

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

**TRANSFEROR:**

Name Laborer's International Union of North America Local Union No. 177

Address 2121 Delaware Ave Des Moines IA 50317  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name I-35 Community School District

Address PO Box 79 Truro IA 50257  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

2959 Valleyview Ave Truro IA 50257  
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary)

**SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF**

**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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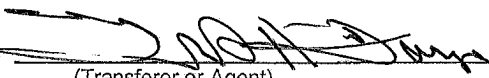


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**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature:  Telephone No.: (515) 265-6131  
 (Transferor or Agent)

## EXHIBIT "A"

Parcel "A" located in the Southeast Quarter ( $\frac{1}{4}$ ) of the Northeast Quarter ( $\frac{1}{4}$ ) of Section Nine (9), Township Seventy-four (74) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing 6.2148 acres, as shown in Plat of Survey filed in Book 2003, Page 5103 on August 27, 2003, in the Office of the Recorder of Madison County, Iowa.



# Time of Transfer Inspection Report

542-0191

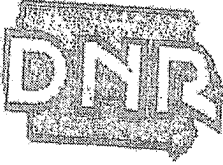
### Property Information

Current Owner: LIUNA LOCAL 177  
 Buyer: T-35 School Dist. Realtor: TANNER Loyd  
 Mailing Address: 2121 Delaware Ave, Des Moines IA 50317  
 Site Address/County: 2959 Valley View Ave / Madison Co  
 Legal Description: AS ABSTRACT  
 No. of bedrooms: See Notes Last occupied: 1-2 Year Ago Records available: YES  
 Permit/ installation date: 1849 / 9-24-99 Separation distances (ok/no?): ok

### Septic System Information

Septic tank(s): Size: 2,000 gal Material: Concrete Condition: ok  
 Tank pumped?  Y  N Date: 7-6-17 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 4 Condition: ok  
 Header pipe(s): \_\_\_\_\_ No. of lines: \_\_\_\_\_ Pressure dosed? \_\_\_\_\_  
 Secondary Treatment: \_\_\_\_\_  
 Length of absorption fields: \_\_\_\_\_ Determined by: \_\_\_\_\_  
 Condition of fields: ok - Dry Determined by: Hydraulic Test p Visual  
 Type of trench material: \_\_\_\_\_  
 Size of sand filter: 11'6" x 25'0" Determined by: County Records  
 Vent pipes above grade?  Y  N Discharge pipe located?  Y  N  
 Effluent sample taken No see notes Results: N/A  
 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: Building HAS BEEN ON/OFF NOT USED FOR THE LAST COUPLE YEARS WHICH MAY HAVE AN EFFECT ON RESULTS OF 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 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: 7-6-17

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 9<sup>th</sup> St  
Des Moines IA 50319

DNR Time of Transfer Report System Status

Address: 2959 Valley View Ave  
Tulco, TX

Date: 7-6-17

Comments:

Technician: Brian

All wastewater from building appears to drain into septic system. See notes below about Room #1 and Room #2.

(1) 2000 gallons concrete (2) compartment septic tanks with risers over outlet side of tank with effluent filter in each tank. 2nd tank outlet lid is missing at the time of inspection. Both tanks were in good condition.

