



Document 2017 GW1640

Book 2017 Page 1640 Type 43 001 Pages 7

Date 5/26/2017 Time 12:31:25PM

Rec Amt \$.00

INDX  
ANNO  
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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

CHEK

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

**TRANSFEROR:**

Name Megan T. Hockemeier

Address 2098 N River School Rd Winterset IA 50273  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name Brandon M. Smith

Address 1200 NE Park St Grimes IA 50111  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

2098 N River School Rd Winterset IA 50273  
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary)

**Lot Nineteen (19) of Bennett Farms Subdivision located in the North Half (1/2) of the Northeast Quarter (1/4) and in the Northeast Quarter (1/4) of the Northwest Quarter (1/4) of Section Eleven (11), Township Seventy-six (76) North, Range Twenty-eight (28) 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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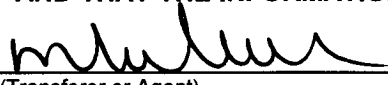


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**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature:  Telephone No.: (515) 468-9188  
 (Transferor or Agent)



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

Property information

Current owner Megan Hackemeier
Buyer \_\_\_\_\_ Realtor Nancy Roush 513-250-2952
Mailing address 2098 North River School Road, Winterset Ia 50273

Site Address/County 2098 North River School Rd Winterset Ia / Madison Co.
Legal Description \_\_\_\_\_

No. of bedrooms 4 Last occupied? 16 Records available yes

Permit/installation date 7-26-11 Separation distances OK no? yes
023-10 R

Septic system information

Septic tank(s): size 1,500 gal. material concrete condition good
Tank pumped? yes date Aug. 19 2015 licensed pumper yes S.T 307
Septic/trash/processing tank: size \_\_\_\_\_ material \_\_\_\_\_ condition \_\_\_\_\_
Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_

Aerobic treatment unit (ATU) mfg \_\_\_\_\_ size \_\_\_\_\_
Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_
Maintenance contract? \_\_\_\_\_ expiration date \_\_\_\_\_ service provider \_\_\_\_\_
Condition \_\_\_\_\_

Pump tanks/vaults: type \_\_\_\_\_ size \_\_\_\_\_ condition \_\_\_\_\_

Distribution system: distribution box yes outlets used yes condition good
Header pipe(s) 1 # of lines 8 Pressure dosed? no

Secondary treatment:
length of absorption fields \_\_\_\_\_ determined by \_\_\_\_\_
condition of fields \_\_\_\_\_ determined by \_\_\_\_\_
type of trench material \_\_\_\_\_

Size of sand filter 23 x 44 feet determined by \_\_\_\_\_
Vent pipes above grade? yes Two vents discharge pipe located? yes
Effluent sample taken? yes Results \_\_\_\_\_

Media filters: type \_\_\_\_\_
Maintenance contract? \_\_\_\_\_ expiration date \_\_\_\_\_ service provider \_\_\_\_\_
Condition \_\_\_\_\_

NPDES General Permit No. 4: required? \_\_\_\_\_ permitted? \_\_\_\_\_ NOI provided \_\_\_\_\_



Time of Transfer Inspection Worksheet

Other Components

Alarms no Working? \_\_\_\_\_ Disinfection no Working? \_\_\_\_\_

Control Box no Timers no Inspection Ports \_\_\_\_\_

Other Components effluent filter; clean at least  
once a year!

Overall condition of the private sewage disposal system

Acceptable? \_\_\_\_\_ Unacceptable? \_\_\_\_\_

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

Comments: Recommended to have septic tank pumped and  
cleaned every 3 to 5 years.

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: [Signature] Date: 5.12.17  
 Name (print): Janice Smith Certificate #: 8992  
 Address: 502 West Main Street St. Charles Ia 50240  
 Phone #: 641-396-2440

**ANYTIME SEPTIC SERVICES II  
VANCE SMITH  
ST. CHARLES, IA 50240  
641-396-2440**

**REAL ESTATE SEPTIC INSPECTION**

On May 2, 2017 Anytime Septic Services II did Time of Transfer Real Estate Inspection on septic tank, distribution box, and sand field bed at 2098 N. River School Rd., Winterset, IA 50273. Megan Hockemeier residence.

