



Document 2015 GW2204

Book 2015 Page 2204 Type 43 001 Pages 7

Date 8/04/2015 Time 1:26:39PM

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 William C. Staley and Betty L. Staley

Address 3301 200th Lane Prole IA 50229  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name John P. McNew and Heather L. McNew

Address 121 E. Porter Ave, Des Moines, IA 50215 Des Moines, IA 50310  
Number and Street or RR City, Town or P.O. State Zip

**Address of Property Transferred:**

3301 200th Lane, Prole, IA 50229  
Number and Street or RR City, Town, or P.O. State Zip

Legal Description of Property: (Attach if necessary) \_\_\_\_\_

See Attached

**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: William C. Steby Telephone No.: (515) 339-1895  
(Transferor or Agent)

## LEGAL DESCRIPTION

A parcel of land located in the Southeast Quarter ( $\frac{1}{4}$ ) of the Southeast Quarter ( $\frac{1}{4}$ ) of Section Twenty-three (23), Township Seventy-six (76) North, Range Twenty-six (26) West of the 5<sup>th</sup> P.M., Madison County, Iowa, containing 1.998 acres, as shown in Plat of Survey filed in Farm Plat Book 2, Page 356 on December 18, 1992, in the Office of the Recorder, Madison County, Iowa.



# Time of Transfer Inspection Report

### Property Information

Current Owner: William Staley  
 Buyer: John McNew Realtor: Lindy Morris/Jessica Cullan  
 Mailing Address: 3301 200th In Probes, Ia 50229  
 Site Address/County: same as above Warren County  
 Legal Description As Abstract  
 No. of bedrooms: 2 Last occupied: currently Records available:  Y  N  
 Permit/ installation date: #1220/5-89 Separation distances (ok/no?): (ok)

### Septic System Information

Septic tank(s): Size: 1000 gal Material: Concrete/Poly Condition: OK  
 Tank pumped?  Y  N Date: 7-22-15 Licensed pumper: Forest Septic Environmental  
~~Septic/Trash/Processing tank: Size: \_\_\_\_\_ Material: \_\_\_\_\_ Condition: \_\_\_\_\_~~  
~~Tank pumped?  Y  N Date: \_\_\_\_\_ Licensed pumper: \_\_\_\_\_~~  
~~Aerobic treatment unit (ATU) mtgr \_\_\_\_\_ Size \_\_\_\_\_~~  
~~Tank pumped?  Y  N Date: \_\_\_\_\_ Licensed pumper: \_\_\_\_\_~~  
~~Maintenance contract?  Y  N Expiration date: \_\_\_\_\_ Service provider: \_\_\_\_\_~~  
~~Condition: \_\_\_\_\_~~  
~~Pump tanks/vaults: Type: Concrete/Poly Size: \_\_\_\_\_ Condition: \_\_\_\_\_~~  
 Distribution system: Distribution box yes Outlets used 3 Condition: bad  
 Header pipe(s): OK No. of lines: 3 Pressure dosed? no  
 Secondary Treatment:  
 Length of absorption fields: 3 80FT Determined by: drawing  
 Condition of fields: probed wet Determined by: Hydraulic Test and Probing  
 Type of trench material: gravelless pipe  
 Size of sand filter: \_\_\_\_\_ Determined by: \_\_\_\_\_  
~~Vent pipes above grade?  Y  N Discharge pipe located?  Y  N~~  
~~Effluent sample taken \_\_\_\_\_ 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: \_\_\_\_\_

Overall condition of the private sewage disposal system:

Report system status: System is not functioning properly

Explain (attach additional pages as needed): distribution box  
needs replaced.

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: Tory Forest Date: 7-22-15

Name (print): Tory Forest Certificate #: 10762

Address: PO Box 219, Indianola, IA 50125

Phone #: 515-360-7847

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: 3301 200<sup>th</sup> Ln Date: 7-22-15  
Prole Ia. 50229  
Technician Tony Forest

All waste water from house drains to septic system.  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_

The tank is a  Poly  Concrete 1000 gallon tank. In good condition.  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_

The distribution box is in good condition.  Yes  No  None

Remarks: The Box is concrete & is badly deteriorated.  
Our company recommends the Box be replaced.

