

Book 2016 Page 131 Type 43 001 Pages 7 Date 1/15/2016 Time 10:53:21AM INDX Rec Amt \$.00

ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

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

TRAN	SFEROR:						
Name	Myra J. Athy						
Addres	SS 3392 265th St Number and Street or RR	Saint Charles City, Town or P.O.	IA State	50240 Zip			
TRAN	SFEREE;						
Name	Terry R. Cooper						
Addres	ss 2732 Settlers Trail	Saint Charles	IA	50240			
	Number and Street or RR	City, Town or P.O.	State	Zip			
Addres	ss of Property Transferred:						
	265th St	Saint Charles	IA	50240			
	Number and Street or RR	City, Town or P.O.	State	Zip			
	There is a well or wells situated on or set forth on an attached separate	sheet, as necessary. WELL	northwest c	IS are stated below OPLIER OF PROPERT			
2. So	olid Waste Disposal (check one)		-House				
	There is no known solid waste dispersion	osal site on this property.	Shed				
Ø	There is a solid waste disposal site on this property and information related thereto is provided in Attachment #1, attached to this document.						
3. Ha	zardous Wastes (check one)						
\Box	There is no known hazardous waste	e on this property.					
	☐ There is hazardous waste on this property and information related thereto is provided in Attachment #1, attached to this document.						
4. Up	Upderground Storage Tanks (check one)						
乜	There are no known underground and residential motor fuel tanks, mo						
	There is an underground storage to			nown substance(s)			

5.	Prj	vate 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.		
	Ø	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		
		ation required by statements checked above should be provided here or on separate sheets ed hereto:		
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS		
		FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.		
Sig	natu			
		(Transferor or Agent)		

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a.	Sol	olid Waste Disposal (check one)				
	X	There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.				
		There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.				
b.	Haz	lazardous Wastes (check one)				
		There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.				
	,	There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.				
Fur	ther	descriptive information:				
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS					
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.				
Sig	natu	Telephone No.: (515) 314-9976				

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)



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

Property information

Current owner myra Athy 441. 396. 2209
Buyer Realtor Kale Welcomb 319-310-174
Buyer Realtor Kale Welcomb 319-310-174 Mailing address 3392 245 Sheet St. Charles To Soquo
Site Address/County 3392 2005 Street St. Charles madison Count Legal Description
No. of bedrooms 4 Lest occupied? 13 Records available 45/10
Permit/installation date 1973 Separation distances Ok no? 45 Septic system information
Septic tank(s): size 1.500 cal. material concrete condition excellent Tank pumped? 48 date 73 205 licensed pumper 48 57 307 Septic/trash/processing tank: size material condition Tank pumped? date licensed pumper
Aerobic treatment unit (ATU) mfgr size Tank pumped? date licensed pumper Maintenance contract? expiration date service provider Condition
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 a discrete determined by determined by determined by type of trench material Personaled pipe and rock
Size of sand filter determined by Vent pipes above grade? discharge pipe located? Effluent sample taken? Results
Media filters: type
NPDES General Permit No. 4: required? Permitted? NOI provided
6-2009 542-0191

542-0191



Time of Transfer Inspection Worksheet

Other Components						
Alarms oo Working? I	Disinfection	Working?				
Control Box Timers	_ Inspection Port	8_0_				
Other Components						
Overall condition of the private sewage disposal syste	m					
Acceptable? Unaccep	table?					
Explain (attach additional pages as needed):						
Comments: Pump septic Lank case effect filter once ayear		ns, elean				
Site status at conclusion of Time of Transfer inspection	ı n :					
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 DNR and the county Recorder in the county where the						
This report indicates the condition of the private sews does not guarantee that it will continue to function sa		the time of the inspection. I				
Signature of Certified Inspector:	· -/-	Date man 12 mil				
Name (print): Vance Smith		Date: <u>May 13 2015</u> Cortficate #: 8992				
Address: 502 west man Street						
Phone # 641. 396.2440						

10-2008

542-0191

ANYTIME SEPTIC SERVICES II VANCE SMITH ST. CHARLES, IA 50240 641-396-2440

REAL ESTATE SEPTIC INSPECTION

On May 13th,2015, Anytime Septic Services II did Time of Transfer Real Estate Inspection on septic tank, and lateral field at 3392 265th Street, St. Charles,IA 50240,Myra Athy residence. Septic tank is a 1,500 gallon concrete two compartment Lister tank that was installed in 2010. Tank is 15 inches below surface with 22 inch PolyLok plastic screw down lids at ground level above inlet and outlet schedule 40 piped tee baffles. On the outlet side of septic tank is a effluent filter inserted into tee baffle that needs to be cleaned at least once a year, by simply lifting 4" round filter straight up from baffle and hosing off with clean tap water and reinserting into baffle tightly. The distribution box is not one that I call progressive system that Y's going to lateral field. Lateral field consist of two 120 feet each of perforated pipe and rock laterals that is visually easy to see and are 26 to 28 inches below surface and are 13 feet apart with no evidence of surfacing or ponding of septic.

ANYTIME SEPTIC SERVICES II IS NOT RESPOSIBLE FOR ANY FAILED SEPTIC SYSTEMS.

PAGE 03/04

265th Street St. Charles N 22.5 10,6 1201 13' apart PAGE 04/04 **VALIMESEPTICSVCSIIP**