



Document 2014 GW1757

Book 2014 Page 1757 Type 43 001 Pages 7

Date 7/22/2014 Time 1:27 PM

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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 Brian Martin and Lori Martin  
Address 13415 Wilden Circle, Urbandale, IA 50323  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name Douglas R. Sheffield and Julie L. Sheffield  
Address 1694 McBride Road, Winterset, IA 50273  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:  
1694 McBride Road, Winterset, IA 50273  
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) Lot One (1) of McBride Woods Subdivision,  
located in the Southwest Quarter (SW 1/4) of Section Three (3), Township Seventy-six (76) 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:**

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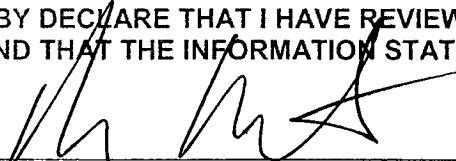


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**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature:  Telephone No.: (515) 710-1217  
(Transferor or Agent)



# Time of Transfer Inspection Report

### Property Information

Current Owner: BRIAN MARTIN  
 Buyer: DOUG SHEFFIELD Realtor: JENNIFER STOVER  
 Mailing Address: 65 JEFFERSON, WINTERSSET TN 30273  
 Site Address/County: 1694 McBRIDE ST - MADISON CO.  
 Legal Description: AS ABSTRACT  
 No. of bedrooms: 5 Last occupied: 1 yr Ago. Records available: yes  
 Permit/ installation date: 1999 Separation distances (ok/no?): ok

### Septic System Information

Septic tank(s): Size: 4000 GAL Material: Concrete Condition: OK  
 Tank pumped?  Y  N Date: 6-10-14 Licensed pumper: FOREST SEPTIC  
 Septic/Trash/Processing tank: Size: \_\_\_\_\_ Material: \_\_\_\_\_ Condition: \_\_\_\_\_  
 Tank pumped?  Y  N Date: \_\_\_\_\_ Licensed pumper: \_\_\_\_\_  
 Aerobic treatment unit (ATU) mfg: WHITEWATER Size: ?  
 Tank pumped?  Y  N Date: 6-10-14 Licensed pumper: F  
 Maintenance contract?  Y  N Expiration date: \_\_\_\_\_ Service provider: NONE  
 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: FREE ACCESS SAND FILTER Determined by: COUNTY RECORD  
 Vent pipes above grade?  Y  N Discharge pipe located?  Y  N  
 Effluent sample taken: NO Results: NOT ACCORDING TO DRAWING FROM COUNTY.

Media Filters: Type: \_\_\_\_\_  
 Maintenance contract?  Y  N Expiration date: \_\_\_\_\_ Service provider: \_\_\_\_\_  
 Condition: \_\_\_\_\_

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: Sump pump

Overall condition of the private sewage disposal system:

Report system status: See Attached

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

Comments: House has been vacant for about 1 yr which may affect the results of the inspection.

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: Brian Rinard Date: 6-10-14

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: 1694 Mc Bride Rd Date: 6-10-1X

Winterset, IA 50273

Comments: Technician BRIAN

All WASTEWATER FROM HOUSE APPEARS TO GO INTO  
SEPTIC SYSTEM

1000 GALLON CONCRETE (2) COMPARTMENT SEPTIC TANK  
WITH RISERS AND EFFLUENT FILTER WAS IN  
WORKING CONDITION.

WHILE WATER TANK WAS IN WORKING CONDITION HOWEVER  
AERATOR FOR UNIT WAS NOT WORKING AND  
ALARM FOR UNIT WAS NOT WORKING AT THE  
TIME OF THE INSPECTION

PROBED SAND FILTER AREA AFTER RUNNING WATER  
FOR 20 MINUTES AND ALL PROBED DRY. NO DISCHARGE  
PIPE WAS FOUND AT TIME OF INSPECTION.

