



Document 2015 GW1998

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Date 7/17/2015 Time 10:00:45AM
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INDX
ANNO
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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Sharon Ellis

Address 1935 Upland Trl Prole IA 50229
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Andrew J. Dunn

Address 7614 Thorndale Dr NE Cedar Rapids IA 52402
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

1935 Upland Trl Prole IA 50229
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)

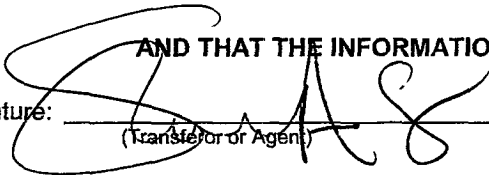
- All buildings on this property are served by a public or semi-public sewage disposal system.
- This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
- There is a building served by private sewage disposal system on this property 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:

Drilled Well, North east of house

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) 371-8227

EXHIBIT "A"

The Southwest Quarter (1/4) of the Northwest Quarter (1/4) of Section Twenty-one (21), Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa.

Name: SHARON ELLIS
Phone: (515) 371 - 8227

58422 Don't Sharon 6-16-15 emailed Madison Co. Ellis 7-7-15 emailed report

Seller Agent/Realtor or Seller (if For Sale by Owner)

Name: Kenneth Kauzlarich
Email: KKauzlarich@IowaRealty.com (1)
Phone: (515) 402 - 0769

11-19-10 pumped 1250 gal. tank

About the Home

Address:

1935 Upland Trail
Prole, IA, 50229

County: Madison (2)
Age System: 19
of Bedrooms: 4
Occupied: yes
Water: yes Type: rural
Legal :
Township :
Section #:

DNR (3)

Elton said no drawing Clearstream. See attached from Rick.

used

Owner

First & Last Name(s): Sharon Ellis

Address:

1935 Upland Trail
Prole, IA, 50229

Phone: (515) 371 - 8227
Email: ellisranch@windstream.net (4)

~~Handwritten signature~~

Buyer Agent/Realtor

Name: Brent Sharon
Email: brentsharon@iowarealty.com (5)
Phone: (515) 208 - 2200

Brian & Tony did work, \$450

Buyer

Name(s): Andrew Dunn
Phone (319) 329-9448
Email: info@forestoptic.com

Address:

7614 Thorndale Dr NE
Cedar Rapids, IA, 52402

Closing Date: 07-13-15

Hi Penny, talked with you this morning. Jody said he would drop the price of my TT inspection and cleaning to \$450.00 since you cleaned my septic in 2011. I would like to have this inspection done on June 25th if possible. I don't work that day. I have a deadline. Thanks. Shari Ellis



Time of Transfer Inspection Report

Property Information

Current Owner: SHARON ELLIS
 Buyer: Andrew Dunu Realtor: Kenneth Kavzlarich
 Mailing Address: 1935 Upland Trail Prole IA 50229
 Site Address/County: Same as Above - Madison Co.
 Legal Description: AS ABSTRACT
 No. of bedrooms: 4 Last occupied: present Records available: NO
 Permit/ installation date: ? Separation distances (ok/no?): ok

Septic System Information

Septic tank(s): Size: 500 gal Material: POLY Condition: ok
 Tank pumped? Y N Date: 6-24-15 Licensed pumper: Forest Septic
 Septic/Trash/Processing tank: Size: _____ Material: _____ Condition: _____
 Tank pumped? Y N Date: _____ Licensed pumper: _____
 Aerobic treatment unit (ATU) mfr: ClearStream Size: 750 gal
 Tank pumped? Y N Date: 6-24-15 Licensed pumper: Forest Septic
 Maintenance contract? Y N Expiration date: 2015 Service provider: Rogers Septic & Maint
 Condition: ALARM NOT WORKING AT INSPECTION
 Pump tanks/vaults: Type: _____ Size: _____ Condition: _____
 Distribution system: Distribution box _____ Outlets used _____ Condition: _____
 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: 6x12 polishing filter Determined by: Measurement
 Vent pipes above grade? Y N Discharge pipe located? Y N
 Effluent sample taken Not at time of inspection Results: Use Rogers Sample taken on 6-1-15
 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: Aerators Working ok.

Overall condition of the private sewage disposal system:

Report system status: See attached copy

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: 6-24-15

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: 1935 Upland Trl. Date: 6-24-05

Comments: POOLE, FA 50229 Technician BRIAN

All wastewater from house appears to drain into
septic system.

500 gal single compartment poly septic tank with
riser was in working condition.

