

BK: 2017 PG: 37
Recorded: 1/5/2017 at 10:00:48.0 AM
Fee Amount: \$0.00
Revenue Tax:
LISA SMITH RECORDER
Madison County, Iowa

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

TRANSFEROR:

Name Ronald G Williams and Roxanne Welch Williams
Address 1854 Quarry Trail, Winterset, IA 50273
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Matthew A. Ernst and Melissa S. Ernst
Address 819 N. 5th Street, Grand Forks, ND 58203
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

1854 Quarry Trail, Winterset, IA 50273
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) See attached.

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:

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) 210-4887

Parcel "B" located in the Southwest Quarter ($\frac{1}{4}$) of the Northwest Quarter ($\frac{1}{4}$) and the Northwest Quarter ($\frac{1}{4}$) of the Southwest Quarter ($\frac{1}{4}$) of Section Twenty-three (23), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Iowa, containing 29.57 Acres, as shown in Plat of Survey filed in Book 3, Page 18 on June 13, 1997 in the Office of the Recorder of MADison County, Iowa, EXCEPTING THEREFROM that part of Parcel "D" that lies therein containing 9.45 acres, as shown in Plat of Survey filed on Book 3, Page 31 on June 20, 1997, in the Office of the Recorder of Madison County, Iowa



WildBlue Webmail

plforest@wildblue.net

62590 Ron Williams
Time Of Transfer

12-5-16 emailed madison co.
12-5-16 to Kate
12-16-16 emailed report

From : Your Website <info@forestseptic.com>

Mon, Dec 05, 2016 09:25 AM

Subject : Time Of Transfer

To : plforest@wildblue.net

Reply To : info@forestseptic.com

No Pumping Info.

Summary of web form submission:

Email Address

contact@email.com

Case Number

5305667

Order Form

Contact Person //> / First & Last Name: John Shaw / **Phone Number:** (515)240-1085

About the Seller Agent or Realtor //> / First & Last Name: John Shaw / **Email:** contact@email.com / **Phone (numbers only):** (515)240-1085

About the Home //> / Address of Inspection: 1854 Quarry Trl / **City:** Winterset
State: IA **Zip:** 50273 / **County:** Madison / **Age of Septic System:** 27 / **Number of Bed Rooms:** 3 / **Occupied:** yes / **Water Service:** yes **Type:** rural / **Legal Description:** PAR B EX PAR D SW NW / **Township Name:** Union / **Section Number:** 23 /

DNR ②

Mailing Address //> Owner's First & Last Name(s): Ronald Williams / **Owner's Mailing Address:** 1854 Quarry Trl / **City:** Winterset **State:** Ia **Zip:** 50273 / **Phone:** (515)210-4887 / **Email:** johnshaw@iowarealty.com ③

About the Buyer Agent or Realtor //> / Full Name : John Shaw / **Email:** johnshaw@iowarealty.com / **Office Phone** (515)240-1085 /

④ **About the Buyer //> / Name(s):** Matthew Ernst / **Phone** 515 868 8094 / **Email:** justinjones@kw.com / **Address:** 2123 10th Ave N / **City:** Grand Forks **State:** ND **Zip:** 58203 / **Closing Date:** 12-30-16 / **Any Comments or Questions?**

⑤ Kate

Closes 12-30-16



Time of Transfer Inspection Report

Property Information

Current Owner: Ron Williams
 Buyer: Mathew Ernst Realtor: John Shaw
 Mailing Address: Iowa Realty
 Site Address/County: 1854 Quarry Trail Winterset Ia 50273
 Legal Description As Abstract
 No. of bedrooms: 3 Last occupied: occupied Records available: Y N
 Permit/ installation date: 1989 Separation distances (ok/no?): (ok)

Septic System Information

Septic tank(s): Size: 1500 Material: Concrete/Poly Condition: good
 Tank pumped? Y N Date: 12-14-16 Licensed pumper: Forest Sepic Env.
~~Septic/Trash/Processing tank: Size: _____ Material: _____ Condition: _____
 Tank pumped? Y N Date: _____ Licensed pumper: _____
 Aerobic treatment unit (ATU) mfr _____ Size _____
 Tank pumped? Y N Date: _____ Licensed pumper: _____
 Maintenance contract? Y N Expiration date: _____ Service provider: _____
 Condition: _____
 Pump tanks/vaults: Type: Concrete/Poly Size: _____ Condition: _____
 Distribution system: Distribution box none Outlets used _____ Condition: _____
 Header pipe(s): 4 No. of lines: _____ Pressure dosed? no~~

Secondary Treatment:

Length of absorption fields: 4 100' laterals Determined by: drawing
 Condition of fields: good / dry Determined by: Hydraulic Test and Probing
 Type of trench material: chamber lateral
~~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: _____

Overall condition of the private sewage disposal system:

Report system status: good condition

Explain (attach additional pages as needed): _____

Comments: _____

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: Tyler Forest Date: 12-14-16

Name (print): Tyler Forest Certificate #: 10041

Address: PO Box 369, Norwalk, IA 50211

Phone #: 515-208-3863

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 9th St
Des Moines IA 50319

DNR Time of Transfer Report System Status

Address: 1854 Quarry Trail Date: 12-14-16

Technician Tyler Forest

All waste water from house drains to septic system. Yes No

Remarks:

The tank is a Poly Concrete 1500 gallon tank. In good condition. Yes No

Remarks:

The distribution box is in good condition. Yes No None

Remarks: The secondary treatment has no distribution box, see attached drawing. It is basically a continual lateral

The laterals are in good condition. Yes No None

Remarks:

This is not a guarantee!

This certifies that the septic system was in good working condition at the time of the inspection.

This certifies the condition of the septic system at the time of the inspection.

