/installation date 12/12/02 Installer Colightly

Septic system information

Septic tank(s): size 1500 material Plastic condition good
Tank pumped? Yes date 3-17-14 licensed pumper Yes ST-237
Septic/trash/processing tank: size NA material condition
Tank pumped? date licensed pumper

Aerobic treatment unit (ATU) mfg NA size
Tank pumped? date licensed pumper
Maintenance contract? expiration date service provider
Condition

Pump tanks/vaults: type NA size condition

Distribution system: distribution box NA outlets used condition
Header pipe(s) # of lines
Pressure dosed?

Secondary treatment:
length of absorption fields NA determined by
condition of fields determined by
type of trench material

Size of sand filter NA determined by
Vent pipes above grade? discharge pipe located?
Effluent sample taken? Results

Media filters: type Peat Filter
Maintenance contract? Yes expiration date 12-31-14 service provider Colightly #74
Condition Good 2-26-14

NPDES General Permit No. 4: required? Yes permitted? NOI submitted



Time of Transfer Inspection Worksheet

Other components:

Alarms NA Working? _____ disinfection _____ working? _____

Control box _____ Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Acceptable? Yes _____ Unacceptable? _____

Explain (attach additional pages as needed): No sample was taken, unit was not discharging.

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.

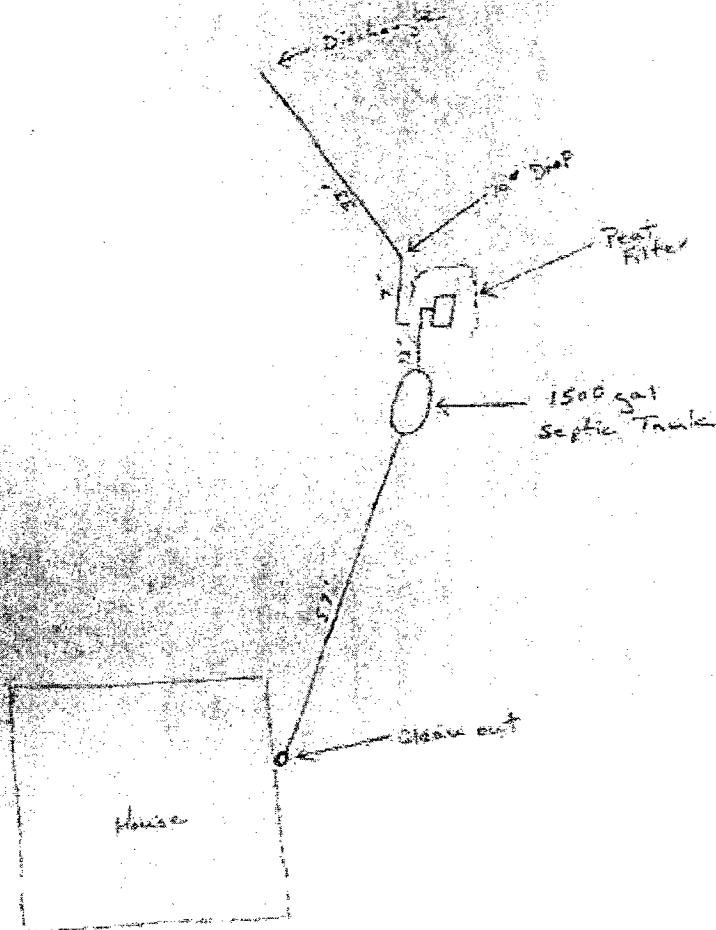
Using this worksheet, write a narrative report of the inspection results.

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: Glen Bedwell Date: 3-21-14
 Name (print): Glen Bedwell Certificate #: 7263
 Address: 2924 Quaker St. Charles, IA 50240
 Phone #: 641 396 2462

Permit # 104-02 Kelly Bell Inspection 12/12/02
1657 McBride Ridge Court



GOLIGHTLY CONSTRUCTION INC
P.O. Box 36
Earlham, IA 50072
(515)758-3926

**2014 SEPTIC SYSTEM
MAINTENANCE AGREEMENT**

Customer Name: Eric Fredricks *Friedrich*
Address: 1657 McBride Ridge Ct
Winterset IA 50273
Phone # (daytime): 319-430-6041

Date: 1/1/14
Agreement #: 74
Septic Permit #:

An agreement is hereby entered into this 2/26 day of February, 20 14, for maintenance of your peat filter, or mechanical system. Work on this will include:

- 1) Annual testing of the quality of the discharge effluent in accordance with the Iowa Administrative Code, Chapter 69. Additional testing would be an added cost.
- 2) Check the level of the sludge in the septic tank and assess tank integrity.
- 3) Check the operational integrity of any existing alarm systems.
- 4) Check the condition of the in-line filters in the system. Perform any cleaning as necessary.
- 5) Pumping of the system, when deemed appropriate, would be an added cost.
- 6) Report any irregularities or operational malfunctions to the County Health.
- 7) File a report of system maintenance with the County Health Department in Accordance with the Madison County Health Code.
- 8) This contract gives the contractor and/or designee permission to go onto the property to maintain the system.
- 9) This contract is renewable yearly for the life of the system.

This maintenance contract does not hold the contractor liable for any malfunctions of the system.

Service Contract Fee: \$375.00 plus applicable tax
Service Period is from: January 01, 2014
to: December 31, 2014

Accepted this 26 Day of February, 20 14

Signed:  *Eric Friedrich*
(Homeowner's Signature) (Homeowner's Printed Name)

Signed: *Doris Faux* Golightly Construction Inc
(Contractor / Designee Signature) (Contractor Printed Name)

CUSTOMER COPY