



Document 2016 GW3202

Book 2016 Page 3202 Type 43 001 Pages 5

Date 10/26/2016 Time 1:16:22PM

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INDX  
ANNO  
SCAN

LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

CHEK

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

**TRANSFEROR:**

Name Lee J. Vandewater and Jessica A. Vandewater

Address 1091 - 220th Street, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Angela Davis

Address 208 SW 2nd Street, Greenfield, IA 50849

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

1091 - 220th Street, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) Lot Three (3) of Remington Acres Subdivision, a part of the Southeast Quarter (SE 1/4) of Section Thirty-one (31), Township Seventy-six (76) North, Range Twenty-nine (29) West of the 5th P.M., 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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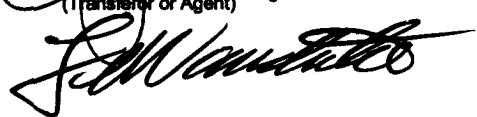
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**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM  
AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature: \_\_\_\_\_

  
(Transferor or Agent)  


Telephone No.: (515) 460-4862



## Time of Transfer Inspection Report

### Property Information

Current Owner: Jess Vandewater  
Buyer: Angela Davis Realtor: By owner (Realtor)  
Mailing Address: 1091 220th St Winterset IA 50273  
Site Address/County: Same as Above / Madison Co  
Legal Description: AS ABSTRACT  
No. of bedrooms: 4 Last occupied: present Records available: yes  
Permit/ installation date: 2002 Separation distances (ok/no?): \_\_\_\_\_

### Septic System Information

Septic tank(s): Size: 1250 gal Material: concrete Condition: ok  
Tank pumped? ☒ Y ☐ N Date: 9-22-16 Licensed pumpier: Country Side Seps  
Septic/Trash/Processing tank: Size: \_\_\_\_\_ Material: \_\_\_\_\_ Condition: \_\_\_\_\_  
Tank pumped? ☐ Y ☐ N Date: \_\_\_\_\_ Licensed pumpier: \_\_\_\_\_  
Aerobic treatment unit (ATU) mfr \_\_\_\_\_ Size \_\_\_\_\_  
Tank pumped? ☐ Y ☐ N Date: \_\_\_\_\_ Licensed pumpier: \_\_\_\_\_  
Maintenance contract? ☐ Y ☐ N Expiration date: \_\_\_\_\_ Service provider: \_\_\_\_\_  
Condition: \_\_\_\_\_  
Pump tanks/vaults: Type: pressure Size: 500 gal Condition: ok  
Distribution system: Distribution box yes Outlets used 4 Condition: ok  
Header pipe(s): \_\_\_\_\_ No. of lines: \_\_\_\_\_ Pressure dosed? no

### Secondary Treatment:

Length of absorption fields: (4) 80'-90' Determined by: County Records  
Condition of fields: ok - dry Determined by: probing & Hydraulic Test  
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: Sump pump For ground water

Overall condition of the private sewage disposal system:

Report system status: See Attached page

Explain (attach additional pages as needed): \_\_\_\_\_

Comments: Effluent Filter was Buried at time of inspection didn't put Dirt Back over lid Accessing it.

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: Brian Rinard Date: 9-22-16

Name (print): Brian Rinard Certificate #: 8805

Address: PO Box 204 NORWALK IA 50211

Phone #: 515-202-4895

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: 1091 220<sup>th</sup> St Date: 9-27-16

Winterset, IA 50273

Comments:

Technician Brian

All WASTEWATER FROM HOUSE APPEARS TO  
DRAIN INTO SEPTIC SYSTEM.

1250 gallon Concrete (2) Compartment Septic  
Tank WITH RISERS WHICH ARE BURIED 6 to 12 INCHES  
AND EFFLUENT FILTER WAS IN WORKING CONDITION  
PUMP AND PUMP PIT IN WORKING CONDITION. Cycled  
pump several times and tested alarm and  
everything worked ok.

PLASTIC DISTRIBUTION WITH speed Levelers used  
FOR (4) Chamber Laterals which all took WATER  
AND PROBED DRY AT TIME OF THE INSPECTION.

THIS IS NOT A GUARANTEE.

THIS CERTIFIES THAT THE SEPTIC  
SYSTEM WAS IN WORKING CONDITION  
AT THE TIME OF THE INSPECTION.

DIAGRAM OF SYSTEM

