BK: 2017 PG: 166

Recorded: 1/17/2017 at 8:07:18.0 AM

Fee Amount: Revenue Tax:

LISA SMITH RECORDER Madison County, Iowa

## **REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT**

TO BE COMPLETED BY TRANSFEROR

<b>TRANSF</b>	EROR:						
Name Roxanne Welch Williams and Ronald G. Williams							
Address	2207 196th Court, Winte	2207 196th Court, Winterset, IA 50273					
	Number and Street or RR	City, Town or P.O.	State	e Zip			
TRANSF	FRFF:						
Name	Timothy C. Deford and I	Rita L. Deford					
	2601 Marengo Drive, Pe		1444				
	Number and Street or RR	City, Town or P.O.	· State	e Zip			
Address	of Property Transferred:	6					
	7 196 th ct.	Winterset	Locu 20	50273			
	nber and Street or RR	City, Town or P.O.	State	Zip			
Section I	scription of Property: (Atta Vineteen (19), Township S Idison County, Iowa.	ach if necessary) Lot Two (2) of Seventy-six (76) North, Range Tw	enty-seven (27) West	of the 5th			
<u>X</u> TI — TI st <b>2. Solid</b> <u>X</u> TI	ated below or set forth on <b>Waste Disposal (check</b> onere is no known solid wa	ated on this property. The type(s an attached separate sheet, as r <b>one)</b> ste disposal site on this property.	necessary.				
in	Attachment #1, attached		rmation related thereto	is provided			
<u>X</u> T	nere is hazardous waste d	us waste on this property. on this property and information re	elated thereto is provid	led in			
	tachment #1, attached to						
<u>X</u> T		(check one) ground storage tanks on this prop notor fuel tanks, most heating oil					
	nere is an underground st	orage tank on this property. The listed below or on an attached se					

5.	Private Burial Site (check one)
	X 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.
	X There is a building served by private sewage disposal system on this property or a building
	A 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
	formation required by statements checked above should be provided here or on separate
sn	eets attached hereto:
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
_	gnature: Stanze Wilch William Telephone No.: (515) 468-1779
Si	gnature: Syrange Welch Welliam Telephone No.: (515) 468-1779
	(Hansteror or Agent)

	e Webmail		12-14-110	0.450	plforest@	wildblue.net
(42) Time (	1/6 Roxa. Of Transfer	nni Johnston	12-15-16	to le	Kate nailed	report
Fro	om:Your Websit	te <info@forestseptic.< th=""><th>com&gt;</th><th>anti-</th><th>Mon, Dec 12, 20</th><th>016 07:12 PM</th></info@forestseptic.<>	com>	anti-	Mon, Dec 12, 20	016 07:12 PM
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Closes 1-13-16



## **Time of Transfer Inspection Report**

Current Owner: ROX QNNP J	e hin catrin
	Realtor: JANIA Shall
Mailing Address: 228 7 1910 th Ct. Wil	
	sterset Va 50273
	ison County
Legal Description As Abstract	
	Records available: XY IN
Permit/ installation date: 018-01 Sepa	ration distances (ok/no?):
Septic System Information	
Septic tank(s): Size: 4150 and Material:	Concrete/Poly Condition:
Tank pumped? XY□N Date: Feh 1015	Licensed pumper: Maylis Shatic Service
Septic/Trash/Processing tank: Size: M	aterial: Condition:
Tank pumped?	Licensed pumper:
Aerobic treatment unit (ATU) mfgr	Sjze
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	Outlets used 5 Condition: QAOA
	lines: 5 Pressure dosed?
Secondary Treatment:	
Length of absorption fields: 5 100 laterals	Determined by:
Condition of fields:	Determined by: Hydraulic Test and Probing
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:	
Condition:	A formation and the property of the property o
NPDES General Permit No. 4: Required? □ Y□ N	Permitted? □ Y □ N NOI provided:
, and the second of the second	The second secon
4/2010 cmz/dao	DNR Form 542-0191



## **Time of Transfer Inspection Report**

Other components:
Alarms: $\Box Y \Box N$ Working: $\Box Y \Box N$ Disinfection: $\Box Y \Box N$ Working: $\Box Y \Box N$
Control Box: Timers: Inspection Ports:
Other components.
Overall condition of the private sewage disposal system:
Report system status: FUNCTION WA Projectu
Explain (attach additional pages as needed):
Comments:
Site status at conclusion of Time of Transfer inspection:
<ul> <li>Verify that controls are set on the appropriate mode.</li> <li>Power is on to all components.</li> <li>Revisit all components to verify lids are secure.</li> <li>Gather all tools for removal from the site.</li> <li>Verify that no sewage is on the ground surface.</li> </ul>
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: They Taken Date: 12-24-14
Name (print): Tory Forest
Address: PO Box 219, Indianola, IA 50125
Phone #: 515-360-7847
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:	2287	196th Ct.	Date: 12-21e-1
			Technician <u>Tory Forest</u>
All waste wate Remarks:	r from house dra	ins to septic system. Yes	<u>□ No</u>
<u>The tank</u> Remarks:	k is a Poly □ Cor	ncrete (1256) gallon tan	k. In good condition. Yes□ No
The dist	ribution box is in	good condition. Yes□N	o□ None
The laterals	s are in good con	dition. Yes□No□None	
		This is not a guarante	
This cer	rtifies that the septic  ☐ This certifies the	This is not a guarante system was in good working condition of the septic system a	condition at the time of the inspection.

Tom Johnston Permit: 018-04 2207-196th Cf. Winterset 50273 70' 145' 10° 22' 31' 44