Septic tank is a 1,500 gallon two compartment concrete Lister tank that I pumped and cleaned with water on August 19, 2015. Time of Transfer regulations states if septic tank has been pumped and clean within three years it's not required unless necessary which wasn't, 1 inch scum layer on inlet side and clean water on outlet side. Inlet side of tank has a 32 x 26 inch plastic Poly Lok riser and 26 inch plastic Poly Lok screw down lid at ground level above 4 inch schedule 40 piped tee baffle with drop. Outlet side has a 18 x 26 inch plastic Poly Lok riser and 26 inch plastic Poly Lok screwed down lid at ground level above squared shaped manufactured baffle with a squared blue colored effluent filter that needs to be cleaned at least once a year, Very Important to do, by lifting filter straight upward and hosing off and reinserting into baffle which I did.

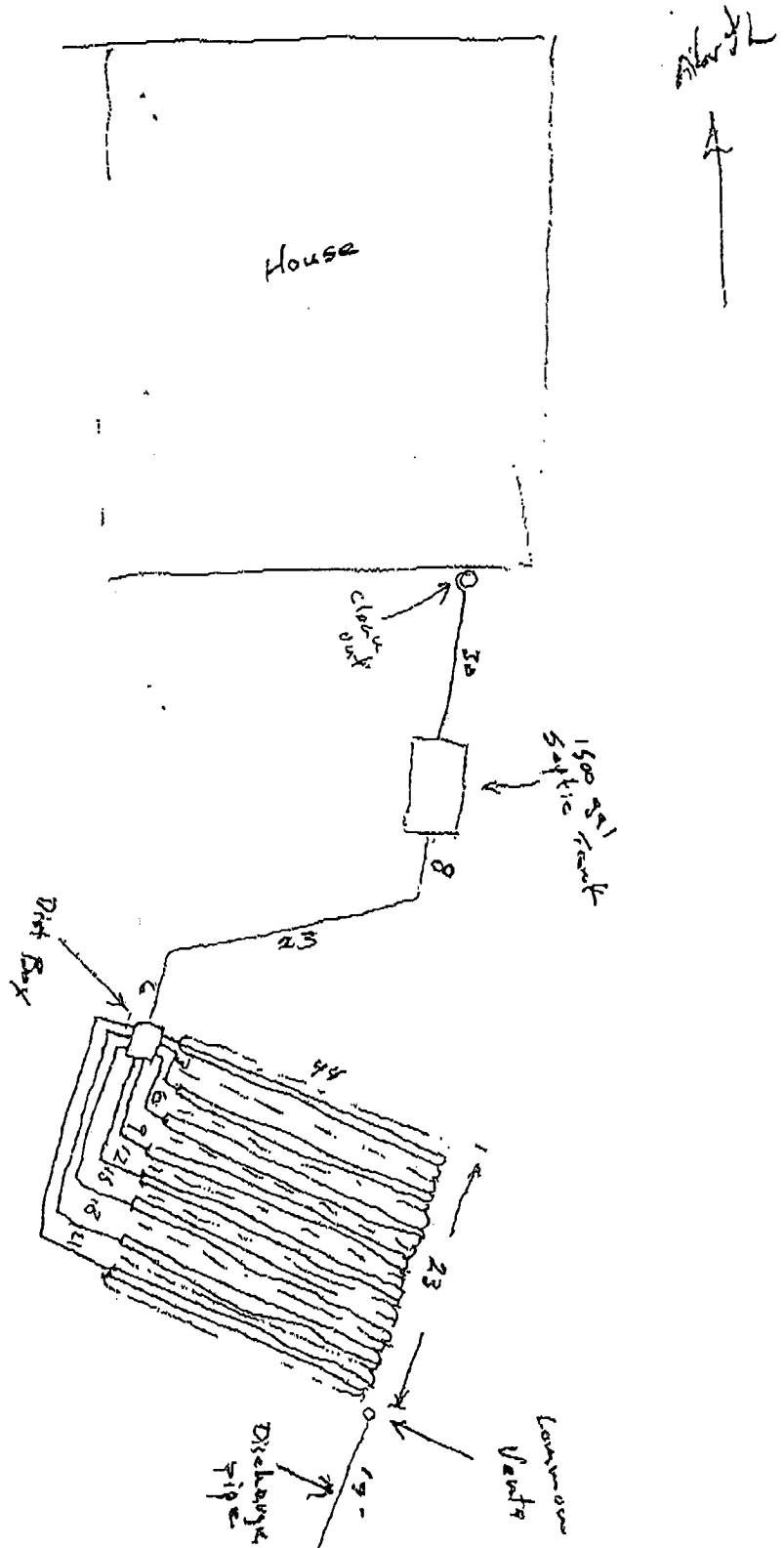
Distribution box is a plastic Tuff Tite box and is 10 inches below ground surface with concrete surrounding for support. Inside distribution box is a 4 inch schedule 40 piped tee baffle and 8 schedule 40 piped lines leaving box through 8 speed levelers equally distributing effluences to sand filter bed.

