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Date 5/04/2015 Time 1:02 PM

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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name Malcolm K. Huston and Jill M. Huston  
Address 2100 S. 336th Street, #R3, Federal Way, WA 98003  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name Brian R. Reed and Lisa A. Kirkpatrick  
Address 3701 Brook Ridge Court, #1104, Des Moines, IA 50317  
Number and Street or RR City, Town or P.O. State Zip

**Address of Property Transferred:**

2245 Holliwel Valley Court, Winterset, IA 50273  
Number and Street or RR City, Town or P.O. State Zip

**Legal Description of Property: (Attach if necessary)** Lot Thirteen (13) of Holliwel Valley Subdivision, located in the Northeast Quarter (NE 1/4) of Section Five (5), in Township Seventy-five (75) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa

**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:  Telephone No.: (253) 797-9206  
(Transferor or Agent)



# Time of Transfer Inspection Report

### Property Information

Current Owner: MALCOM HUSTON  
 Buyer: ROBERT STEFFES Realtor: JENNIFER STORM  
 Mailing Address: 5129 BERING ST NW, BIG HARBOR WA 98332  
 Site Address/County: 2245 HOLWELL VALLEY CT - MADISON CO  
 Legal Description AS ABSTRACT  
 No. of bedrooms: \_\_\_\_\_ Last occupied: present Records available: yes  
 Permit/ installation date: 026-04 Separation distances (ok/no?): ok

### Septic System Information

Septic tank(s): Size: 1500 GAL Material: CONCRETE Condition: ok  
 Tank pumped?  Y  N Date: 8-7-14 Licensed pumper: FOREST SEPTIC  
 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: \_\_\_\_\_ Size: \_\_\_\_\_ Condition: \_\_\_\_\_  
 Distribution system: Distribution box Y Outlets used 4 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: 18x40 Determined by: COUNTY RECORDS  
 Vent pipes above grade?  Y  N Discharge pipe located?  Y  N  
 Effluent sample taken NO Results: COULDN'T FIND DISCHARGE PIPE GRASS AREA 2 TO 3 FT TALL WHERE PIPE SHOULD BE.  
 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 is presently being lived in by THE New Owner

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: 8-7-14

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: 2245 Holliswell Valley cr Date: 8-7-14  
Winterset, IA 50273

Comments: Technician BRAN

All WASTEWATER FROM HOUSE APPEARS TO DRAIN INTO  
SEPTIC SYSTEM.

1500 gallon concrete (2) compartment septic tank  
with riser & effluent filter was in  
working condition

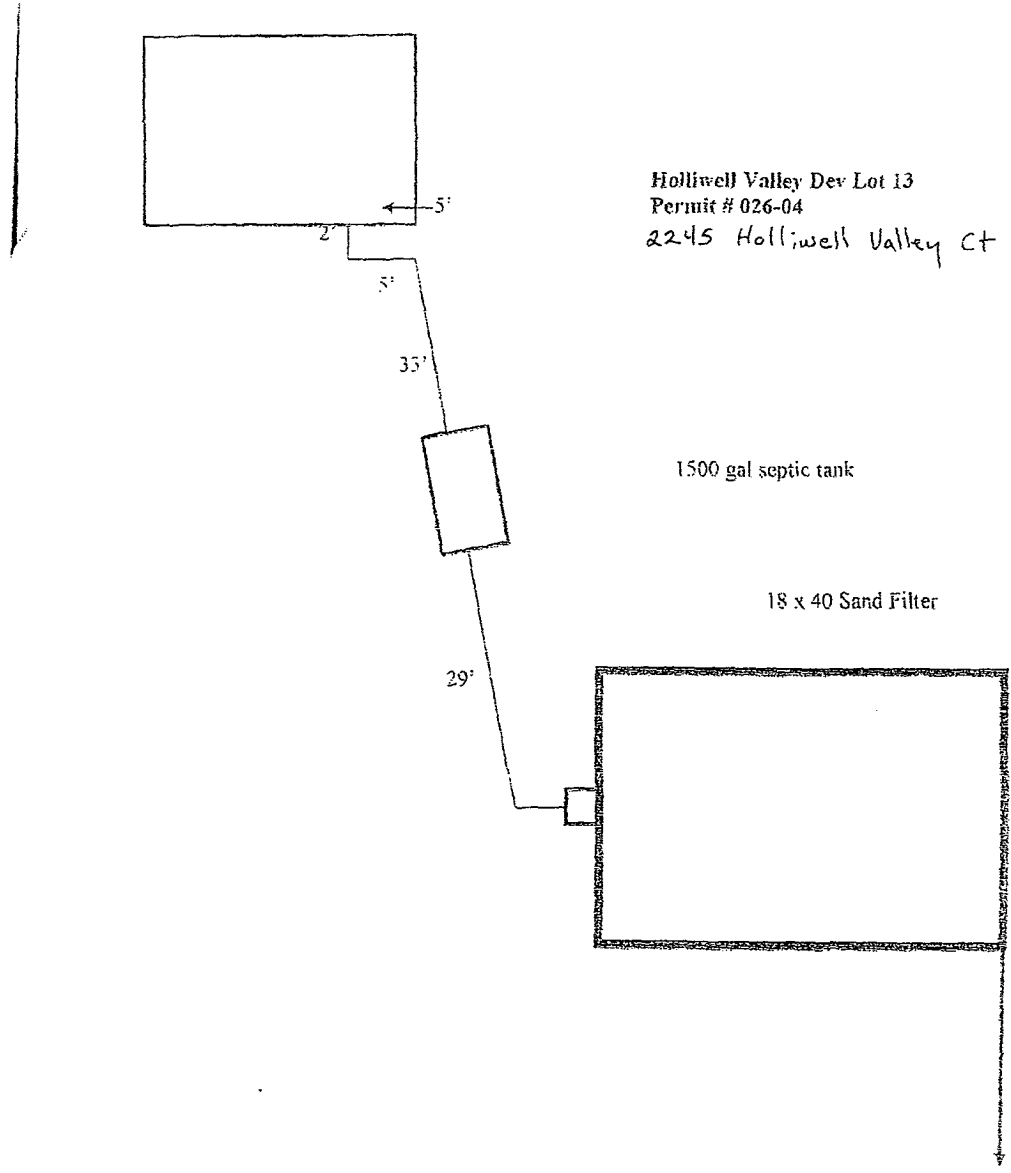
plastic distribution box was in working condition  
probed all sides and center of sand filter-  
bed and everything probed ok and dry  
couldnt locate discharge pipe due to vegetation  
growth was 2' to 3' tall where pipe would be.

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

Holliswell Valley Dev Lot 13  
Permit # 026-04  
2245 Holliswell Valley Ct





Des Moines WRF  
Laboratory

(515) 323-8002

Forest Septic Tank Sampl

## Results Report

Date: 22-Sep-14

Order ID: 14091134

Sample	Collect Date	Site	Parameter	Result	Units	Method	Analysis Date
14091134-01	9/11/2014	Huston-2245 Holiwell Valley Ct.	CBOD	<3	mg/L	SM 5210 B	9/12/2014
14091134-01	9/11/2014	Huston-2245 Holiwell Valley Ct.	TSS	2	mg/L	SM 2540 D	9/11/2014