



Document 2015 GW3064

Book 2015 Page 3064 Type 43 001 Pages 8

Date 10/20/2015 Time 8:24:27AM

Rec Amt \$.00

INDX  
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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 Roman Stone

Address 1957 Upland Trl Prole IA 50229  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name Kent Carlson

Address 4829 64th St Urbandale IA 50322  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

1957 Upland Trail Prole IA 50229  
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary)

**Parcel "B", located in the Northwest Quarter (1/4) of the Southwest 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, containing 10.616 acres, as shown in Amended Plat of Survey filed in Book 2010, Page 2391 on October 1, 2010, in the Office of the Recorder of Madison County, Iowa; AND Parcel "C" located in the Northwest Quarter (1/4) of the Southwest Quarter (1/4) of said Section Twenty-one (21), containing 10.020 acres, as shown in Plat of Survey filed in Book 2011, Page 1722 on June 30, 2011 in the Office of the Recorder, 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.: (917) 939-7800

(Transferor or Agent)



# Time of Transfer Inspection Report

## Property Information

Current Owner: Roman Stone  
 Buyer: Kent Carlson Realtor: Kyle Clarkson  
 Mailing Address: 815 E Gold St. McCormick, SC 29835  
 Site Address/County: 1957 Upland Trl. Proby, Ia 50229 Warren County  
 Legal Description As Abstract  
 No. of bedrooms: 4 Last occupied: 1 year Records available:  Y  N  
 Permit/ installation date: # 2027/12-17-01 Separation distances (ok/no?): OK

## Septic System Information

Septic tank(s): Size: 1000 Material: Concrete/Poly Condition: OK  
 Tank pumped?  Y  N Date: 9-25-15 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: Concrete/Poly Size: \_\_\_\_\_ Condition: \_\_\_\_\_~~  
 Distribution system: Distribution box yes Outlets used 5 Condition: broken  
 Header pipe(s): OK No. of lines: 5 Pressure dosed? no

Secondary Treatment:  
 Length of absorption fields: 5 90' laterals Determined by: Probing  
 Condition of fields: OK Determined by: Hydraulic Test and Probing  
 Type of trench material: chamber  
~~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: needs repairs

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: Tory Forest Date: 9-25-15

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: 1957 upland trl. Date: 9-25-15

Technician Tory Forest

All waste water from house drains to septic system  Yes  No

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

The tank is a  Poly  Concrete 1250 gallon tank. In good condition.  Yes  No

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

The distribution box is in good condition.  Yes  No  None

Remarks: there is a significant break in the bottom of the box, causing wastewater to leak. Recomm having the box replaced

The laterals are in good condition.  Yes  No  None

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

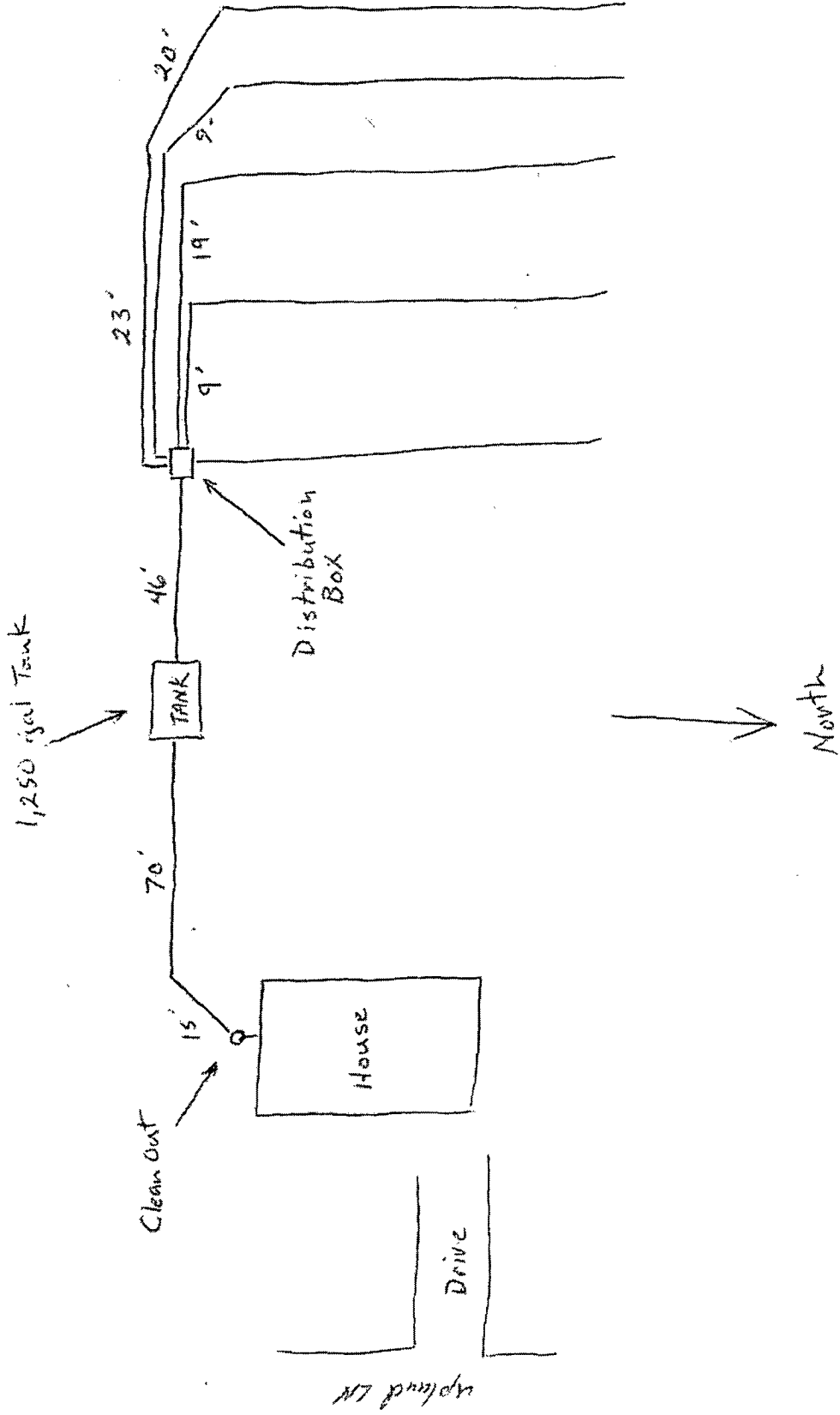
Contact Rogers Septic For repair  
Rick Rogers - 515-745-8352

