



Document 2017 GW3741

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Date 11/29/2017 Time 3:04:23PM  
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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name Dustin L. Cozad and Amanda E. Cozad

Address 3183 155th Street, Cumming, IA 50061

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Michael G. Heuton and Janine R. Heuton

Address 4138 E. Garden Avenue, Des Moines, IA 50317

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

3183 155th Street, Cumming, IA 50061

Number and Street or RR

City, Town, or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) \_\_\_\_\_

**SEE ATTACHED: EXHIBIT "A"**

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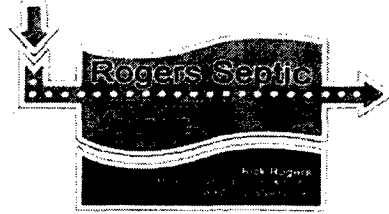
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**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature: \_\_\_\_\_

(Transferor or Agent)

Telephone No.: (575) 446-0868



Address: 3183 155<sup>th</sup> St Cumming IA 50061 MADISON CO  
CLOSING 11-30-2017

**Seller: Dustin Cozad**  
**Email: cozad4@yahoo.com**  
**Phone: 515-446-0868**

**Real Estate Agent: Marva McCarty**  
**Email: marva@marvamccarty.com**  
**Phone: 515-491-0107**

**Buyer: Michael & Janine Heuton**  
**Email: janineheuton1216@gmail.com**  
**Phone: N/A**

**Buyers Real Estate Agent: Joe Kirk**  
**Email: joekirk@dsmhomes.com**  
**Phone: 515-321-2060**



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

Property information

Current Owner Dustin Cozad  
Buyer Michael & Janine Heuton Realtor Marva McCarty - listing agent / Joe Kirk buyer agent  
Mailing Address 3183 155Th St Cumming IA 50061

Site Address/County 3183 155Th St Cumming IA 50061 POLK CO

No. of Bedrooms 5 Last Occupied? currently Disposal?  Y /  N Softener? Y  N H<sub>2</sub>O Supply? rural but there is a well on property

Records Available \_\_\_\_\_ Permit/Installation Date \_\_\_\_\_ Installer \_\_\_\_\_

Septic System Information

Septic Tank(s): Size 1500 gal Material Concrete Condition Working  
Tank Pumped? Yes Date 11-3-17 Licensed Pumper Forest Septic  
Septic/Trash/Processing Tank: Size \_\_\_\_\_ Material \_\_\_\_\_ Condition \_\_\_\_\_  
Tank pumped? \_\_\_\_\_ Date \_\_\_\_\_ Licensed Pumper \_\_\_\_\_

Aerobic treatment unit (ATU) MFGR \_\_\_\_\_ 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 Working  
Header Pipe(s) \_\_\_\_\_ Number of Lines \_\_\_\_\_  
Pressure Dosed? \_\_\_\_\_

Secondary Treatment

Length of Absorption Fields 5x80ft=400ft Determined by County drawing and probing  
Condition of Fields Working Determined by Hydraulic load tested w/ 200 gal water.  
Type of Trench Material Rock and Pipe.

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 submitted \_\_\_\_\_



Time of Transfer Inspection Worksheet

Other Components

Alarms \_\_\_\_\_ Working? \_\_\_\_\_ Disinfection \_\_\_\_\_ Working? \_\_\_\_\_

Control Box \_\_\_\_\_ Timers \_\_\_\_\_ Inspection Ports \_\_\_\_\_

Other Components \_\_\_\_\_  
\_\_\_\_\_

Overall condition of the private sewage disposal system

Acceptable? YES \_\_\_\_\_ Unacceptable? \_\_\_\_\_

Explain (attach additional pages as needed): All waste water goes from house to septic. 1500 gal concrete tank with risers, outlet tee and filter in good working condition. Plastic distribution box in working condition. Bottom of the box is pushed up but not broken and does not effect working condition of the box. Hydraulic load tested the 5x80ft=400ft rock and pipe laterals with 200 gal water. Laterals took all water and probed clean.

Comments: This is not a guarantee but a report of condition at time 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.

Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.

