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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name DENNY T. HOBSON

Address 2645 North Valley view Road #9114 Flagstaff Arizona 86004
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name RONALD J. SCHAFFER

Address 1660 McBride Ridge Court Winterset Iowa 50273
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:
1660 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 4 in Country Estates West, Madison County

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: _____
(Transferor or Agent)

Dennis J. Huber
Jaw

Telephone No.: 720 560-7575



Closing atty.

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

Property information

Current owner Dennis Hobson - Jennifer Quarterman
Buyer _____ Realtor Remax Heather Starr
Mailing address _____

Site Address/County 1660 McBride Ridge Ct. - Winters, Ca 95213
Legal Description Madison Co.

No. of bedrooms 3 Last occupied? in now Records available yes

Permit/installation date 6-22-05 Separation distances ok/ no? ok
↳ 125-04 Revised

Septic system information

Septic tank(s): size 1500 gal material Plastic condition good
Tank pumped? yes date 6-2013 licensed pumper Maya S.F. 75
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 _____ outlets used _____ condition _____
Header pipe(s) _____ # 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? _____ discharge pipe located? _____
Effluent sample taken? _____ Results _____

Media filters: type Acco-Pure 300 Pent Biofilter
Maintenance contract? _____ expiration date _____ service provider Allen & Sons
Condition good

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 sewage system at 1660 McBride Ridge Ct.

Explain (attach additional pages as needed): Winterset, Ia. 50273. As in good working cond. The septic tank was opened & pumped in 6-2013.

Comments: tank was opened & inspected on - March 4 2014 & has 2 empty intake & outflow baffles in place & tank was at normal level at this time. water test was taken after this time all gray water goes to system -

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. None

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.

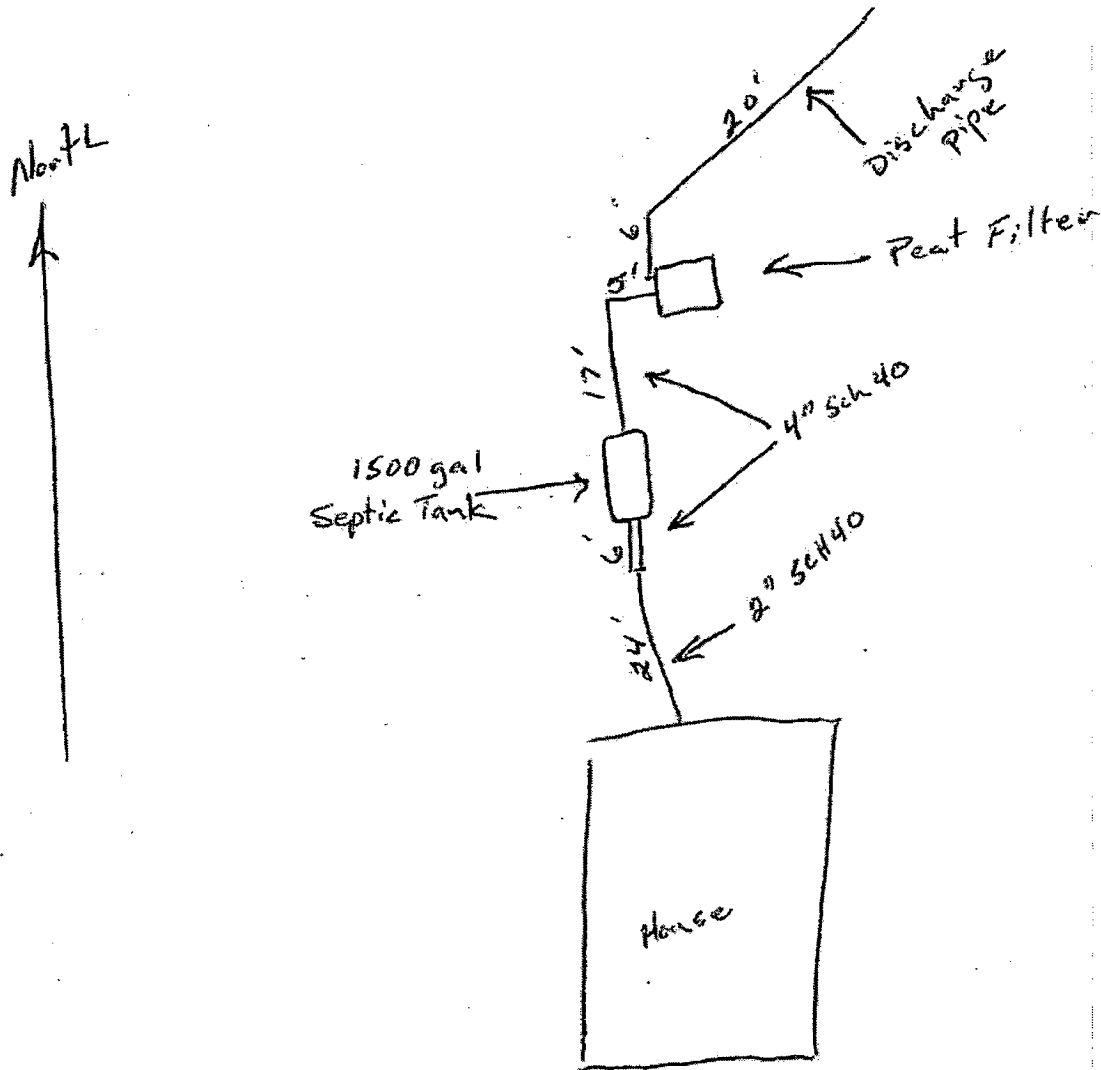
Signature of Certified inspector: John W. Mayer Date: 5-2-2014
 Name (print): JOHN MAYER Certificate #: 8979
 Address: SEPTIC TANK PUMPING
 Phone # 515-462-2624 1509 St. Hwy. 92
Winterset, IA 50273-8411