THIS IS NOT A GUARANTEE

THIS CERTIFIES THE CONDITION OF  
THE SEPTIC SYSTEM AT THE  
TIME OF THE INSPECTION.

DIAGRAM OF SYSTEM

See

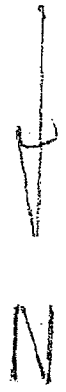
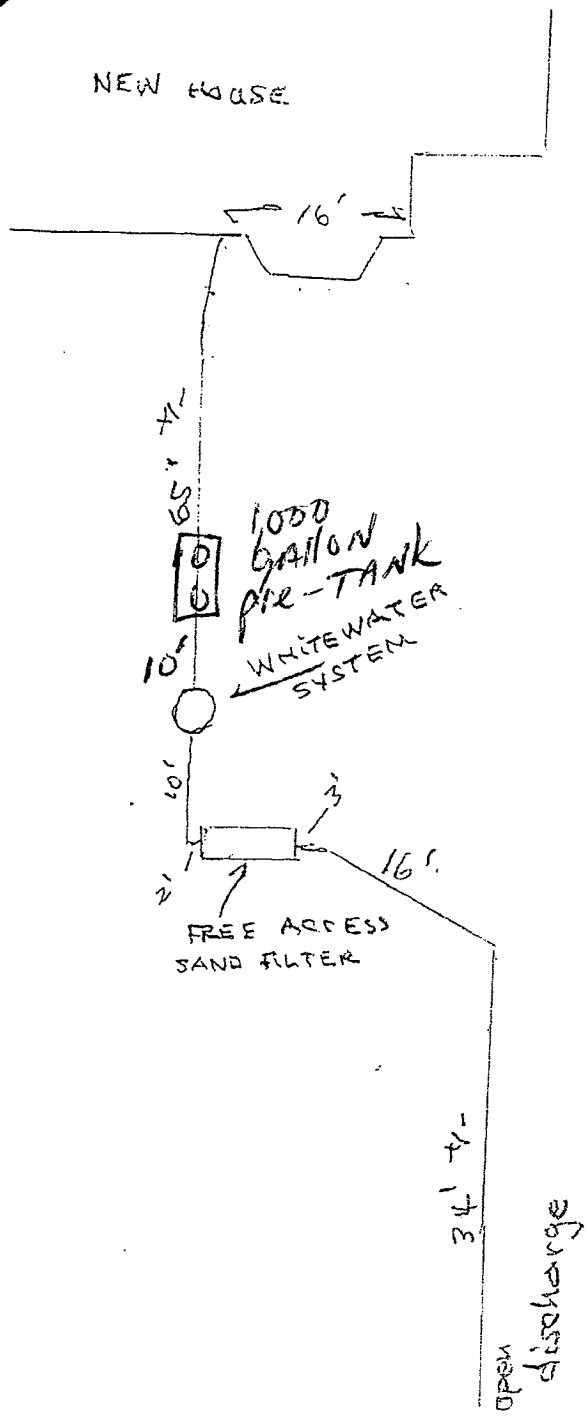
County

