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Book 2014 Page 2485 Type 43 001 Pages 7

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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 Lucas H. Wilson and Tracy Ann Rhoads

Address 750 72nd Pl. West Des Moines, IA 50266

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Mark and Deborah Morgan

Address 1539 Pioneer Rd. Des Moines, IA 50320

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

2910 Quail Ridge Trail, Winterset, IA 50273

Number and Street or RR

City, Town, or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) \_\_\_\_\_

See Attached Exhibit A

**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.: ( 575 ) 208-2074

Exhibit A

Parcel "F" being a tract of land that includes part of Parcel "B" and part of Parcel "C"; located in the Southwest Quarter ( $\frac{1}{4}$ ) of the Northwest Quarter ( $\frac{1}{4}$ ) and in the North Half ( $\frac{1}{2}$ ) of the Southwest Quarter ( $\frac{1}{4}$ ) of Section Thirty-two (32), Township Seventy-six (76) North, Range Twenty-six (26) West of the 5<sup>th</sup> P.M., Madison County, Iowa, containing 40.04 acres, as shown in Plat of Survey filed in Book 2007, page 4505 on December 21, 2007 in the Office of the Recorder of Madison County, Iowa.



## Time of Transfer Inspection Report

## Property Information

Current Owner: Luke Wilson  
Buyer: Mark Morgan Realtor: Paul Avery  
Mailing Address: 2910 Quail Ridge Trail Wintersett IA 50273  
Site Address/County: Same as Above - Madison Co  
Legal Description: AS ABSTRACT  
No. of bedrooms: 3 Last occupied: present Records available: yes  
Permit/installation date: 12-1-10 Separation distances (ok/no?): ok

## Septic System Information

Septic tank(s): Size: 1500 gal Material: concrete Condition: ok  
Tank pumped? ☒ Y ☐ N Date: 9-2-14 Licensed pumper: Frost Septic  
Septic/Trash/Processing tank: Size: \_\_\_\_\_ Material: \_\_\_\_\_ Condition: \_\_\_\_\_  
Tank pumped? ☐ Y ☐ N Date: \_\_\_\_\_ Licensed pumper: \_\_\_\_\_  
Aerobic treatment unit (ATU) mfg \_\_\_\_\_ 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 yes Outlets used 5 Condition: ok  
Header pipe(s): \_\_\_\_\_ No. of lines: \_\_\_\_\_ Pressure dosed? \_\_\_\_\_

## Secondary Treatment:

Length of absorption fields: \_\_\_\_\_ Determined by: \_\_\_\_\_  
Condition of fields: ok - dry Determined by: probing & hydraulic test  
Type of trench material: \_\_\_\_\_  
Size of sand filter: 19 x 52 Determined by: county records  
Vent pipes above grade? ☒ Y ☐ N two Discharge pipe located? ☒ Y ☐ N  
Effluent sample taken yes Results: see Lab Results  
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: NONE

Overall condition of the private sewage disposal system:

Report system status: See ATTACHED

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

Comments: HOUSE HAS NO BASEMENT

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: 9-2-14

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: 2910 Quail Ridge Trail Date: 9-2-14  
Winterset, IA 50053

Comments:

Technician

Brian

All WASTEWATER FROM HOUSE APPEARS TO GO  
INTO SEPTIC SYSTEM  
1500 GAL CONCRETE (2) COMPARTMENT SEPTIC TANK  
WITH RISERS & EFFLUENT FILTER WAS IN  
WORKING CONDITION  
PLASTIC DISTRIBUTION BOX WITH Baffle AND speed  
Leveler USED IN GOOD WORKING CONDITION. PROBED  
ALL SIDES AND CENTER OF SAND FILTER BED AND  
WAS OK AND DRY AT TIME OF INSPECTION  
TOTAL EFFLUENT SAMPLE AT TIME OF THE INSPECTION

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

DIAGRAM OF SYSTEM

See  
County  
Records

Permit No 040-10  
Date of Inspection: 12-7-10  
Contractor: KCI Construction - Lyn 333-6307  
Name: LT Farms & Service LLC  
2910 Quail Ridge Trail  
Inspected by: Jean Thompson

