



Document 2017 GW2563

Book 2017 Page 2563 Type 43 001 Pages 7

Date 8/16/2017 Time 11:03:37AM

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 Kenneth W. Felton and Sheryl L. Felton

Address 1856 Nature Court, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Daniel Baer and Jacqueline Baer

Address 1856 Nature Court, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

1856 Nature Court, 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:

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

Signature: _____


(Transferor or Agent)

Telephone No.: (515) 778-2912

Addendum

1. **Lot Six (6) of Copper Fox Estates Subdivision located in the East Half (E 1/2) of the Southeast Quarter (SE 1/4) of the Southeast Quarter (SE 1/4) of Section Seventeen (17), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, AND Parcel "B", a part of Lot Four (4) of said Copper Fox Estates Subdivision, containing 0.548 acres, as shown in Plat of Survey filed in Book 2007, Page 1611 on April 19, 2007, in the Office of the Recorder of Madison County, Iowa.**



Time of Transfer Inspection Report

Property Information

Current Owner: KEN FELTON
Buyer: NONE AT THIS TIME Realtor: SARAH COWMAN
Mailing Address: 1856 NATURE CT WINTERIST IA 50273
Site Address/County: SAME AS ABOVE / MADISON CO
Legal Description AS ABSTRACT
No. of bedrooms: 4 Last occupied: present Records available: YES
Permit/ installation date: 025-05 / 6-20-05 Separation distances (ok/no?): OK

Septic System Information

Septic tank(s): Size: 1500 gal Material: concrete Condition: OK
Tank pumped? ☒ Y ☐ N Date: 4-11-17 Licensed pumpers: COUNTRY SIDE SEPTIC
Septic/Trash/Processing tank: Size: _____ Material: _____ Condition: _____
Tank pumped? ☐ Y ☐ N Date: _____ Licensed pumpers: _____
Aerobic treatment unit (ATU) mfg: _____ Size: _____
Tank pumped? ☐ Y ☐ N Date: _____ Licensed pumpers: _____
Maintenance contract? ☐ Y ☐ N Expiration date: _____ Service provider: _____
Condition: _____
Pump tanks/vaults: Type: _____ Size: _____ Condition: _____
Distribution system: Distribution box YES Outlets used 5 Condition: OK
Header pipe(s): _____ No. of lines: _____ Pressure dosed? _____

Secondary Treatment:

Length of absorption fields: (5) 76' Determined by: COUNTY RECORDS
Condition of fields: SEE NOTES 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: 4-11-17

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: 1856 NATURE CT Date: 4-11-17
WINTERSSET, IA 50273

Comments:

Technician

BRIAN

ALL WASTEWATER FROM HOUSE APPEARS TO DRAIN
INTO SEPTIC SYSTEM.

1500 GAL CONCRETE (3) COMPARTMENT SEPTIC TANK
WITH RISERS AND EFFLUENT FILTER WAS IN WORKING
CONDITION

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

(5) 76' CHAMBER LATERALS ALL TOOK WATER AND
THE BOTTOM LATERAL DID PROBE DAMP AT TIME
OF THE INSPECTION, ADJUSTED DISTRIBUTION BOX
NO SIGNS OF SURFACING AT INSPECTION TIME.

THIS IS NOT A GUARANTEE

THIS CERTIFIES THE CONDITION OF THE
SEPTIC SYSTEM AT THE TIME OF INSPECTION

DIAGRAM OF SYSTEM

See

County

Records.

Permit # 025-05 Jordan Inspection 6/20/05
1856 Altura CT

