



Document 2014 GW697

Book 2014 Page 697 Type 43 001 Pages 7

Date 3/31/2014 Time 11:33 AM

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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name Dennis R. and Donna J. Pearson

Address 2280 Holliwel Bridge Rd. Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Jakob R. Hasbrouck and Angela M. McCarty

Address 8620 Crescent Chase Apt. 1C Johnston, IA 50131

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

2280 Holliwel Bridge Rd. Winterset, IA 50273

Number and Street or RR

City, Town, or P.O.

State

Zip

Legal Description of Property: (Attach if necessary)

Parcel "A" located in the Northwest Quarter (1/4) of the Southwest Quarter (1/4) of Section Three (3),  
Township Seventy-five (75) North, Range Twenty-seven (27) West of the 5th P.M.

**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:

well located on northwest corner of pond/lot. Neighbor  
has easement to use well

**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature: Dennis Pearson  
(Transferor or Agent)

Telephone No.: (515) 462-1476



# Time of Transfer Inspection Report

### Property Information

Current Owner: DENNIS D DONNA PEARSON  
 Buyer: \_\_\_\_\_ Realtor: SHEENA FOSTER - RE/MAX  
 Mailing Address: 2280 Hollowell Bridge Rd, Winterset IA 50273  
 Site Address/County: Same - Madison Co  
 Legal Description: AS ABSTRACT  
 No. of bedrooms: 4 Last occupied: present Records available: yes  
 Permit/ installation date: 129-04 Separation distances (ok/no?): ok

### Septic System Information

Septic tank(s): Size: 1500 GAL Material: POLY Condition: ok  
 Tank pumped?  Y  N Date: 3-24-14 Licensed pumper: FOREST SEPTIC  
 Septic/Trash/Processing tank: Size: \_\_\_\_\_ Material: \_\_\_\_\_ Condition: \_\_\_\_\_  
 Tank pumped?  Y  N Date: \_\_\_\_\_ Licensed pumper: \_\_\_\_\_  
 Aerobic treatment unit (ATU) mfr \_\_\_\_\_ Size \_\_\_\_\_  
 Tank pumped?  Y  N Date: \_\_\_\_\_ Licensed pumper: \_\_\_\_\_  
 Maintenance contract?  Y  N Expiration date: \_\_\_\_\_ Service provider: \_\_\_\_\_  
 Condition: \_\_\_\_\_  
 Pump tanks/vaults: Type: \_\_\_\_\_ Size: \_\_\_\_\_ Condition: \_\_\_\_\_  
 Distribution system: Distribution box \_\_\_\_\_ Outlets used \_\_\_\_\_ Condition: \_\_\_\_\_  
 Header pipe(s): \_\_\_\_\_ No. 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?  Y  N Discharge pipe located?  Y  N  
 Effluent sample taken yes Results: See LAB Results  
 Media Filters: Type: peat - FCU - pure  
 Maintenance contract?  Y  N Expiration date: 2014 Service provider: FOREST SEPTIC  
 Condition: OK AT TIME OF THE INSPECTION

NPDES General Permit No. 4: Required?  Y  N Permitted?  Y  N NOI provided: \_\_\_\_\_



## Time of Transfer Inspection Report

Other components:

Alarms:  Y  N Working:  Y  N Disinfection:  Y  N Working:  Y  N

Control Box: \_\_\_\_\_ Timers: \_\_\_\_\_ Inspection Ports: \_\_\_\_\_

Other components: NONE

Overall condition of the private sewage disposal system:

Report system status: See Attached

Explain (attach additional pages as needed): \_\_\_\_\_

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: [Signature] Date: 3-24-14

Name (print): Brian Rinard Certificate #: 8805

Address: P. O. Box 219, Indianola, IA 50125

Phone #: 515-202-4895

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office and to:

Iowa DNR  
Private Sewage Disposal Program  
502 E 9<sup>th</sup> St  
Des Moines IA 50319

DNR Time of Transfer Report System Status

Address: 2280 Hollowell Bridge Rd Date: 3-24-14

Winterset, IA 50273

Comments:

