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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

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

TRANSFEROR:

Name Margaret F. Ripperger

Address 2937 YEARGIN CT Franklinton, NC 27525

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Clifton D. Tuttle and Jessica L. Tuttle

Address PO BOX 209 New Virginia, IA 50210

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

3103 TERRACE LN, Truro, IA 50257

Number and Street or RR

City, Town, or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) _____

See Exhibit 1

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: *Myranda Trappinger* Telephone No.: (563) 508-1706
(Transferor or Agent)

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)



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

Property information

Current owner Margaret Ripperger

Buyer Realtor

Mailing address 3103 Terrace Lane Truro Ia 50257

Site Address/County Madison

No. of bedrooms 3 Last occupied? Current Disposal? Y (N) Softener? Y (N) H2O supply? Rural?

Records available Yes Permit/installation date 7-5-05 Installer

Septic system information

Septic tank(s): size 1500 material Plastic condition good (Rochester)

Tank pumped? Yes date 6-17-15 licensed pumper Yes # ST-237

Septic/trash/processing tank: size material condition

Tank pumped? date licensed pumper

Aerobic treatment unit (ATU) mfg NA size

Tank pumped? date licensed pumper

Maintenance contract? expiration date service provider

Condition

Pump tanks/vaults: type NA size condition

Distribution system: distribution box Plastic outlets used 6 condition good

Header pipe(s) 6 # of lines 6

Pressure dosed? W

Secondary treatment:

length of absorption fields NA determined by

condition of fields determined by

type of trench material

Size of sand filter 30 X 18 determined by MAP

Vent pipes above grade? Yes discharge pipe located? Yes

Effluent sample taken? Yes by owner Results Homeowner has current results to be included with report.

Media filters: type NA

Maintenance contract? expiration date service provider

Condition

NPDES General Permit No. 4: required? permitted? NOI submitted



Time of Transfer Inspection Worksheet

Other components:

Alarms N/A Working? _____ disinfection _____ working? _____

Control box _____ Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Acceptable? Yes Unacceptable? _____

Explain (attach additional pages as needed): 150 gallon Rochester septic tank - plastic with support collars - in good shape. Sand filter dry with no sulfate moisture.

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.

