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INDX ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

Name Beth A. Schwertfeger Address 1023 3rd Avenue N., Winterset, IA 50273							
	ANSFEREE: me Dianne Susan Hessenius and Scott	Del Hessenius					
٨٨	drage 2403 Cumming Road, Winterset,	IA 50273					
Adi	dress 2403 Cumming Road, Winterset,	City, Town or P.O.	State	Zip			
	dress of Property Transferred: 08 204th Court, Winterset, IA 50273	City Town or B O	State	- Tin			
	Number and Street or RR	City, Town, or P.O.	State	Zip			
Lo	gal Description of Property: (Attach if n t One (1) of Woodland Hills Plat No. 1 Wells (check one)						
••	There are no known wells situated	on this property					
	There is a well or wells situated or		tion(s) and legal sta	atus are			
	stated below or set forth on an att			atuo uro			
2.	Solid Waste Disposal (check one)						
	There is no known solid waste dis	posal site on this property.					
	☐ There is a solid waste disposal site		n related thereto is	provided			
	Attachment #1, attached to this do	ocument.					
3.	Hazardous Wastes (check one)						
	There is no known hazardous was						
	There is hazardous waste on this	•	thereto is provided	ın			
4	Attachment #1, attached to this do Underground Storage Tanks (check						
₹.	There are no known underground		Note exclusions su	ch as			
	small farm and residential motor finstructions.)						
	☐ There is an underground storage t substance(s) contained are listed						

5. Private Burial Site (check one)		
	W	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.	Pri	<i>y</i> ate 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.
	V	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.
	П	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.
	Ш	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
	ш	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
Inf	orm	ation required by statements checked above should be provided here or on separate
sh	eets	attached hereto:
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS
		FORM
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
		N. II alo al
Sig	nati	ure: Beth atchwertfeger Telephone No.: (515) 468-0285
		(realisted of rigory)

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a.	Solid Waste Disposal (check one)					
	There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.					
	 There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary. Hazardous Wastes (check one) 					
h						
υ.,	 There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules. There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined. 					
Fur	ther descriptive information:					
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM					
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.					
Sig	nature: Beth a schwertfege Telephone No.: (515) 468-0285					
	Transletor or Adenti					



Ruger

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

Property information
Current owner Both Sohwertleson
Buyer Realton Report
Mailing address (amy fucht)
5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
30 Hammer 2 2 0 0 - 20 7 57. (he 1/1/1/2018 1/30 , 3 0 2/)
Legal Description Musican
No of hedrooms H I got commissed? Valle a a a December 1111 //
No. of bedrooms 4 Last occupied? 2 1/2 Ma. ago Records available 401
Permit# 038-04 finetallation date 6/17/04 Separation distances old no? 5K
departed distances (E/ IIO! ///
Sertic system information
Septic tank(s): size 2000 gal, material Concrete condition good
Tank pumped? 405 date 6/15/17 licensed pumper Mayor Santie
Septic/trash/processing tank: size / material / condition/
Tank pumped? date licensed pumper
Acrobic treatment unit (ATU) mfgr size
Tank pumped? / date // licensed pumper
Maintenance contract? expiration date service provider
Condition /
Pump tanks/vaults: type to 0. Gop size 500 gof condition good
· · · · · · · · · · · · · · · · · · ·
Distribution system: distribution box Plastic outlets used 4 condition ford
Header pipe(s)# of lines Pressure dosed?
Secondary treatment:
length of absorption fields $4at/od$ determined by want Plobling
type of trench material 36 * Charles
type of trench material 36 Charles
Size of sand filter determined by
Vent pipes above grade? discharge pipe located?
Rffluent sample taken? Results
Media filters: type
Maintenance contract? expiration date service provider
Condition
NPDES General Permit No. 4: required? permitted? NOI provided



Des Moines, IA 50319

6-2009

Time of Transfer Inspection Report

Other components: Alarms Working? disinfection working?					
Control box inspection ports					
Other components					
Overall condition of the private sewage disposal system					
Report system status The Septic system at 2208-2044ct.					
Explain (attach additional pages as needed): White st 1650273-					
5					
Comments: The senter took agent fungered on (0/15/17 tank in a count intake fourtland befles are in place there are no charles the tank at correct level before pumping					
The prime to lateral bolovas sun water to same + from tolatilal					
worked good.					
, Private I					
The lateral loop was in moved + osened - allaterals took water					
water was assed like brown use - W/ hose of from pump					
all gray water goest to system					
Site status at appellusion of Time of Transfer 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: Www. Mayer Date: 6/15/20-17					
Name (print): Certificate #: 8979					
Address: SEPTIC TANK PUMPING					
Phone # 515-462-2624 1509 St. Hwy. 92					
Winterset, IA 50273-9699 Provide a copy of this report, the parrative report and sketch to the seller/agent, buyer/agent, the					
county sanitarian/environmental health effice, county Preserving in the econty the inspection was					
conducted and to;					
waterware make 60%					
Iowa DNR Onsite Wastewater Program					
502 E. 9 th St.					

542-0191

Schwertfeger (e/17/04 2208-204 Act. Winterset, do Perm # 038-04 Chine Der 40° 1001 2000 gal tank 45° Chamber 5'

Used perc test from Vance & Hochstettler dated 6-24-04 500' 5 @ 100. Used 36" Chamber and reduced 25%

JOHN MAYER SEPTIC TANK PUMPING 1509 ST. HWY. 92 WINTERSET, IA 50273-8411 Joury Schwartfeser
Permit # 038-04

1 Source to the same

JOHN MAYER SEPTIC TANK PLASOZTS-0-1