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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Judith A. Rasmussen

Address 1144 Highway 169, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name William J. Biondi and Sheila A. Biondi

Address 15919 Monroe Ct., Urbandale, IA 50323

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

1144 Highway 169, Winterset, IA 50273

Number and Street or RR

City, Town, or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) _____

See Addendum, Attached

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.

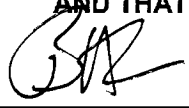
6. Private Sewage Disposal System (check one)

- 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 location - from SW corner of property, thence East 510'
thence North 165' to operational well. All measures approximate.

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.: (515) 468-0875

ADDENDUM

The Southwest Quarter ($\frac{1}{4}$) of the Northwest Fractional Quarter ($\frac{1}{4}$) of Section Seven (7), Township Seventy-seven (77) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, including that part of Parcel "A" which lies therein, as shown in Amended Plat of Survey filed in Book 2005, Page 5525 on November 15, 2005, in the Office of the Recorder of Madison County, Iowa; EXCEPT that part thereof deeded for highway purposes.



Time of Transfer Inspection Report

Property Information

Current Owner: Judith Rasmussen

Buyer: William and Sheila Biondi Realtor: Brett Glenn 515 480-6597

Mailing Address: _____

Site Address/County: 1144 US Hwy 169, Winterset, IA / Madison

Legal Description FRL SW NW EX PT PAR A

No. of bedrooms: 5 Last occupied: currently Records available: yes

Permit/ installation date: 1294 / 6-20-91 Separation distances (ok/no?): ok

Septic System Information

Septic tank(s): Size: 1000 Material: concrete Condition: ok

Tank pumped? Y N Date: 10-21-14 Licensed pumper: Thomas Brothers

Septic/Trash/Processing tank: Size: na Material: _____ Condition: _____

Tank pumped? Y N Date: _____ Licensed pumper: _____

Aerobic treatment unit (ATU) mfgr na Size _____

Tank pumped? Y N Date: _____ Licensed pumper: _____

Maintenance contract? Y N Expiration date: _____ Service provider: _____

Condition: _____

Pump tanks/vaults: Type: na Size: _____ Condition: _____

Distribution system: Distribution box yes Outlets used 5 Condition: ok

Header pipe(s): 3 No. of lines: 4 Pressure dosed? no

Secondary Treatment:

Length of absorption fields: 300' - 4@75' each Determined by: diagram/probing

Condition of fields: ok Determined by: probing / visual

Type of trench material: rock bedded pipe

Size of sand filter: na Determined by: _____

Vent pipes above grade? Y N Discharge pipe located? Y N

Effluent sample taken na 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: no Timers: no Inspection Ports: no

Other components: none

Overall condition of the private sewage disposal system:

Report system status: At the time of inspection septic tank appeared to be water tight.

Septic tank is approx 18" below grade. Center wall is intact and appears solid. Inlet baffle is in place, but outlet baffle is missing. D-box excavated, approx 39" below grade. Plastic d-box 14"x9" is intact w/only a small hairline crack in the lid.

Explain (attach additional pages as needed): No tee on inlet w/ levelers on 3 of 4 outlet lines.

Comments: Lateral field was probed and visually inspected. Normal vegetation with no signs of excessive moisture. System appears to be functioning properly.

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: Tom Gardiner Date: 10/22/14

Name (print): Tom Gardiner Certificate #: 8794

Address: 2372 D Ave Perry, IA 50220

Phone #: 515 491-1188

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office in the county the inspection was conducted, the county recorder and to:

Iowa DNR Onsite Wastewater Program
502 E 9th St
Des Moines IA 50319

