



Document 2015 GW2138

Book 2015 Page 2138 Type 43 001 Pages 7

Date 7/29/2015 Time 2:33:19PM

Rec Amt \$.00

INDX  
ANNO  
SCAN

LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

CHEK

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

**TRANSFEROR:**

Name Matt J. Castor

Address 2425 Millstream Winterset IA 50273-8124  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name Todd Mapes

Address 1015 N 9th St Indianola IA 50125  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

2425 Millstream Ave Winterset IA 50273  
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary)

**Lot Six (6) of Millstream Country Estates, a Subdivision in the South Half (1/2) of the Northeast Quarter (1/4) of the Northeast Quarter (1/4) of Section Eighteen (18), 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:**

---



---



---



---

**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature: Matthew Costa Telephone No.: (815) 262 4771  
(Transferor or Agent)



Time of Transfer Inspection Report (DNR Form 542-0191)

Property information

Current owner Matthew Castor
Buyer Todd MAPES Realtor Michaela Hesch - Home Front Realty
Mailing address 67 E. JEFFERSON ST. WINTHROP, IA 50273

Site Address/County 2425 Millstream Ave Winterset IA 50273
Legal Description LT 6 MILLSTREAM COUNTRY ESTATES S 1/2 NE NE

No. of bedrooms 3 Last occupied? still there Records available yes

Permit/installation date 6-10-1999 Separation distances CR no? #1805

Septic system information

Septic tank(s): size 1000 material Cement condition good
Tank pumped? yes date 6-18-15 licensed pumper yes John Mayers
Septic/trash/processing tank: size material condition
Tank pumped? date licensed pumper

Aerobic treatment unit (ATU) mfg Clear Stream size 600
Tank pumped? yes date 6-18-15 licensed pumper yes John Mayers
Maintenance contract? yes expiration date 1-1-15 service provider Allen Akers
Condition Look good on 6-18-15

Pump tanks/vaults: type size condition

Distribution system: distribution box outlets used condition
Header pipe(s) # 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 5-18 Sand filter determined by probing
Vent pipes above grade? discharge pipe located? yes
Effluent sample taken? yes Results CBOD5 Day - 2
TSS - 19

Media filters: type
Maintenance contract? yes expiration date 1-7-16 service provider Allen Akers
Condition good

NPDES General Permit No. 4: required? NO permitted? NOI provided



### Time of Transfer Inspection Report

Other components:

Alarms Working Working? yes disinfection — working? —

Control box \_\_\_\_\_ Timers \_\_\_\_\_ inspection ports yes

Other components Air pumps put on May 30-2015

Overall condition of the private sewage disposal system

Report system status put new air pump in may cleaned top of sand

Explain (attach additional pages as needed): \_\_\_\_\_

Comments: Everything look ok as of today

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: Allen Akers Date: 6-18-2015  
 Name (print): Allen Akers Certificate #: 203  
 Address: 2204 175<sup>th</sup> St Whiteset IA 50273  
 Phone #: 515-462-1015 - 515-468-0091

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

Iowa DNR Onsite Wastewater Program  
502 E. 9<sup>th</sup> St.  
Des Moines, IA 50319



# State Hygienic Laboratory

The University of Iowa

ALLEN AKERS  
2204 175TH CT  
WINTERSET, IA 50273-

Accession Number	225484
Date Sample Finalized	2015-04-07 14:18
Date Received	2015-03-30 14:28
Sample Source	Non-Drinking Water
Project	
Date Collected	2015-03-30 09:46
Collection Site	2425 millstream ave
Collection Town	WINTERSET
Sample Description	ww discharge
Client Reference	matthew castor
Collector	akers allen
Phone	515/465-1015

Note: Upon arrival, sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

Due to cold room failure, samples were not able to be stored at the EPA recommended <6.0 °C. If reported to IDNR results must be qualified as an estimate.

### Results of Analyses

#### BOD, Carbonaceous 5 Day, SM 5210 B

Units	mg/L	Analyzed In	Ankeny
Date Analyzed	2015-04-01 07:00	Date Verified	2015-04-07 14:18
Analyst	PB, DMJ, MGB	Verifier	DLS

Analyte	Result	Quant Limit
CBOD, 5 Day	2	2

#### Total Suspended Solids, USGS I-3765-85

Units	mg/L	Analyzed In	Ankeny
Date Analyzed	2015-03-31 00:00	Date Verified	2015-04-02 15:23
Analyst	JAE	Verifier	DLS

