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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name Joel M. Adams and Sarah Adams  
Address 20021 Oak Street, Gretna, NE 68028  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name Darwin L. Beck and Leslie Beck  
Address 305 NE Meadowlark Lane, Waukee, IA 50263  
Number and Street or RR City, Town or P.O. State Zip

**Address of Property Transferred:**

1996 Hogback Bridge Road, Winterset, IA 50273  
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) Parcel "B" located in the Southwest Quarter (1/4) of the Southeast Quarter (1/4) of Section Twenty-three (23), Township Seventy-six (76) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, containing 3.12 acres, as shown in Plat of Survey filed in Book 2004, Page 2329 on May 19, 2004, in the Office of the Recorder of 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.: (515) 490-1608  
(Transferor or Agent)



seller

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

Property information

Current owner Joel Adams  
Buyer \_\_\_\_\_ Realtor private sale  
Mailing address \_\_\_\_\_

Site Address/County 1996 Hogback Bidge Road Winterset Ia 50273  
Legal Description Madison Co.

No. of bedrooms 3 Last occupied? is now Records available yes  
Permit# 021-04 installation date 4-12-04 Separation distances ok/no? OK

Septic system information

Septic tank(s): size 1500 material Plastic condition good  
Tank pumped? yes date 4-23-15 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 3 condition good  
Header pipe(s) 2 # of lines 3 Pressure dosed? \_\_\_\_\_

Secondary treatment:  
length of absorption fields 3 at 100 ft determined by walking & Probing  
condition of fields good & dry determined by walking & Probing  
type of trench material 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 \_\_\_\_\_



### Time of Transfer Inspection Report

Other components:

Alarms \_\_\_\_\_ Working? \_\_\_\_\_ disinfection \_\_\_\_\_ working? \_\_\_\_\_

Control box \_\_\_\_\_ Timers \_\_\_\_\_ inspection ports \_\_\_\_\_

Other components \_\_\_\_\_

Overall condition of the private sewage disposal system

Report system status The septic system at 1996 Hogback

Explain (attach additional pages as needed): Bridge Road - Winterset, Ia. 50273  
is in good operating cond.

Comments: The septic tank was opened & pumped over  
4-23-15 & tank has 2 compartments & inlet & outlet  
baffles are in place - also the tank has no cracks  
in its sides & plastic tankware good.

The septic box was opened & all laterals are taking  
water & field is clear & dry & box is in good cond.

all gray water goes to system

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 None on - 4-23-15

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 PUMPING**  
 1509 St. Hwy. 92  
 Winterset, IA 50273-8491

Date: 4-23-15  
Certificate #: 8979

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

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

Permit # 021-04 ..dams Inspection 4/12/04

