



Document 2014 GW2746

Book 2014 Page 2746 Type 43 001 Pages 8
Date 11/03/2014 Time 1:18 PM
Rec Amt \$.00

INDX
ANNO
SCAN
CHEK

LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Arlene G. Clewell

Address 511 W CLANTON ST. Saint Charles, IA 50240

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Joey L. Grubbs and Kathlene A. Grubbs

Address 4461 WAKONDA DR. Des Moines, IA 5211

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

2918 260TH ST. Saint Charles, IA 50240

Number and Street or RR

City, Town, or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) _____

See Exhibit 1

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.

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)

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: Arline G. Chewell
(Transferor or Agent)

Telephone No.: (515) 250-0887

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)

Exhibit 1

The East Half (1/2) of the Southwest Quarter (1/4) of the Northwest Quarter (1/4) except .22 acres for road, and East Half (1/2) of the Northwest Quarter (1/4) of the Southwest Quarter (1/4) of Section Twenty-nine (29), in Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa.



Time of Transfer Inspection Report

Property Information

Current Owner: Jim Clewell
Buyer: _____ Realtor: Betsy HMAS-Reineck
Mailing Address: 2918 260th ST - ST CHARLES IA 50240 Coldwell Banker
Site Address/County: Same AS ABOVE - Madison Co.
Legal Description AS ABSTRACT
No. of bedrooms: 4 Last occupied: present Records available: yes
Permit/ installation date: 141-06 Separation distances (ok/no?): ok

Septic System Information

Septic tank(s): Size: 3000 gal Material: concrete Condition: ok
Tank pumped? ☒ Y ☐ N Date: 10-17-13 Licensed pumpster: Forest Septre
Septic/Trash/Processing tank: Size: _____ Material: _____ Condition: _____
Tank pumped? ☐ Y ☐ N Date: _____ Licensed pumpster: _____
Aerobic treatment unit (ATU) mfr _____ Size _____
Tank pumped? ☐ Y ☐ N Date: _____ Licensed pumpster: _____
Maintenance contract? ☐ Y ☐ N Expiration date: _____ Service provider: _____
Condition: _____
Pump tanks/vaults: Type: _____ Size: _____ Condition: _____
Distribution systems: Distribution box yes Outlets used 6 Condition: ok
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: 21 x 48 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 Notes

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: [Signature] Date: 10-17-13

Name (print): BRIAN RINARD Certificate #: 8805

Address: P.O. Box 219 INDIANOLA, IA 50455

Phone #: 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: 2918 260th St Date: 10-17-13

ST CHARLES, IA 50240

Comments: Technician BRIAN

ALL WASTEWATER FROM HOUSE APPEARS
TO GO INTO SEPTIC SYSTEM

2,000 GALLONS CONCRETE (2) COMPARTMENT SEPTIC
TANK WITH RISERS & EFFLUENT FILTER
WAS IN WORKING CONDITION

PLASTIC DISTRIBUTION BOX WITH SPREAD LEVELERS USED
IN 21x48 SAND FILTER BED, LATERALS ALL
TOOK WATER AT TIME OF INSPECTION
EFFLUENT SAMPLE WAS TAKEN AT TIME OF 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

ANALYTICAL REPORT

October 25, 2013
Page 1 of 1

Work Order: 1J31347

Report To

Jody Forest
Forest Septic
PO Box 219
Indianola, IA 50125

Work Order Information

Date Received: 10/18/2013 1:50PM
Collector: Rinard, Brian
Collector Phone: (515) 961-2113
PO Number:

Project: Septic Sampling

Project Number: Madison County (ToT)

1J31347-01 Clewell 2918 260th St St Charles, IA Matrix: Water Collected: 10/17/13 09:00

Analyte	Result	MRL	Method	Analyst	Analyzed	Qualifier
CBOD (5 day)	<4 mg/L	4	SM 5210 B	JRP	10/18/13 16:49	
Solids, total suspended	3 mg/L	3	USGS I-3765-85	SLK	10/24/13 8:10	

End of Report

Sue Thompson

Keystone Laboratories, Inc.
Sue Thompson
Project Manager II

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety. Samples were preserved in accordance with 40 CFR for pH adjustment unless otherwise noted.



Powered by Google

PAULA FORREST <plforest@wildblue.net>

10-11-13

New form arrived

1 message

ForestSeptic.com <admin@forestseptic.com>

Fri, Oct 11, 2013 at 10:54 AM

To: service@forestseptic.com

Contact PersonFirst & Last Name: ~~betsy hass~~

Phone: 5152050770

Jim & Arlene Clewell

Thurs
8AM**About the Seller Agent/Realtor or Seller (if For Sale by Owner)**

First & Last Name: betsy hass

Company Name: coldwell banker

Street Address:

City: State: Zip:

Email: reineck@coldwellbankermag.com

Phone: 5152248632 Cell: 5152292780

Pd

Tan
2 story
house**About the Home**

Address of Inspection: 2918 260th St

City: St Charles State: IA Zip: 50240

County: Madison

Age of Septic System: 6

Number of Bed Rooms: 4

Occupied: yes

Water Service: yes Type: rural

Legal Description: south township Township Name:

Section Number: 29

Mailing Address:

Owner's First & Last Name(s) : Jim & Arlene Clewell

Owner's Mailing Address: 2918 260th St

City: St Charles State: IA Zip: 50240

Home Phone: Cell: 5152050770

DNR

Taney
View
1/2 mile
St Chad

No Pumping Info

About the Buyer Agent/Realtor

Buyer Agent's First & Last Name:

Office Street Address:

City: State: IA Zip:

Email:

Office Phone: Cell:

About the Buyer

Buyer's First & Last Name(s):

Cell: Home Phone:

Closing Date:

Comments:

10/14 - To Brian