



Document 2017 GW709

Book 2017 Page 709 Type 43 001 Pages 6

Date 3/03/2017 Time 9:01:59AM

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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 James L. Thalacker and Sara A. Thalacker

Address PO Box 541, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Samuel Luke Craven and Linda Maria Craven

Address 1646 Prairieview Court, Van Meter, IA 50261

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) Lots One (1) and Three (3) of the Replat of Guye Woods  
Overlook Subdivision, located in the Southwest Quarter (1/4) of the Northwest Quarter (NW1/4) and the Northwest Quarter (NW1/4)  
of the Southwest Quarter (SW1/4) of Section Three (3) and in the South Half (S1/2) of the Northeast Quarter (NE1/4) of Section Four  
(4), all in Township Seventy-six (76) North, Range Twenty-seven (27) 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:**

1 Well Northeast of house.

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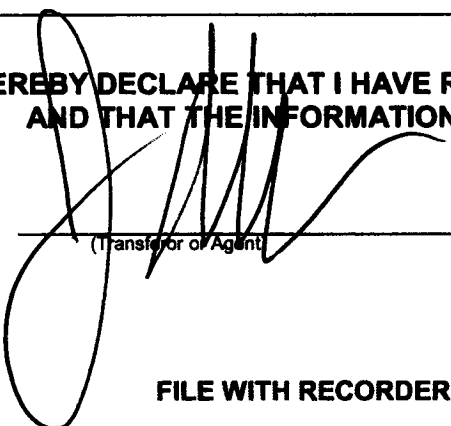
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**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

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



(Transferor or Agent)

Telephone No.: (515) 480-9336

# Time of Transfer Inspection Report

## Property Information

Current Owner: JIM THALACKER  
Buyer: LUKE & LINDA CRAVEN Realtor: SARAH COWMAN  
Mailing Address: 1646 PRAIRIEVIEW CT, VAN METER IA 50261  
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: 09-05 / 11-3-05 Separation distances (ok/no?): OK

## Septic System Information

Septic tank(s): Size: 2000 GAL Material: CONCRETE Condition: OK  
Tank pumped?  Y  N Date: 11-2-16 Licensed pumper: COUNTY SIDE SEPTIC  
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 5 Condition: OK  
Header pipe(s): \_\_\_\_\_ No. of lines: \_\_\_\_\_ Pressure dosed? \_\_\_\_\_

## Secondary Treatment:

Length of absorption fields: (3) 92' 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: NONE

Overall condition of the private sewage disposal system:

Report system status: See Attached page

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

Comments: Laterals are located in tall grassy area 190' from septic tank.

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: 11-3-16

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: 1646 PRAIRIEVIEW CT Date: 11-3-16

Comments: JAN Meter #A Technician BRIAN  
'50261

ALL WASTEWATER FROM HOUSE APPEARS TO  
DRAIN INTO SEPTIC SYSTEM.  
2000 GALLON CONCRETE (2) COMPARTMENT SEPTIC TANK  
WITH RISERS & EFFLUENT FILTER WAS IN  
WORKING CONDITION.

PLASTIC DISTRIBUTION BOX WITH Baffle AND speed  
LEVELERS USED WAS IN WORKING CONDITION.

(3) 90' CHAMBER LATERALS ALL TOOK WATER AND  
PROBED DRY AT THE 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

See  
County  
Records

Permit #097-05 Thalacker Inspection 11/3/05

