

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

TRANSFEROR:

Name STACY K. BILLETER

Address 9494 Red Sunset Drive West Des Moines Iowa 50266  
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name KATIE J. HALL

Address 2222 Holliwel Valley Court Winterset Iowa 50273  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:  
2222 Holliwel Valley Court Winterset Iowa 50273  
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) \_\_\_\_\_  
Lot 6 in Holliwel Valley Subdivision, Madison County

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 a 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 a 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 acknowledgement 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 acknowledgement is attached to this form.
- There is a building served by private sewage disposal system on this property. The buyer has executed a binding acknowledgement with the county board of health to install a new private sewage disposal system on this property with an agreed-upon time period. A copy of the binding acknowledgement 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 acknowledgement with the county board of health to demolish the building within an agreed-upon time period. A copy of the binding acknowledgement 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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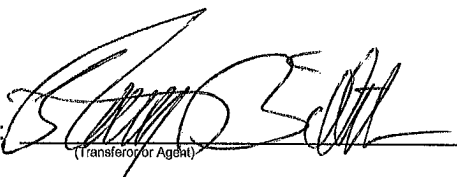


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**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature:   
(Transferor or Agent)

Telephone No.: 815 ) 778 0951



# Time of Transfer Inspection Report

### Property Information

Current Owner: Stacy Billeter  
 Buyer: \_\_\_\_\_ Realtor: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

Site Address/County: 2222 Holliswell Valley Court Winterset IA 50273  
 Legal Description \_\_\_\_\_

No. of bedrooms: 4 Last occupied: May 2016 Records available: Yes  
 Permit/ installation date: April 3, 2006 Separation distances (ok/no?): OK

### Septic System Information

Septic tank(s): Size: 2000 gallon Material: Concrete Condition: good  
 Tank pumped?  Y  N Date: 6/9/16 Licensed pumper: ST 237  
 Septic/Trash/Processing tank: Size: \_\_\_\_\_ Material: \_\_\_\_\_ Condition: \_\_\_\_\_

Tank pumped?  Y  N Date: \_\_\_\_\_ Licensed pumper: \_\_\_\_\_  
 Aerobic treatment unit (ATU) mfg \_\_\_\_\_ Size \_\_\_\_\_

Tank pumped?  Y  N Date: \_\_\_\_\_ Licensed pumper: \_\_\_\_\_  
 Maintenance contract?  Y  N Expiration date: \_\_\_\_\_ Service provider: \_\_\_\_\_

Condition: \_\_\_\_\_  
 Pump tanks/vaults: Type: \_\_\_\_\_ Size: \_\_\_\_\_ Condition: \_\_\_\_\_

Distribution system: Distribution box Yes Outlets used 4 Condition: good  
 Header pipe(s): 3 No. of lines: \_\_\_\_\_ Pressure dosed? NO

### Secondary Treatment:

Length of absorption fields: 4 @ 100 ft Determined by: maps, probe, measuring  
 Condition of fields: good, dry Determined by: probe, hydraulic test  
 Type of trench material: Chambers

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: Basement lift station, working fine.

Overall condition of the private sewage disposal system:

Report system status: System was functioning properly on day of inspection.

Explain (attach additional pages as needed): Secondary treatment was try and system was working properly.

Comments: Overall system looked good and was functioning on day of inspection.

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: Joe Bedwell Date: 6/9/16

Name (print): Joe Bedwell Certificate #: 10974

Address: 1600 West Euclid Avenue #2 Indianola IA 50125

Phone #: 515-681-5885

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