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 # 2027 Eggleston 12/17/01

1957 Upland Trl.



Contact Person

Name: Kenny Kauzlarich 59311  
Phone: (515) 402 - 0769

Roman 9-14-15 emailed Madigan Co. Stone 10-13-15 emailed report

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

Name: Kyle Clarkson ①  
Email: kyle.clarkson@cbdsm.com  
Phone : (515) 224 - 8660

No pumping info.

**About the Home**

Address: 1957 Upland Trail Prole, IA, 50229

County: Madison ② DNR ③

Age System: 10  
# of Bedrooms: 4  
Occupied: no-Vacant-12-months  
Water: yes Type: rural  
Legal : Parcel "B&C" in the NW corner of the SW quarter of section 21, Township 76 N, Range 26 W of the 5th P.M.  
Township : Crawford  
Section #: 21

Fr 11:00  
back door is unlocked call while there  
Call Re Sold!

**Owner**

First & Last Name(s): Roman & Mary Stone  
Address: 815 E Gold Street McCormick, SC, 29835  
Phone: (817) 675 - 9352 817-939-7800  
Email: stonemea@aol.com ⑥

**Buyer Agent/Realtor**

Name: Kenny Kauzlarich ④  
Email: KKauzalarich@IowaRealty.com  
Phone: (515) 453 - 5345

**Buyer**

Name(s): Kent & Amy Carlson  
Phone (515) 224-8660  
Email: kyle.clarkson@cbdsm.com  
Address: 4829 64th St Urbandale, IA, 00000  
Closing Date: 10-15-15

979-1466 ⑤  
KCarlson@gmail.com

I don't have the buyers email or phone so I put their agents info in those spots.  
Thanks

The Cleaning and Inspection takes us 1 1/2 to 2 hours to complete.  
**Someone must be present** to gain access in the home for us to check the plumbing and run water which is required by the DNR

Madison County  
Office of Zoning and  
Environmental Health

***Authorization to Construct a  
Private On-site Wastewater  
Treatment System (POWTS)***

112 N. John Wayne Drive  
P.O. Box 152  
Winterset, IA 50273-0152  
Telephone: (515) 462-2636

***Permit Number: 079-15***

***Date Issued: 10/13/15***

***Issued to: Roman & Mary Ellen Stone  
Address: 815 E Gold Street  
McCormick, SC 29835***

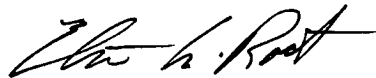
***Legal Description: Parcel B 10.62 Acres, Section 21 Crawford Township***

***POWTS Components Specifications: Replace Distribution Box only***

***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.

***Special Conditions:***



***Environmental Health Officer  
Madison County  
Office of Zoning and Environmental Health***