Sand filter bed measures 44 x 23 feet with two vents and is 21 inches below ground surface with no evidence of ponding or surfacing of septic above sand filter bed and no popping sound from probing. Discharge pipe extends 4 inches from hill side and 6 inches above ground.

5 day B.O.D and T.S.S sampling was taken by home owner Megan Heckemeier she'll send the results from the State Hygienic Lab as soon as she receives the results to Madison County Health and Zoning.

**NOT RESPONSIBLE FOR ANY FAILED SEPTIC SYSTEMS.**

Permit # 023-10R  
Inspection 7/26/11  
N. River School Rd





# State Hygienic Laboratory

*The University of Iowa*

MEGAN HOCKEMEIER  
2098 N RIVER SCHOOL RD  
WINTERSET, IA 50273

|                              |                    |
|------------------------------|--------------------|
| <i>Accession Number</i>      | 508154             |
| <i>Date Sample Finalized</i> | 2017-05-10 13:43   |
| <i>Date Received</i>         | 2017-05-02 12:37   |
| <i>Sample Source</i>         | Non-Drinking Water |
| <i>Project</i>               |                    |
| <i>Date Collected</i>        | 2017-05-02 10:45   |
| <i>Collection Site</i>       | septic             |
| <i>Collection Address</i>    |                    |
|                              | WINTERSET,         |
| <i>Sample Description</i>    |                    |
| <i>Client Reference</i>      |                    |
| <i>Collector</i>             | hockemeier megan   |
| <i>Phone</i>                 | 515/443-1164       |

*Note:* Upon arrival, sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

### Results of Analyses

#### *BOD, Carbonaceous 5 Day, SM 5210 B*

|                      |                  |                      |                  |
|----------------------|------------------|----------------------|------------------|
| <i>Units</i>         | mg/L             | <i>Analyzed In</i>   | Ankeny           |
| <i>Date Analyzed</i> | 2017-05-03 08:20 | <i>Date Verified</i> | 2017-05-10 13:43 |
| <i>Analyst</i>       | AMJ, SLL         | <i>Verifier</i>      | JAE              |

| Analyte     | Result | Quant Limit |
|-------------|--------|-------------|
| CBOD, 5 Day | <2     | 2           |

#### *Total Suspended Solids, USGS I-3765-85*

|                      |                  |                      |                  |
|----------------------|------------------|----------------------|------------------|
| <i>Units</i>         | mg/L             | <i>Analyzed In</i>   | Ankeny           |
| <i>Date Analyzed</i> | 2017-05-04 13:30 | <i>Date Verified</i> | 2017-05-08 07:23 |
| <i>Analyst</i>       | SLL, AMJ         | <i>Verifier</i>      | RWR              |

| Analyte                | Result | Quant Limit |
|------------------------|--------|-------------|
| Total Suspended Solids | <1     | 1           |

Description of Units used within this report  
mg/L = Milligrams per Liter

The result(s) of this report relate only to the items analyzed. This report shall not be reproduced except in full without the written approval of the laboratory.

Iowa Environmental Laboratory IDs are: Ankeny #397, Iowa City/Coralville #027, Lakeside #393.

If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500. Thank you.