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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Kenneth L Kenoyer

Address 1176 Vintage Ave Cumming IA 50061-8508
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Patrick D Richter

Address 6220 Meadow Crest Dr Johnston IA 50131
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

1176 Vintage Ave Cumming IA 50061-8508
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary)

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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:

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

Signature: Kenneth L. Penney Telephone No.: (515) - 250-9773
(Transferor or Agent)

EXHIBIT "A"

The North Half (1/2) of Lot Ten (10) of Hy-View Subdivision, located in the South Half (1/2) fo the Southwest Quarter (1/4); in the South Half (1/2) of the Southeast Quarter (1/4); in the Northeast Quarter (1/4) of the Southeast Quarter (1/4); all in Section Ten (10), and also in the Northeast Quarter (1/4) of the Northwest Quarter (1/4) of Section Fifteen (15); all the above described tract being in Township Seventy-seven (77) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa.



Time of Transfer Inspection Report

Property Information

Current Owner: Ken & Judy Kenoyer
 Buyer: Pat & Peggy Richter Realtor: JA REALTY - ^{Jamie} Sylvester
 Mailing Address: 196 Vintage Ave Cumming GA 30061
 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: 069-04 Separation distances (ok/no?): OK

Septic System Information

Septic tank(s): Size: 1250 gal Material: Concrete Condition: OK
 Tank pumped? Y N Date: 9/17/14 Licensed pumper: Forest Sapre
 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: pressure Size: 500 gal Condition: OK
 Distribution system: Distribution box yes Outlets used 6 Condition: OK
 Header pipe(s): _____ No. of lines: _____ Pressure dosed? _____

Secondary Treatment:

Length of absorption fields: (6) 100' Determined by: County Records
 Condition of fields: OK - Dry Determined by: POBING & Hydraulic Test
 Type of trench material: Chamber
 Size of sand filter: _____ Determined by: _____
 Vent pipes above grade? Y N Discharge pipe located? Y N
 Effluent sample taken _____ 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: only light worked NOT sound Box

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: _____

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: 9-17-14

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 9th St
Des Moines IA 50319

DNR Time of Transfer Report System Status

Address: 1176 Vintage Ave Date: 9-17-14
Cumming, GA 50061

Comments: Technician BRIAN

All WASTEWATER FROM HOUSE APPEARS TO DRAIN
INTO SEPTIC SYSTEM
1250 GALLON CONCRETE (2) COMPARTMENT SEPTIC TANK
WITH RISER OVER FILTER IN OUTLET SIDE OF TANK
500 GALLON PUMP TANK IN WORKING CONDITION
CYCLED PUMP SEVERAL TIMES AND WORKED OK
AT TIME OF THE INSPECTION.
LIGHT ON ALARM WAS ONLY PART WORKING AT
TIME OF THE INSPECTION
PLASTIC DISTRIBUTION BOX IN WORKING CONDITION
RAN WATER TO D-BOX AND ALL LATERALS
TOOK WATER OK AT TIME OF THE INSPECTION
THIS IS NOT A GUARANTEE
THIS CERTIFIES THAT THE SEPTIC SYSTEM
WAS IN WORKING CONDITION AT
THE TIME OF THE INSPECTION

DIAGRAM OF SYSTEM

See
County
Records

069-04 Kenoyer Inspection 9/17/04
1176 Vintage Ave