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. 9th St.
 Des Moines, IA 50319

Map & water test →

Unit # 125-04 Fortney Inspection 6/22/05





State Hygienic Laboratory

The University of Iowa

ALLEN AKERS
2204 175TH CT
WINTERSET, IA 50273-

Accession Number 156853
Date Sample Finalized 2014-04-17 10:44
Date Received 2014-04-08 15:00
Sample Source Non-Drinking Water
Project
Date Collected 2014-04-08 07:30
Collection Site mueller ct
Collection Town WINTERSET
Sample Description waste water discharge
Client Reference dennis hobsen
Collector akers allen
Phone 515/462-1015

Note: Upon arrival, sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

Results of Analyses

BOD, Carbonaceous 5 Day, SM 5210 B 180⁰

Units	mg/L	Analyzed In	Ankeny
Date Analyzed	2014-04-10 07:15	Date Verified	2014-04-17 10:44
Analyst	PB, DMJ	Verifier	JAE

Analyte	Result	Quant Limit
CBOD, 5 Day	<2	2

Total Suspended Solids (Dried at 103 degrees C), USGS L-3765-85

Units	mg/L	Analyzed In	Ankeny
Date Analyzed	2014-04-10 00:00	Date Verified	2014-04-11 14:54
Analyst	RWR	Verifier	JAE

Analyte	Result	Quant Limit
Total Suspended Solids	2	1

Description of Units used within this report

mg/L = Milligrams per Liter

The result(s) of this report relate only to the items analyzed. This report shall not be reproduced except in full without the written approval of the laboratory.

Iowa Environmental Laboratory IDs are: Ankeny #397, Iowa City/Coralville #027, Lakeside #393.

If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500. Thank you.



State Hygienic Laboratory

The University of Iowa

ALLEN AKERS
2204 175TH CT
WINTERSET, IA 50273-

Accession Number	96362
Date Sample Finalized	2013-05-21 11:17
Date Received	2013-05-13 10:13
Sample Source	Non-Drinking Water
Project	
Date Collected	2013-05-13 07:20
Collection Site	discharge
Collection Town	
Sample Description	waste water
Client Reference	denny hobson
Collector	akers allen
Phone	515/462-1015

Note: Upon arrival, sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

Results of Analyses

BOD, Carbonaceous 5 Day, SM 5210 B 18th

Units	mg/L	Analyzed In	Ankeny
Date Analyzed	2013-05-15 07:30	Date Verified	2013-05-21 11:17
Analyst	PB, MGB	Verifier	LAF

Analyte	Result	Quant Limit
CBOD, 5 Day	27	2

Total Suspended Solids (Dried at 103 degrees C), USGS I-3765-85

Units	mg/L	Analyzed In	Ankeny
Date Analyzed	2013-05-13 00:00	Date Verified	2013-05-14 14:25
Analyst	RWR	Verifier	DLS

Analyte	Result	Quant Limit
Total Suspended Solids	23	1

Description of Units used within this report

mg/L = Milligrams per Liter

The result(s) of this report relate only to the items analyzed. This report shall not be reproduced except in full without the written approval of the laboratory.

Iowa Environmental Laboratory IDs are: Ankeny #397, Iowa City/Coralville #027, Lakeside #393.

If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500. Thank you.

Madison County
Office of Zoning and
Environmental Health

**Authorization to Construct a
Private On-site Wastewater
Treatment System (POWTS)**

112 N. John Wayne Drive
P.O. Box 152
Winterset, IA 50273-0152
Telephone: (515) 462-2636

Permit Number: 125-04 Revised

Date Issued: 6/21/05

Issued to: Donald & Jo Fortney
Address: 5027 Hawthorne Dr. Apt C.
West Des Moines, IA 50265

Legal Description: LT 4 Country Estates West 4.59A Section 3-76-27 Union Twp.

POWTS Components Specifications: 1500gal. Septic Tank & Eco-Pure 300's Peat Biofilter.

General Conditions:

1. System must be constructed in conformance with attached system layout, profiles, and cross-sections.
2. Structures must be constructed in conformance with 567 IAC Chapter 69 and the Madison County Environmental Health Regulations.
3. Permit shall be null and void if system is not constructed within one year of permit issuance. The Environmental Health Officer must approve any request for extension of permit.
4. The Environmental Health Officer must approve any design modifications to the permitted system prior to construction.
5. Once constructed, all system components must be uncovered for inspection and the system must be approved before it can be put into operation. Notice for inspection must be received with 24 hours in advance (8 a.m. through 4:30 p.m., Monday - Friday). If weather necessitates the need to cover the system components, then the system owner or contractor must notify and follow the procedures given by the Environmental Health Officer.

Special Conditions: All fees, testing and maintenance shall be in accordance with State and County requirements.



**Environmental Health Officer
Madison County
Office of Zoning and Environmental Health**