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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Jacob & Cheri Goben

Address	<u>1965 Warren Ave.</u>	<u>Prole</u>	<u>IA</u>	<u>50229</u>
	Number and Street or RR	City, Town or PO	State	Zip

TRANSFeree:

Name Daniel & Hilary Harris

Address	<u>1965 Warren Ave.</u>	<u>Prole</u>	<u>IA</u>	<u>50229</u>
	Number and Street or RR	City, Town or PO	State	Zip

Address of Property Transferred:

<u>1965 Warren Ave.</u>	<u>Prole</u>	<u>IA</u>	<u>50229</u>
Number and Street or RR	City, Town or PO	State	Zip

Legal Description of Property: (Attach if necessary)

See attached Schedule "A"

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:

#4 Well is still hooked up to the hydrant in working condition
 5 feet on the SW side
 The home is hooked up to Rural Water

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

Signature: Jacob R. John Telephone No.: 515-422-6521
 (Transferor or Agent)

Schedule "A"
Legal description

Parcel "C", located in the Northeast Quarter (1/4) of the Southeast Quarter (1/4) of Section Twenty-four (24), Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing 10.00 acres, as shown in Plat of Survey filed in Book 2001, Page 4525 on October 8, 2001, in the Office of the Recorder of Madison County, Iowa.



Time of Transfer Inspection Report (DNR Form 542-0191)

Property information

Current Owner Cheri Goben
Buyer Daniel & Hilary Harris Realtor _____
Mailing Address _____

Site Address/County 1965 Warren Ave Prole, IA 50229

No. of Bedrooms 3 Last Occupied? Current Disposal? Y / N Softener? Y / N H₂O Supply? Rural

Records Available Yes. Permit/Installation Date 12-10-10. Installer Gary Wiedman

Septic System Information

Septic Tank(s): Size 1500. Material Concrete. Condition Good
Tank Pumped? Yes. Date 5-25-16. Licensed Pumper Forest Septic
Septic/Trash/Processing Tank: Size _____ Material _____ Condition _____
Tank pumped? _____ Date _____ Licensed Pumper _____

Aerobic treatment unit (ATU) MFGR _____ Size _____
Tank Pumped? _____ Date _____ Licensed Pumper _____
Maintenance Contract? _____ Expiration Date _____ Service Provider _____
Condition _____

Pump Tanks/Vaults: Type Concrete. Size 500. Condition Good

Distribution System: Distribution Box Plastic. Outlets Used 4. Condition Good
Header Pipe(s) 4" sdr 35 pvc. Number of Lines 3
Pressure Dosed? _____

Secondary Treatment

Length of Absorption Fields 4x100ft=400ft. Determined by Drawling and permit.
Condition of Fields Good. Determined by Hydraulic load test
Type of Trench Material _____

Size of Sand Filter _____ Determined by _____
Vent Pipes Above Grade? _____ Discharge Pipe Located? _____
Effluent Sample Taken? _____ Results _____

Media Filters: Type _____
Maintenance Contract? _____ Expiration Date _____ Service Provider _____
Condition _____

NPDES General Permit No. 4: Required? _____ Permitted? _____ NOI submitted _____



Time of Transfer Inspection Worksheet

Other Components

Alarms Yes. Working? Yes Disinfection _____ Working? _____

Control Box _____ Timers _____ Inspection Ports _____

Other Components Septic lift pump, working. Outlet filter, good condition & clean.

Overall condition of the private sewage disposal system

Acceptable? YES Unacceptable? _____

Explain (attach additional pages as needed): It would appear that all house drains, go to septic system. Septic tank is comb 1500/500 Lister Mfg., in good condition. Lift pump and high water alarm is Working. D-Box is plastic and in good condition. Hydraulic load test lateral field by pump out 18" water to the laterals and they took all the water, and probed dry and clean.

Comments: This is not a guarantee, but a condition of report at time of septic 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.

Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.

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: *Rick Rogers* Date: 3/14/17
 Name (print): Rick Rogers Certificate #: 9597
 Address: 401 NE 52nd Ave Des Moines IA 50313
 Phone #: 515-745-8352