Analyte	Result	Quant Limit
Total Suspended Solids	19	1

#### Description of Units used within this report

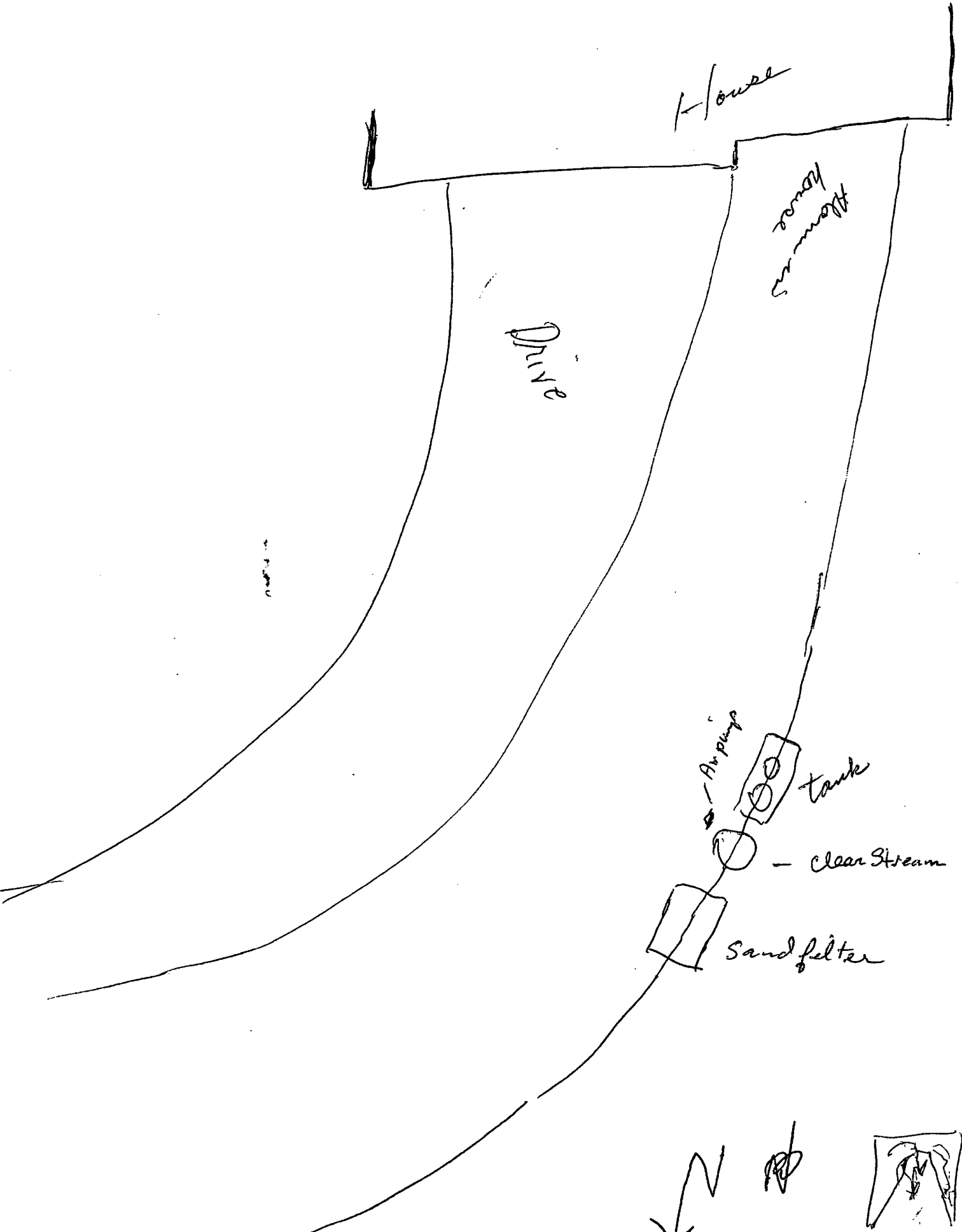
mg/L = Milligrams per Liter

The result(s) of this report relate only to the items analyzed. This report shall not be reproduced except in full without the written approval of the laboratory.

Iowa Environmental Laboratory IDs are: Ankeny #397, Iowa City/Coralville #027, Lakeside #393.

If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500. Thank you.

Mat ~~the~~ Castor



Allen Akers  
2204 175th Ct  
Winterset IA  
50273

515-462-1015  
515-468-0091

INVOICE NO.

152810

Invoice

SOLD TO Matthew Caster		SHIPPED TO		VIA	
ADDRESS 2425 Millstream Ave		ADDRESS			
CITY, STATE, ZIP Winterset IA 50273		CITY, STATE, ZIP			
CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.	DATE	

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
pump tank	John Mayers		400 00
Do time of transfer paper work - days look at			350 00
			750 00
Pd Cash			