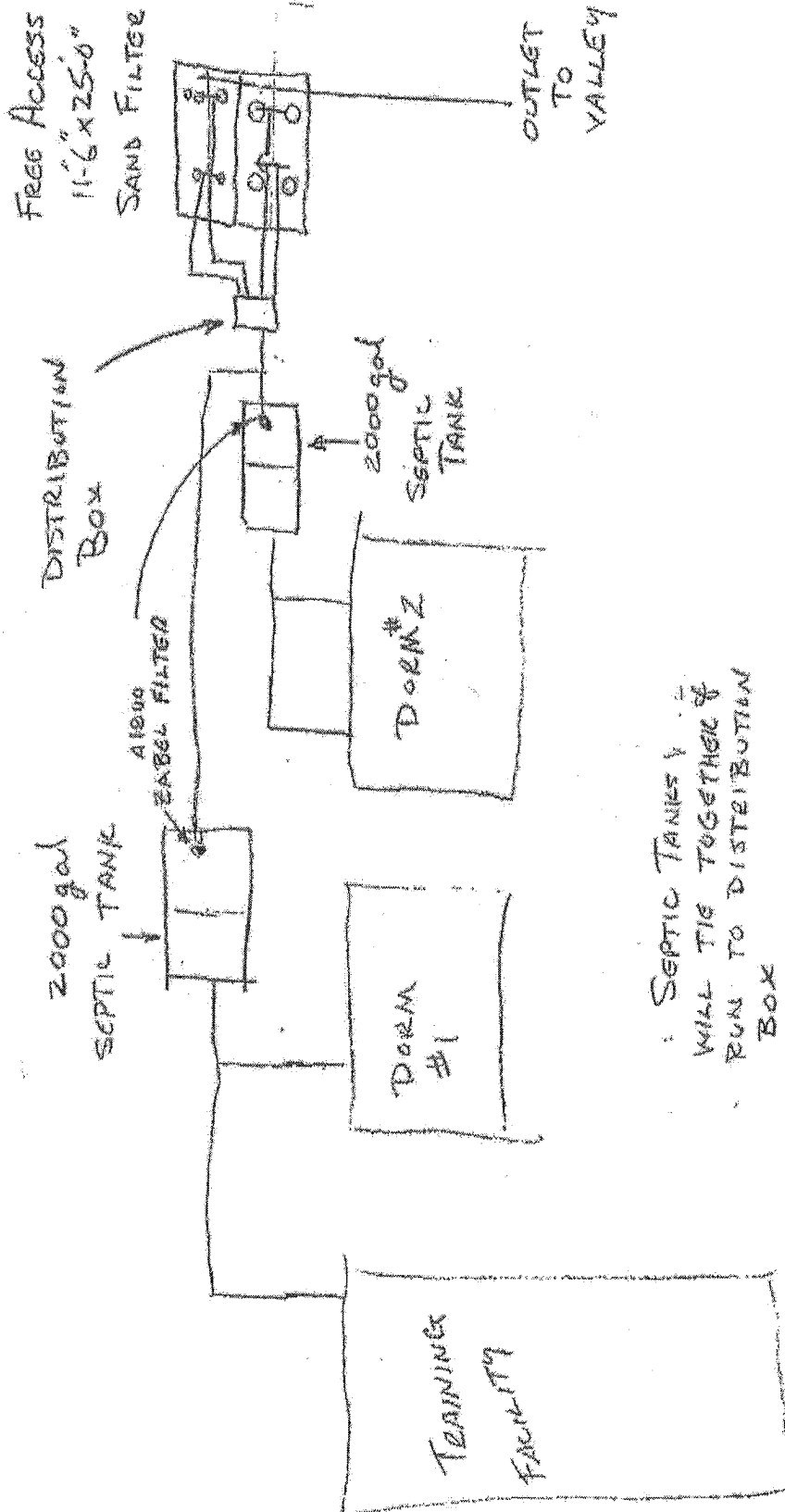
Plastic distribution box with inlet baffle and spread levelers used was in working condition. Lines leaving distribution go into free access sand filter bed and they also have spread levelers used on ends of pipe in filter bed to equal distribution. Free access filter bed was dry after running water for 1/2 hr. which after that no discharge of effluent came out of discharge pipe at time of inspection.

This is not a guarantee. This certifies the condition of the septic system at the time of the inspection.

DIAGRAM OF SYSTEM

↓  
See County Records.

NOTE: This address of inspection has no bedrooms. It has (2) bathrooms and (1) kitchen sink used for the septic system at the time of the inspection. Room #1 and Room #2 are no longer in use.



SEPTIC TANKS WILL TIE TOGETHER & RUN TO DISTRIBUTION BOX

ALL PIPE SCHEDULE 40

DBS  
2 Nov 99

# NO DISCHARGE SAMPLE FORM

I hereby certify that I attempted to obtain an effluent sample from the onsite wastewater discharge point at:

NAME: LIVNA LOCAL 177

ADDRESS: 2959 Valley View Ave  
TRURO, IA

I attempted to obtain a sample of the above onsite wastewater system, but found no evidence of an effluent discharging. I inspected the system for any signs of surface discharge, erosion, soil staining, etc. There did not appear to be any evidence of flow in the last six months. I will continue to monitor the system in accordance with Iowa Administrative Code 567-Chapter 69.2(455B) and Iowa Administrative Code 567- Chapter 64, General Permit # 4 Rules and the County specified sampling dates.

Upon inspection of the system, the discharge pipe is:

- clean and cleared of debris  
 covered or I was unable to locate the discharge  
 other No Discharge to Sample.

DATE AND TIME OF INSPECTION: 7-6-17

*Building has been vacant  
1/2 years.*

SAMPLER NAME: BRIAN

MAINTENANCE CONTRACTOR (Company Name, if used)

Countryside Septic