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: *Rick Rogers* Date: 11-7-17  
 Name (print): Rick Rogers Certificate #: 9597  
 Address: 401 NE 52nd Ave Des Moines IA 50313  
 Phone #: 515-745-8352

Madison County  
Office of Zoning and  
Environmental Health

**Authorization to Construct a  
Private On-site Wastewater  
Treatment System (POWTS)**

112 N. John Wayne Drive  
P.O. Box 152  
Winterset, IA 50273-0152  
Telephone: (515) 462-2636

**Permit Number:** 092-02

**Date Issued:** September 16, 2002

**Issued to:** David & Jennifer Lynch  
**Address:** 3183 - 155<sup>th</sup> Street  
Cumming, Iowa 50061

*PIO # 07101342800 2000*

**Legal Description:** PARCEL A 3A SE NE Section 34 T77 R26 Lee Twp

**POWTS Components Specifications:** 1500 gallon tank - Perforated Pipe with rock 5 laterals @ 80' each

**General Conditions:**

1. System must be constructed in conformance with attached system layout, profiles, and cross-sections.
2. Structures must be constructed in conformance with 567 IAC Chapter 69 and the Madison County Environmental Health Regulations.
3. Permit shall be null and void if system is not constructed within one year of permit issuance. The Environmental Health Officer must approve any request for extension of permit.
4. The Environmental Health Officer must approve any design modifications to the permitted system prior to construction.
5. Once constructed, all system components must be uncovered for inspection and the system must be approved before it can be put into operation. Notice for inspection must be received with 24 hours in advance (8 a.m. through 4:30 p.m., Monday - Friday). If weather necessitates the need to cover the system components, then the system owner or contractor must notify and follow the procedures given by the Environmental Health Officer.

**Special Conditions:**



**Environmental Health Officer Assistant  
Madison County  
Office of Zoning and Environmental Health**

Date taken: 8-14-02

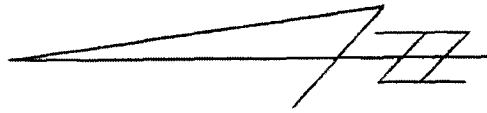
By: Jim Vance

Owner: Dave & Jennifer Lynch Site Address: 3183 155th St. Phone No. 981-4686

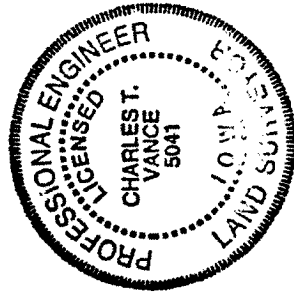
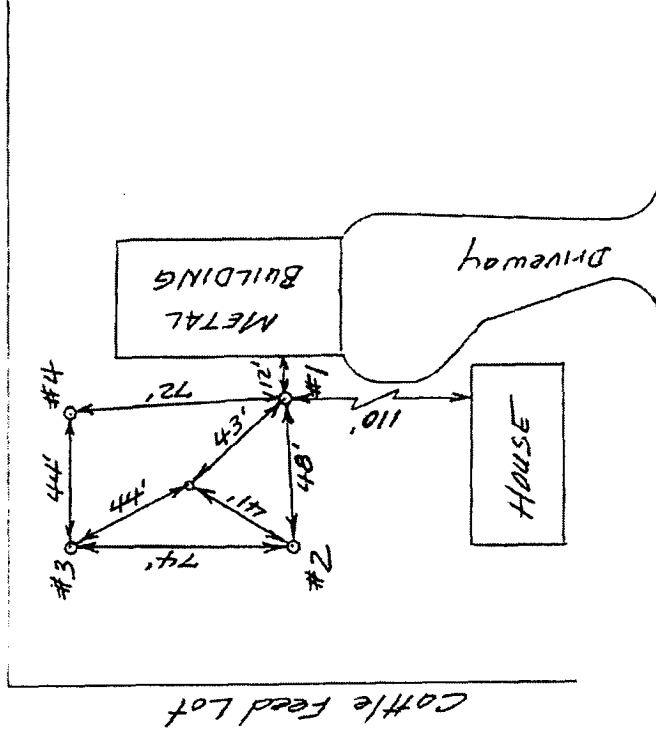
Lot Size: Legal Description: The SE. 1/4 of the NE. 1/4 of Sec. 34-T77N-R26W  
Structure:  New  Existing # Bedrooms: 4 Installer: Gary Wiedmann - 360-3517  
Owner's Current Mailing Address: 3183 155th St., Cumming, Iowa 50061

Time for 1 inch of water: 1. 10.9 min. 2. 12.6 min. 3. 15.0 min. 4. 14.1 min.  
Depth of holes tested: 1. 36" 2. 36" 3. 36" 4. 36"  
Results of 6 foot hole: No rock No water

Min. recommended lateral footage per IAC Ch. 69: 400 feet Drawing of perc site below.  
Number of laterals required: 5 each Average length of laterals: 80 feet



Cattle Feed Lot



155th Street

I hereby certify that this engineering document was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer under the laws of the State of Iowa.

Signed: *Charles T. Vance* Date: 15 Aug. 2002 Reg. No. 5041 Exp. Date: 31 Dec. 2003