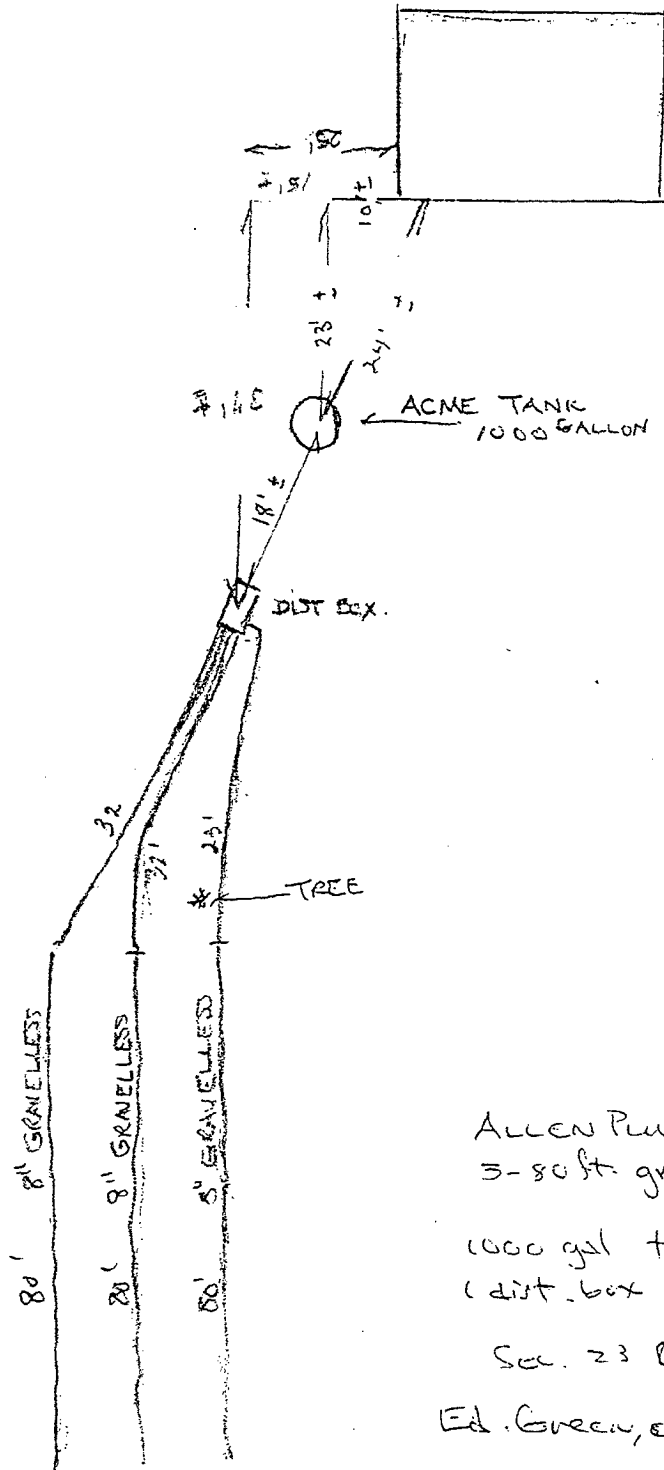
The laterals are in good condition.  Yes  No  None

Remarks: The laterals took water well during  
the hydraulic test. However, the laterals did probe  
wet but were not surfacing at the time  
of the inspection.

This is not a guarantee!

- This certifies that the septic system was in good working condition at the time of the inspection.
- This certifies the condition of the septic system at the time of the inspection.

Permit # 1220  
3301 200th Ln  
Installed May 1989



ALLEN PLUMBING  
3-80 ft. gravelless  
laterals  
1000 gal tank  
(dirt box -  
Sec. 23 BRAW.  
Ed. Green, owner