Technician BRIAN

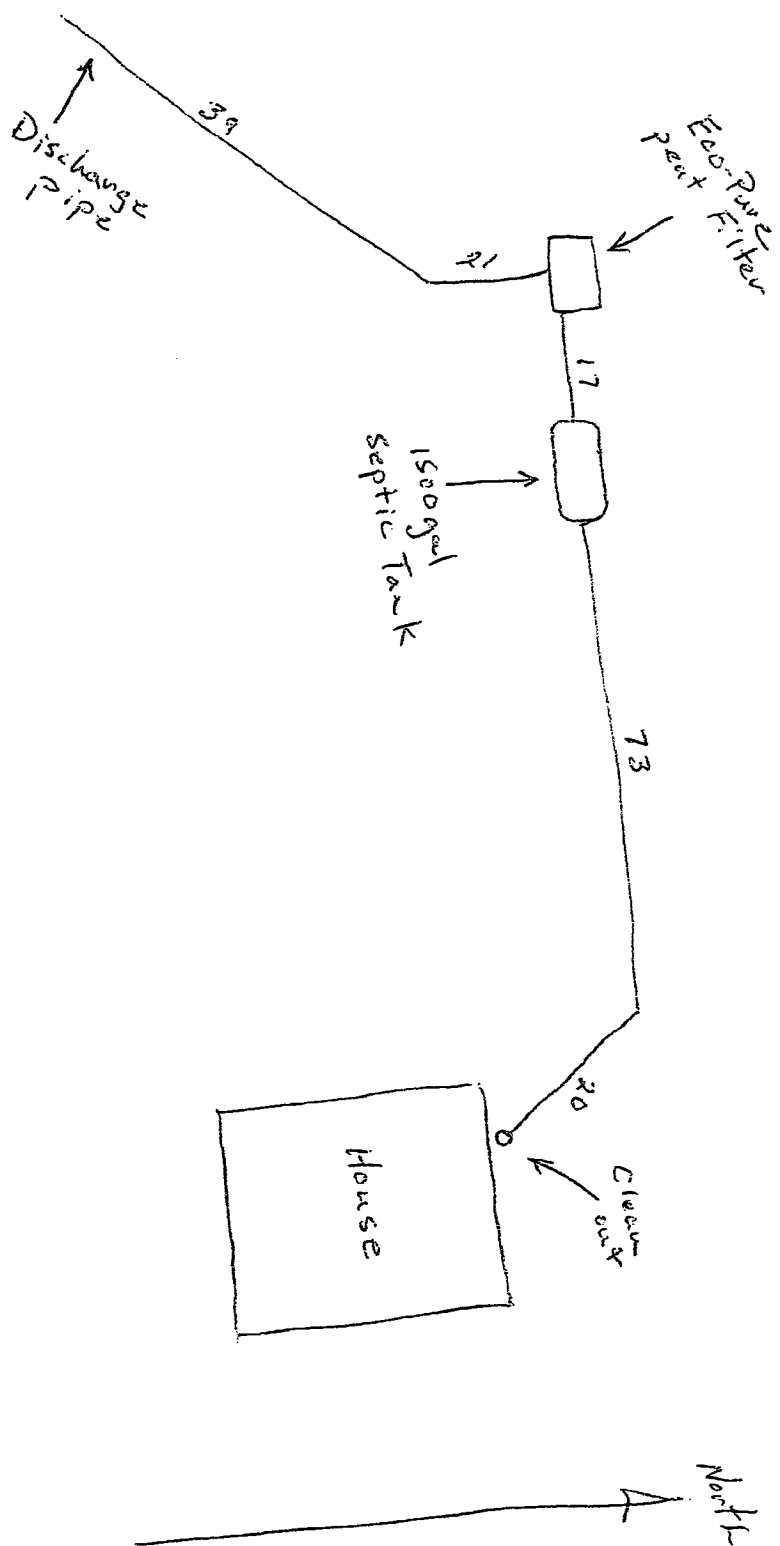
ALL WASTEWATER FROM HOUSE APPEARS TO  
DRAIN INTO SEPTIC SYSTEM  
1500 GALLON POLY (2) COMPARTMENT SEPTIC TANK WITH  
RISERS AND EFFLUENT FILTER WAS IN  
WORKING CONDITION  
EUC-PURE PEAT TANK WAS IN WORKING CONDITION  
AND DISTRIBUTION PLATE WAS LEVELED AT TIME  
OF THE INSPECTION.  
TOOK EFFLUENT SAMPLE AT TIME OF THE INSPECTION

THIS IS NOT A GUARANTEE  
THIS CERTIFIES THE SEPTIC SYSTEM  
WAS IN WORKING CONDITION AT  
THE TIME OF INSPECTION.

**DIAGRAM OF SYSTEM**

See  
County  
Records

Permit # 129-04 Pearson Inspection 6/7/05





#54430

PAULA FORREST <plforest@wildblue.net>

3-4-14

New form arrived

ForestSeptic.com <admin@forestseptic.com>  
To: service@forestseptic.com

Mon, Mar 3, 2014 at 12:51 PM

Contact Person

First & Last Name: Sheena Foster  
Phone: 5154621476

MON  
3-24-14

SAM

About the Seller Agent/Realtor or Seller (if For Sale by Owner)

First & Last Name: Sheena Foster  
Company Name: RE/MAX Real Estate Group  
Street Address: 932 N Shadyview Blvd  
City: Pleasant Hill State: IA Zip: 50327  
Email: Sheena@SheenaCochranFoster.com  
Phone: 5154018398 Cell:

About the Home

Address of Inspection: ~~2280 Holliswell~~ Bridge Road  
City: Winterset State: IA Zip: 50273  
County: Madison  
Age of Septic System: 10  
Number of Bed Rooms: 4  
Occupied: yes  
Water Service: yes Type: rural  
Legal Description: Township Name:  
Section Number:

Pumped 1500 gal  
tank 10-10-09  
(Eco Pure MA for 2013)

Mailing Address:

Owner's First & Last Name(s) : Donna and Dennis Pearson  
Owner's Mailing Address: 2280 Holliswell Bridge Road  
City: Winterset State: IA Zip: 50273  
Home Phone: 5153067606 Cell:

Take  
Water Hose

About the Buyer Agent/Realtor

Buyer Agent's First & Last Name: Misty Soldwisch  
Office Street Address: 126 W Ashland Ave  
City: Indianola State: IA Zip: 50125  
Email: misty@mistysold.com  
Office Phone: Cell: 5152299764

About the Buyer

Buyer's First & Last Name(s):  
Cell: Home Phone:  
Closing Date:  
Comments: