

Document 2014 GW2961

Book 2014 Page 2961 Type 43 001 Pages 7 Date 11/24/2014 Time 11:02 AM

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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

Name	Douglas G. and Kristy K.	Losev		
Address	1936 Quarry Trail, Winter			
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF		Doin		
Name	Daniel R. Reis and Judy A 3941 - 6th Avenue, Des M			
Address	Number and Street or RR	City, Town or P.O.	State	Zip
		ONY, TORM OF THE	Oldio	,p
	of Property Transferred: arry Trail, Winterset, IA 50	0273		
Nui	mber and Street or RR	City, Town or P.O.	State Zip)
Seventy- 1. Wells	six (76) North, Range Twen (check one) here are no known wells situ		1., Madison County, Iowa	
2. Solid X T T in	tated below or set forth on a Waste Disposal (check or here is no known solid wasthere is a solid waste disposon Attachment #1, attached to	e disposal site on this property. al site on this property and inform	cessary.	
<u>X</u> T — T A	ttachment #1, attached to th	this property and information relais document.	ated thereto is provided in	
<u>X</u> T	rground Storage Tanks (cl here are no known undergro mall farm and residential mo		tv. (Note exclusions such a	

5.	Private Burial Site (check one)
	X 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
	ormation required by statements checked above should be provided here or on separate eets attached hereto:
	Non usable well is located 4- 40 FEET South
'	7 ou man
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sig	gnature:
	(Transferor of Agent)



Time of Transfer Inspection Report

Property Information	
Current Owner: 1/019 10	Say
Buyer: MAR & Judy Reis	Realtor: May Corkreal
Mailing Address: 1930 DUARRY	TRAIL Winterset JT 50273
Site Address/County: LAM AS ABO	NO WASHEN CO
Legal Description AS ABSTRAC	
No. of bedrooms: Last occupied:	/ month Records available: Les
Permit/ installation date: 108-05 \$	Separation distances (ok/no?):
Septic System Information	
Septic tank(s): Size: 1500 GAI Material:	Overte Condition: 6K
Tank pumped? N Date: 11-6-14	Licensed pumper: Wrest Segme
Septic/Trash/Processing tank: Size:	
Tank pumped? Y N Date:	Licensed pumper:
Aerobic treatment unit (ATU) mfgr	Size
Tank pumped? Y N Date:	Licensed pumper:
Maintenance contract? Y N Expiration de	ate: Service provider:
Condition:	
Pump tanks/vaults: Type: Six	ze: Condition:
Distribution system: Distribution box	Outlets used Condition:
Header pipe(s): No	o. 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? Y N
Effluent sample taken	Results: See LAB RESULT
Media Filters: Type: Mat 1-60	<u>-720</u>
Maintenance contract? Y N Expiration da	ate: 12-2014 Service provider: KOGR'S SQUE
Condition: Alar 13 ABOUT 60-	70 ferent leter ATEC
NPDES General Permit No. 4: Required? Y	N Permitted? Y N NOI provided:
907 (111) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17XID Earn \$47 0101



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: ADNE					
Overall condition of the private sewage disposal system:					
Report system status: See AHANTO					
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: Date: 11-6-14					
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 th St					

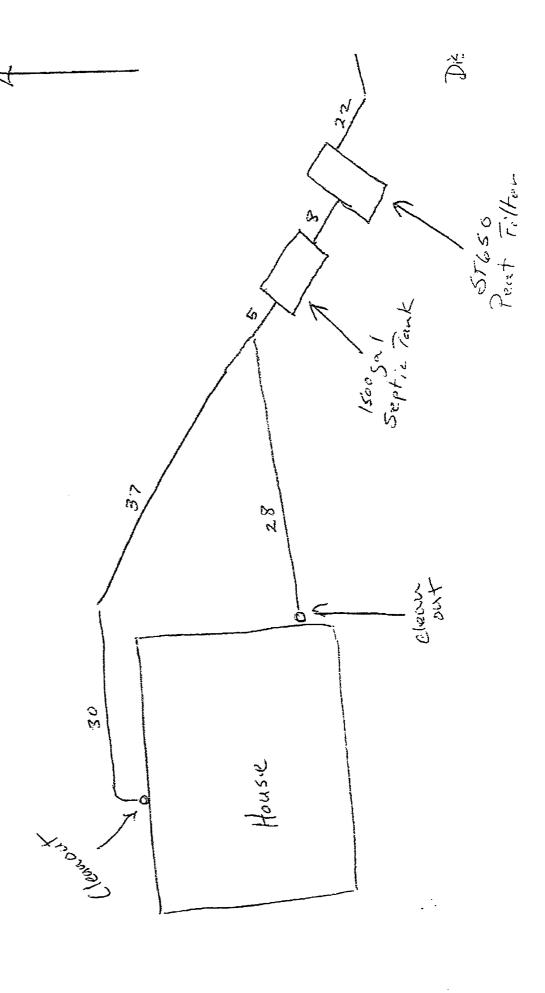
Des Moines IA 50319

DNR Time of Transfer Report System Status

Address: 1930 QUARRY TRAIL	Date: 11-6-14
Comments: Winterset 7A 50273 Tech	
Comments: Tech	nician <u>Dragal</u>
All WASTE WATER From House	Afflur To
DRAIN INTO SONTE SUSTEM	
1500 GALLON CONCRETE 2 COMPARTANO	at Servi Trace
WITH RISORS e effect Filter was	IN WERKING LONGITHIN
ECO-PW port tANK 15 60-70	percent Deteriated
peat tipping plate working co	udition AND
peat. tipping plate working co Efficient sample taken At time	OF the INSPECTION
Note: Peat will nead changed in near	future.
THIS IS NOT, A	suai exter
THIS CETTIFIES the con	radian of the
Septic systam at the t	ine of the
insperior	· ·
1 11 0 10 1	<i></i>
	the state of the s

DIAGRAM OF SYSTEM

See Lounty Records





Des Moines WRF Laboratory

Forest Septic Tank Sampl

(515) 323-8002

Results Report

Date:

18-Nov-14

Order ID:

14111024

Sample Coll	lect Date	Site	Parameter	Result	Units	Method	Analysis Date
14111024-01 11	/10/2014	Losey-1930 Quarry Trail, Winterset	CBOD	<3	mg/L	SM 5210 B	11/12/2014
14111024-01 11/	/10/2014	Losey-1930 Quarry Trail, Winterset	TSS	<2	mg/L	SM 2540 D	11/12/2014