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Date 6/01/2016 Time 10:33:57AM

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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 Amy C. Erickson, an unmarried woman

Address 1699 Warren Ave, Norwalk, IA 50211

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name See 1 in Addendum

Address 521 NW 5th Street, Ankeny, IA 50023

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

3291 230th Street, Saint Charles, IA 50240

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) See 2 in Addendum

**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:   
(Transferor/Or Agent)

Telephone No.: (515) 897-9864

## Addendum

1. Matthew Bollman and Tina Bollman, husband and wife, as Joint Tenants with Full Rights of Survivorship, and not as Tenants in Common
2. LOT 5, CLANTON CREEK CORNER, AN OFFICIAL PLAT IN THE SE 1/4 SE 1/4 OF SECTION 2, TOWNSHIP 75 NORTH, RANGE 26 WEST OF THE 5TH P.M., MADISON COUNTY, IOWA.

(Commonly known as)

3291 230th Street, Saint Charles, IA 50240



Jan 21

#024-15

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

Property information

2 - South

Current owner Lucas Herrick  
Buyer \_\_\_\_\_ Realtor Re Max - Zac Bales-Henery  
Mailing address \_\_\_\_\_ (515-494-7722-A)

Site Address/County 3291-230th St. Charles, Ia 50240  
Legal Description Madison Co.

No. of bedrooms 4 Last occupied? is now Records available yes  
Permit # 049-098 Installation date 9-23-09 Separation distances ok/no? OK

Septic system information

Septic tank(s): size 1500 gal material concrete condition good  
Tank pumped? yes date 4-17-2014 licensed pumper Mayer septic  
Septic/trash/processing tank: size \_\_\_\_\_ material \_\_\_\_\_ condition \_\_\_\_\_  
Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_

Aerobic treatment unit (ATU) mfg \_\_\_\_\_ size \_\_\_\_\_  
Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_  
Maintenance contract? \_\_\_\_\_ expiration date \_\_\_\_\_ service provider \_\_\_\_\_  
Condition \_\_\_\_\_

Pump tanks/vaults: type \_\_\_\_\_ size \_\_\_\_\_ condition \_\_\_\_\_

Distribution system: distribution box plastic outlets used 5 condition good  
Header pipe(s) 4 # of lines 5 Pressure dosed? \_\_\_\_\_

Secondary treatment:  
length of absorption fields 5 at 100ft determined by mop + probing  
condition of fields good + dry determined by walking + probing  
type of trench material 36" chamber

Size of sand filter \_\_\_\_\_ determined by \_\_\_\_\_  
Vent pipes above grade? \_\_\_\_\_ discharge pipe located? \_\_\_\_\_  
Effluent sample taken? \_\_\_\_\_ Results \_\_\_\_\_

Media filters: type \_\_\_\_\_  
Maintenance contract? \_\_\_\_\_ expiration date \_\_\_\_\_ service provider \_\_\_\_\_  
Condition \_\_\_\_\_

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

6-2009

**JOHN MAYER**  
**SEPTIC TANK PUMPING**  
1509 St. Hwy. 92  
Winterset, Ia 50273 6434

542-0191

*Handwritten initials/signature*



### Time of Transfer Inspection Report

Other components:  
 Alarms \_\_\_\_\_ Working? \_\_\_\_\_ disinfection \_\_\_\_\_ working? \_\_\_\_\_  
 Control box \_\_\_\_\_ Times \_\_\_\_\_ inspection ports \_\_\_\_\_  
 Other components \_\_\_\_\_

#### Overall condition of the private sewage disposal system

Report system status The septic system at 3291-230th St

Explain (attach additional pages as needed): St. Charles, Ia. 50240 - is in good working order.

Comments: The septic tank was opened & pumped on 4-17-2014 - the tank was looked at that time & no cracks in tank & intake & out flow baffles are in place also tank has 2 pumps. Tank was opened again on 7-3-15 & all baffles are in place & has 2 comp. water level in at correct level on 7-3-15 also all flow water goes to system. The distribution was removed & opened & all laterals took water on 7-3-15 also lateral field was clean & dry on 7-3-15

#### Site status & conclusion of Time of Transfer inspection:

- Verify that controls are set on the appropriate mode.
- Power is on to all components.
- Done  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. None on 7-3-15

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: \_\_\_\_\_  
 Name (print): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: 515-462-2624

*John W. Mayer*  
**JOHN MAYER**  
**SEPTIC TANK PLUMBING**  
 1509 St. Hwy. 92  
 Winnetka, IA 50273-9900

Date: 7-3-15  
 Certificate #: 8979

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

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

Permit # 049-09B  
Inspection 9/23/09  
3291-2307-~~15~~  
Dr. Charles Dr.

