



Document 2017 GW1706

Book 2017 Page 1706 Type 43 001 Pages 7

Date 6/02/2017 Time 10:20:54AM

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INDX
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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 James A. Hannaford, Jr. and Shelly Hannaford

Address 1705 U.S. Highway 169, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Frederick R. and Joanne Nordengren

Address 2420 Park Drive, West Des Moines, IA 50265

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

1705 U.S. Highway 169, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) See 1 in Addendum

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.

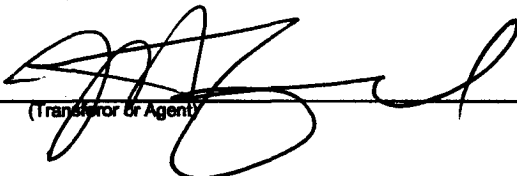
6. Private Sewage Disposal System (check one)

- 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:

SOUTHWEST CORNER OF THE PROPERTY

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) 705-8057

(Transferor or Agent)

Addendum

1. Parcel "B", located in the Southeast Quarter (SE 1/4) of the Southeast Quarter (SE 1/4) of Section One (1) and the Northeast Quarter (NE 1/4) of the Northeast Quarter (NE 1/4) of Section Twelve (12), all in Township Seventy-six (76) North, Range Twenty-eight (28) West of the 5th P.M., and the Southwest Quarter (SW 1/4) of the Southwest Quarter (SW 1/4) of Section Six (6), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., all in Madison County, Iowa, as shown in Plat of Survey filed in Book 3, Page 469 on June 24, 1999, in the Office of the Recorder of Madison County, Iowa.



Time of Transfer Inspection Report

Property Information

Current Owner: Jim & Shelly HANNAFORD
 Buyer: FRITZ & JOANNE NORDENGREN Realtor: JESS VANDEWATER
 Mailing Address: 1705 Hwy 169 Winterset IA 50273
 Site Address/County: SAME AS ABOVE / MADISON Co.
 Legal Description: AS ABSTRACT
 No. of bedrooms: 3 Last occupied: present Records available: yes
 Permit/Installation date: 1810/1999 Separation distances (ok/no?): ok

Septic System Information

Septic tank(s): Size: 1000/1250 Material: Concrete Condition: ok
 Tank pumped? Y N Date: 4-24-17 Licensed pumper: Countryside 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 4 Condition: ok
 Header pipe(s): _____ No. of lines: _____ Pressure dosed? _____

Secondary Treatment:

Length of absorption fields: (4) 90' Determined by: Country 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 PAGES

Explain (attach additional pages as needed): _____

Comments: _____

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: 4-24-17

Name (print): Brian Rinard Certificate #: 8805

Address: P. O. 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 9th St
Des Moines IA 50319

DNR Time of Transfer Report System Status

Address: 1705 Hwy 169

Date: 4-24-17

Winterset IA 50273

Comments:

Technician

BRIAN

ALL WASTEWATER FROM HOUSE APPEARS TO DRAIN INTO SEPTIC SYSTEM

1000/1250 GALLON CONCRETE (2) COMPARTMENT SEPTIC TANK WITH Baffles WAS IN WORKING CONDITION

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

(4) 90' CHAMBER LATERALS WHICH ARE LOCATED 215' FROM SEPTIC TANK IN PASTURE AREA ALL TOOK WATER FOR 10-15 MINUTES 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



#1810

Payne's

