



Document 2017 GW3174

Book 2017 Page 3174 Type 43 001 Pages 6

Date 10/06/2017 Time 3:08:48PM

Rec Amt \$.00

INDX  
ANNO  
SCAN

LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

CHEK

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

**TRANSFEROR:**

Name Barbara J. Forbes

Address 3391 Nature Lane, Murray, IA 50174

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Ernest Beechy

Address 3340 U.S. Highway 169, Lorimor, IA 50149

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

3391 nature Lane, Murray, IA 50174

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:**

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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: Barbara Forbes Telephone No.: 515-468-1758  
(Transferor or Agent)

## Addendum

1. Parcel "A" located in the Southeast Quarter (SE 1/4) of the Southeast Quarter (SE 1/4) of Section Thirty-one (31), Township Seventy-four (74) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, containing 19.48 acres, as shown in Plat of Survey filed in Book 2002, Page 2002, on April 26, 2002, in the Office of the Recorder of Madison County, Iowa.



Bank

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

Property information

Current owner Barbara Forbes  
Buyer \_\_\_\_\_ Realtor private sale  
Mailing address \_\_\_\_\_

Site Address/County 3391 Nature Lane Murray, Ia. 50174  
Legal Description Madison Co.

No. of bedrooms 2 Last occupied? is now Records available yes

Permit 4075-02 installation date 10/5/03 Separation distances ok/no? OK

Septic system information

Septic tank(s): size 6.504 1000 gal material Concrete condition good  
Tank pumped? yes date 7/19/17 licensed pumper mayor septic  
Septic/trash/processing tank: size \_\_\_\_\_ material \_\_\_\_\_ condition \_\_\_\_\_  
Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_

Acrobic treatment unit (ATU) infr. \_\_\_\_\_ size \_\_\_\_\_  
Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_  
Maintenance contract? \_\_\_\_\_ expiration date \_\_\_\_\_ service provider \_\_\_\_\_  
Condition \_\_\_\_\_

Pump tanks/vaults: type \_\_\_\_\_ size \_\_\_\_\_ condition \_\_\_\_\_  
Distribution system: distribution box Plastic outlets used 5 condition good  
Header pipe(s) 4 # of lines 5 Pressure dosed? \_\_\_\_\_

Secondary treatment:  
length of absorption fields 5 at 100 ft. determined by soapy probing  
condition of fields good & dry determined by walking & probing  
type of trench material Chamber

Size of sand filter \_\_\_\_\_ determined by \_\_\_\_\_  
Vent pipes above grade? \_\_\_\_\_ discharge pipe located? \_\_\_\_\_  
Effluent sample taken? \_\_\_\_\_ Results \_\_\_\_\_

Media filters: type \_\_\_\_\_  
Maintenance contract? \_\_\_\_\_ expiration date \_\_\_\_\_ service provider \_\_\_\_\_  
Condition \_\_\_\_\_

NPDES General Permit No. 4: required? \_\_\_\_\_ permitted? \_\_\_\_\_ NOI provided \_\_\_\_\_



### Time of Transfer Inspection Report

Other components:

Alarms \_\_\_\_\_ Working? \_\_\_\_\_ disinfection \_\_\_\_\_ working? \_\_\_\_\_

Control box \_\_\_\_\_ Timers \_\_\_\_\_ inspection ports \_\_\_\_\_

Other components \_\_\_\_\_

Overall condition of the private sewage disposal system

Report system status The septic system at 3391 - Nature Lane

Explain (attach additional pages as needed): Murray, Ia 50174  
As in good operating cond.

Comments: The septic tanks were opened & pumped on 7/19/17  
are in good cond. & no cracks in tanks & water level at  
correct level before pumping. Tanks had 2 compartment  
intake & outlet baffles in place -  
all gray water goes to system.

Septic tank was opened & is in good cond. also all laterals  
took water on 7/19/17  
lateral field is clean dry on 7/19/17

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. None on 7/19/17

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: \_\_\_\_\_  
Name (print): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # 515-462-2624

*John W. Mayer*

**JOHN MAYER**

**SEPTIC TANK PUMPING**

1509 St. Hwy. 92

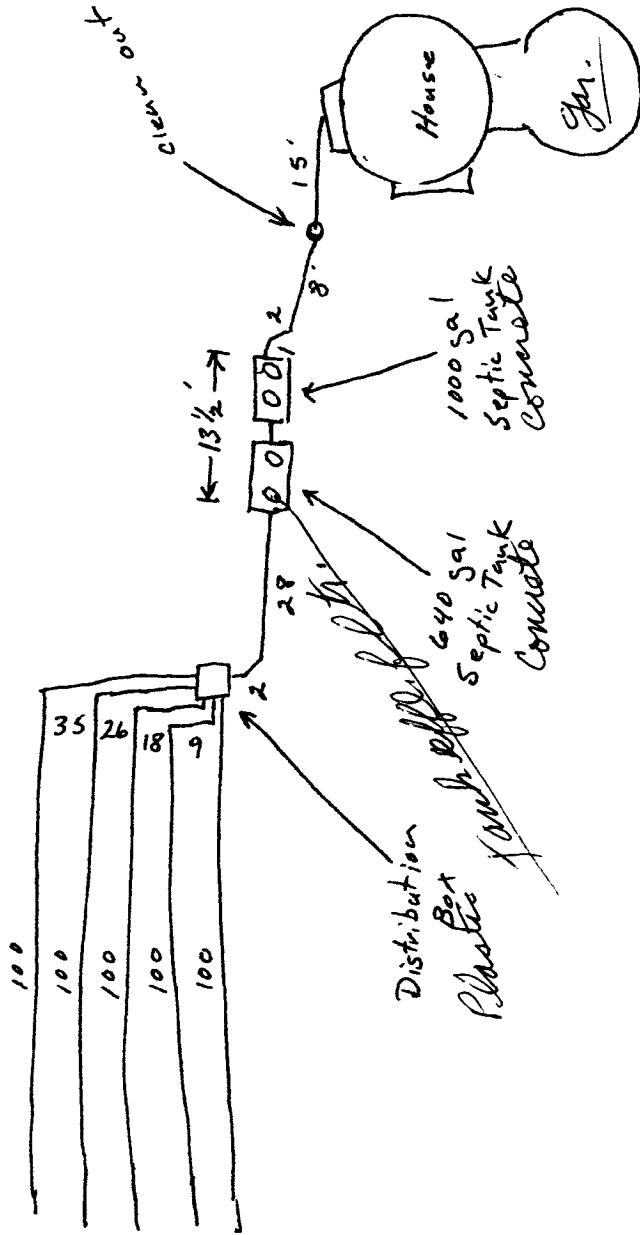
Winterset, IA 50273-8400

Date: 7/19/2017  
Certificate #: 8979

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office, county Recorder in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program  
502 E. 9<sup>th</sup> St.  
Des Moines, IA 50319

Permit # 075-02 Larry Forbes Inspection 6/5/03  
3391 Nature Lane



North