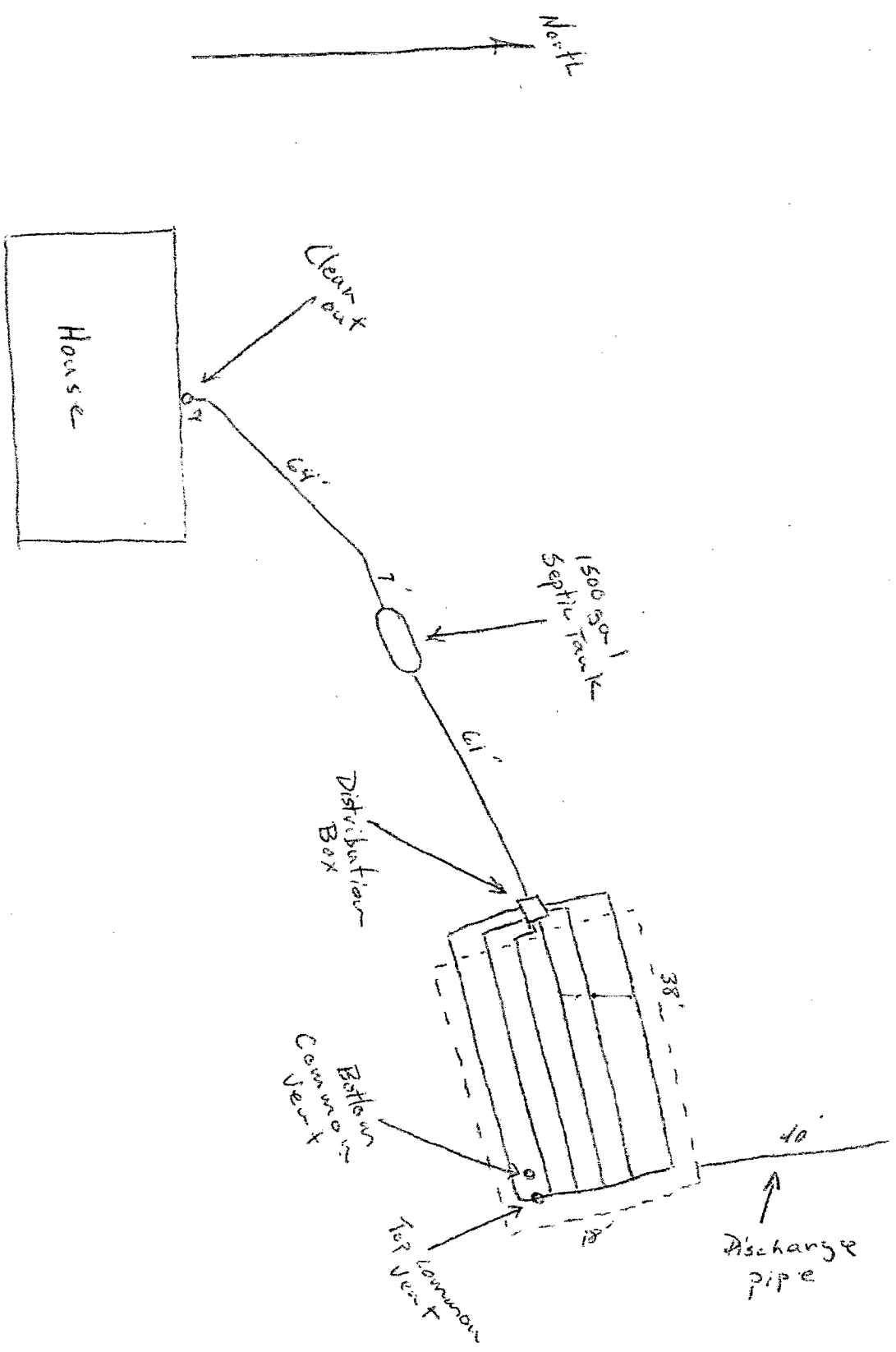
Using this worksheet, write a narrative report of the inspection results.

Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.

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: Glen Bodwell Date: 6-20-15
 Name (print): Glen Bodwell Certificate #: 7263
 Address: 2924 Quaker St. Charles, IA 50240
 Phone #: 641 396 2462

Permit # 085-05 Ripper Inspection (Final) 8-2-05



Madison County
Office of Zoning and
Environmental Health

*Authorization for Construction of
Private On-site Wastewater
Treatment System (POTTS)*

112 N. John Wayne Blvd.
P.O. Box 150
Wickliffe, IA 50273-0152
Telephone: (515) 462-4536

Permit Number: 005-05

Date Issued: July 8, 2005

Applicant: Loren & Margaret Rappenger
Address: 201 N. LeClaire Road
Wickliffe, Iowa 52748

Legal description: PARCELS A SE SE Section 18 T74 R26 Ohio Twp

Zoning District: Agricultural Parcel Area: 22.894

POTTS Components Specifications: 1500 gal septic tank - 720 sq ft Sandfilter

General Conditions

1. System must be constructed in conformance with attached system layout, profiles, and cross-sections.
2. Structures must be constructed in conformance with 567 IAC Chapter 69 and the Madison County Environmental Health Regulations.
3. Permit shall be null and void if system is not constructed within one year of permit issuance. The Environmental Health Officer must approve any request for extension of permit.
4. The Environmental Health Officer must approve any design modifications to the permitted system prior to construction.
5. Once constructed, all system components must be uncovered for inspection and the system must be approved before it can be put into operation. Notice for inspection must be received with 24 hours in advance (8 a.m. through 4:30 p.m., Monday - Friday). If weather necessitates the need to cover the system components, then the system owner or contractor must notify and follow the procedures given by the Environmental Health Officer.

By: *(Signature)*

Jean Thompson

Environmental Health Officer
Madison County
Office of Zoning and Environmental Health