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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

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

TRANSFEROR: Alfred R. Lenz, Sr. Name Address 812 North 8th Avenue, Winterset, IA 50273 Number and Street or RR City. Town or P.O. State Zip **TRANSFEREE:** Ryan Meyer and Molly Meyer Name Address 3022 SW 25th Court, Ankeny, IA 50023 Number and Street or RR City, Town or P.O. State Zip Address of Property Transferred: 2411 Millstream Avenue, Winterset, IA 50273 City. Town or P.O. State Number and Street or RR Zip. Legal Description of Property: (Attach if necessary) Lot Three (3) of Hilltop Pines Subdivision located in the Southeast Quarter (SE 1/4) of the Southeast Quarter (SE 1/4) of Section Seven (7) and in the North Half (N 1/2) of the Northeast Quarter (NE 1/4) of Section Eighteen (18), Township Seventy-five (75) 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) X 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) X 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) X 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)						
	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						
	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 modi							
	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							
	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						
	permit number						
Inf	formation required by statements checked above should be provided here or on separate						
	eets attached hereto:						
	Dell tocated 59 SW of house !!!!						
	House						
	well						
I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM							
AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.							
	11/10/11/19						
Sig	gnature:						
•	(Transferor or Agent)						



## **Time of Transfer Inspection Report**

Property information								
Current Owner:								
Buyer: Realtor: Finiter Storer								
Mailing Address:								
Site Address/County: 2411 Mill Stream Avenue Winterset IA 50273								
Legal Description								
No. of bedrooms: 3 Last occupied: November 2016 Records available: Yes								
Permit/ installation date: 4-20-07 Separation distances (ok/no?):								
Septic System Information								
Septic tank(s): Size: 1500 each Material: Concrete Condition:								
Tank pumped? \( \text{Y} \subseteq N \) Date: \( 5 - 10 - 17 \) Licensed pumper: \( 54 - 23 \) \( 7 \)								
Septic/Trash/Processing tank: Size: Material: Condition:								
Tank pumped?  Y N Date: Licensed pumper:								
Aerobic treatment unit (ATU) mfgr								
Tank pumped?  Y N Date: Licensed pumper:								
Maintenance contract?								
Condition:								
Pump tanks/vaults: Type: Size: Condition:								
Distribution system: Distribution box $\gamma_{OS}$ $Plas$ $fic$ Outlets used Condition:								
Header pipe(s):  No. of lines:  Pressure dosed?								
Secondary Treatment:								
Length of absorption fields: 48 94 Determined by: Pobe made								
Condition of fields: Quantity Determined by: Prote hur audic 1554								
Type of trench material: (humbers								
Size of sand filter: Determined by:								
Vent pipes above grade?	Discharge pipe located?							
Effluent sample taken Results:	Results:							
Media Filters: Type:								
Maintenance contract?  YN Expiration date: Service provider:								
Condition:								
NPDES General Permit No. 4: Required?  YN Permitted? YN NOI provided:								



Des Moines IA 50319

## Time of Transfer Inspection Report

Other components:									
Alarms: 🗌 Y 🔀 N	Working: ☐ Y ☐ N	Disinfection:	$\square$ Y $\boxtimes$ N	Working:	$\square$ Y $\square$ N				
Control Box:	Timers:	Inspection Ports:							
Other components:									
Overall condition of the private sewage disposal system: $600$									
Report system status: System looked good and was worken properly on down of inspect of									
Explain (attach additional pages as needed): Secondary, freetment was dry  and all components looked send on day of inspection.									
and all components looked sound on day of inspection.									
Comments: System was working properly when inspected.									
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 1	Inspector: Le Be	dell	Date Certificate	e: 5-10	>-17				
Name (print): Joe	e Beduell		Certificate	#: 109	741				
Address: 1600 West Euclid Avenup #2 Indianole IH. 8125									
Phone #: 515-681-5885									
Provide a copy of this	report, the narrative report t, the county sanitarian/env			/agent or th	e person				
Iowa DNR Private Sewage Dispos 502 E 9th St	al Program								