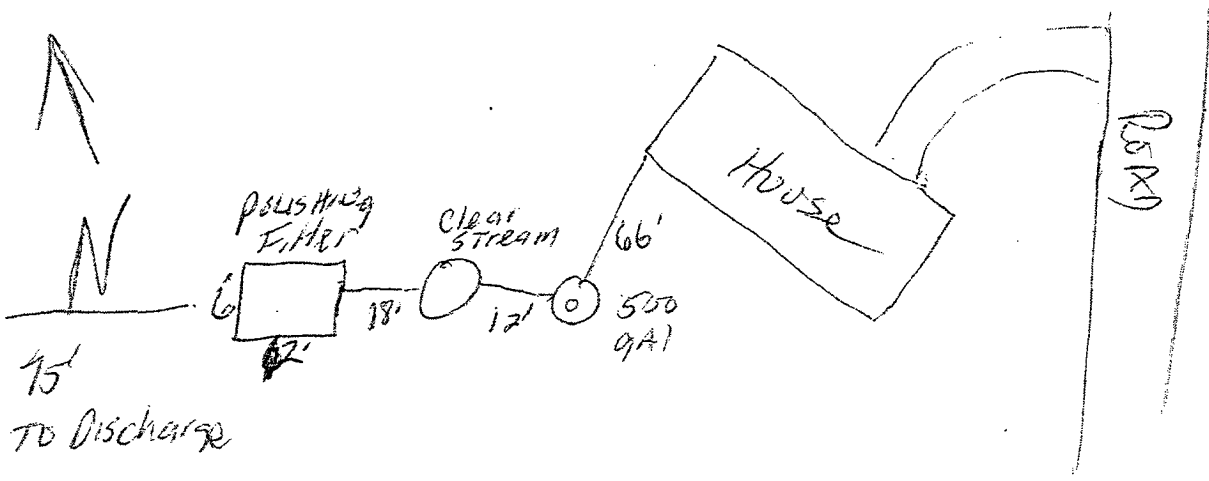
clearstream unit was in working condition however
high level alarm was not working.

Aerator working ok at time of the inspection
polishing filter was in working condition after
running water for 10-15 minutes.

no sample was taken because sample was taken 6-15
by Rodgers septic during maintenance contract work

THIS IS NOT A GUARANTEE
THIS CERTIFIES THE CONDITION OF
THE SEPTIC SYSTEM AT THE
TIME OF THE INSPECTION

DIAGRAM OF SYSTEM



ROGERS SEPTIC MAINTENANCE & REPAIR

401 N.E. 52nd Ave.
Des Moines, IA 50313

JOB NO 1938

515-745-8352

rick@rogersseptic.com • www.rogersseptic.com

Customer Name: Don Ellis Date: 6/1/15

Address: 1935 Upland Trl

City, State, Zip Code: Prole, IA, 50029 Madison Co.

Phone: _____ Cell: 515-371-8227 Email: _____

SEPTIC MAINTENANCE REPORT

TYPE/ MAKE OF SYSTEM CleanStream **MODEL # & S/N** _____

SEPTIC TANK Yes/No _____ Gals. **RISER & LID TO SURFACE** Yes/No _____ **OUTLET FILTER** Yes/No CHECKED

Suspended Solids: 0 in. + Solids in Bottom 5 in. = Total solids / Tank Height: 48 in. = 10.4 % Total Solids

Tank Condition OK Inlet & outlet Tees & Baffles OK DNR & EPA recommend

cleaning septic tank when total solids are greater than 25% to 30%. **TIME to CLEAN TANK: YES / (NO)** _____

PEAT Systems : Lid _____ Air Vents _____ Inlet Pipe _____ Tipping Tray _____

Distribution _____ Center Zone _____ Deteriorated Peat height: _____ Color _____

Smell _____ Ponding _____ Outlet Pipe _____ Pump & Control _____

High Level Alarm _____ Sample Collected _____ Peat Deterioration Level _____ %

Other _____

ATU Systems : Lid OK Surge Bowl & Gaskets OK Inlet Pipe OK Aerator WORKING

Filters checked Difusers OK Bio Filter/Filter Socks _____ Settled Solids in surge area 10 %

Time to Clean/Pump System **YES / (NO)** High Level Alarm didn't seem to work Pump & Control System _____

SECONDARY POLISHING FILTER : Sand Filter OK works BK-2000

Discharge Pipe OK Sample Collected YES Other _____

SANDFILTER Systems: Air Vents _____ Distribution Box _____ Probe Test _____

Pump Tank _____ Pump & Control System _____ High Level Alarm _____

Discharge Pipe _____ Sample Collected _____ Other _____

AT GRADE / MOUND Pressurized Systems : Pump Condition _____ Pump Size/Type _____

Pump Volt/Amp _____ Pump Control/Floats _____ Time Dosage Control _____

High Level Alarm System _____ Check Valve _____ Union/Coupling _____ Piping _____

Distribution Spray Height _____ Probe Test _____ Other _____

CONVENTIONAL GRAVITY SYSTEM: Lateral Type _____ D-Box _____

Hydraulic Load Test _____ Probe Test _____

COMMENTS, REPAIRS, & MAINTENANCE SUGGESTIONS

System functioning

Thank you

Next Service Date Fall 2015

Home Owner _____ Service Tech Dillon Beckwith

ANALYTICAL REPORT

Work Order: 1F50129

June 08, 2015
Page 1 of 1

Report To
Rick Rogers Rogers Septic Maintenance and Repair 401 NE 52nd Ave. Des Moines, IA 50313

Work Order Information
Date Received: 06/02/2015 9:30AM Collector: Beckett, Dillon Collector Phone: (515) 745-8352 PO Number:

Project: Septic Sampling
Project Number: Septic Sampling

1F50129-06 Don Ellis 1935 Upland Tri Matrix: Water Collected: 06/01/15 15:30

Analyte	Result	MRL	Method	Analyst	Analyzed	Qualifier
CBOD (5 day)	<8 mg/L	8	SM 5210 B	LAE	06/02/15 17:20	
Solids, total suspended	9 mg/L	2	USGS I-3765-85	AKM	06/02/15 16:49	

End of Report

Dara Carlock

Keystone Laboratories, Inc.
Dara Carlock
Project Manager I

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. MRL = Method Reporting Limit. 1F50129-06