Records

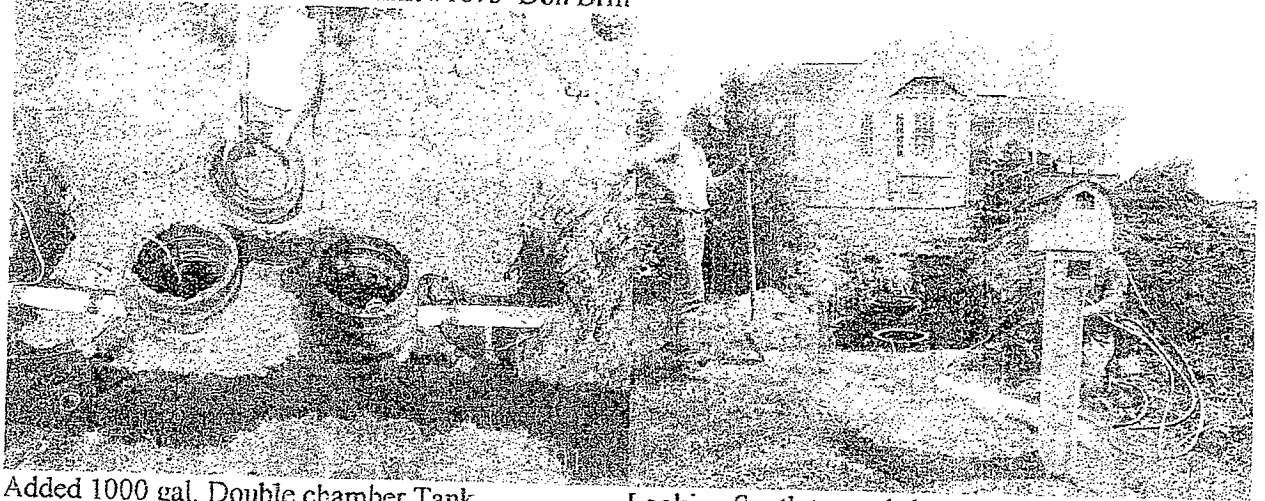
1000 gallon  
Septic could be added  
to drawing

NEW HOUSE

original  
install 1997

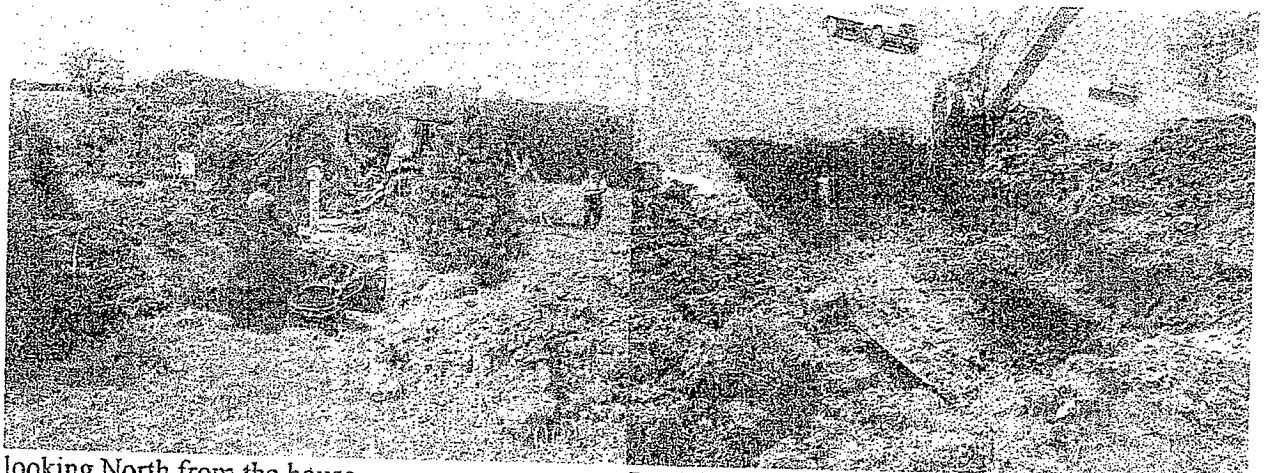


Permit # 2010 Revision on Permit #1673 Don Brill



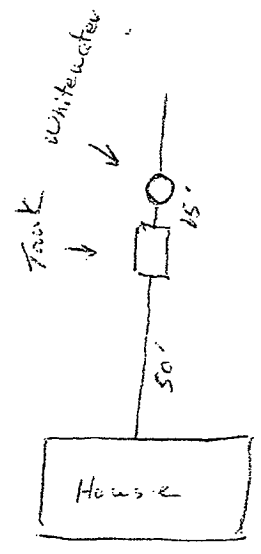
Added 1000 gal. Double chamber Tank

Looking South towards house



looking North from the house

Sand filter Sand being replaced.



2001 - Sandfilter replaced with pre-tank.