

Document 2018 GW13

Book 2018 Page 13 Type 43 001 Pages 5 Date 1/02/2018 Time 1:22:20PM Rec Amt \$.00

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LISA SMITH, COUNTY RECORDER

MADISON COUNTY IOWA

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

TRANSFEROR:

Name <u>J</u>	ohn E. Garmon						
Address	2944 Woodland Ave.	Truro City, Town or P.O.	IA State	50257 Zip			
	Number and Street of RR	City, Town or P.O.	State	Zip			
TRANS	FEREE:						
Name <u>K</u>	eith E. Simmons						
Address	114 N Cherry St	Hanley	IA	50240			
	Number and Street or RR	City, Town or P.O.	State	Zip			
Address	of Property Transferred:						
2944 Woodland Ave.		Truro	IA	50257			
	Number and Street or RR	City, Town or P.O.	State	Zip			
	order of Madison County, Iowa. Is (check one)						
^	There are no known wells situated on this property.						
X	There is a well or wells situated on to set forth on an attached separate	his property. The type(s), locati	on(s) and legal statu	us are stated below			
2. Soli	Solid Waste Disposal (check one)						
X	☑ 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. Haz	Hazardous Wastes (check one)						
区	There is no known hazardous waste	on this property.					
	There is hazardous waste on this pattached to this document.	property and information related	thereto is provided	in Attachment #1,			

4.	Un	derground Storage Tanks (check one)					
	M	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.	Pri	vate Burial Site (check one)					
	M	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	vate 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.					
	M	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 building to which sewage disposal system is connected will be demolished without being occupied. The buyer has execute a binding acknowledgment with the county board of health to demolish the building within an agreed up 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					
		ation required by statements checked above should be provided here or on separate sheets					
1	, )	ell is located east of garage.					
<u> </u>	Λ.	ett is tocation entitle quitage.					
_							
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM					
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.					
Sig	ınatu						
		/ (Transferor or Agent)					



## **Time of Transfer Inspection Report**

Property Information							
Current Owner: John Garmon							
Buyer: Realtor:							
Mailing Address:							
Site Address/County: 2444 Woodland Avenue Truco JA 50257							
Legal Description							
No. of bedrooms: 3 Last occupied: Current Records available: Yes							
Permit/ installation date: 12-3-01 Separation distances (ok/no?):							
Septic System Information							
Septic tank(s): Size: DCC Material: Plastic Condition:							
Tank pumped? XY N Date: 10-18-17 Licensed pumper: 54 237							
Septic/Trash/Processing tank: Size: Material: Condition:							
Tank pumped?  Y N Date: Licensed pumper:							
Aerobic treatment unit (ATU) mfgr Size							
Tank pumped?							
Maintenance contract?							
Condition:							
Pump tanks/vaults: Type: Size: Condition:							
Distribution system: Distribution box Past, C Outlets used 4 Condition: 600							
Header pipe(s): No. of lines: Pressure dosed?							
Secondary Treatment:							
Length of absorption fields: 42 100' Determined by: mensuring							
Condition of fields: Good, Dey Determined by: My Determined by:							
Type of trench material: Chambers							
Size of sand filter: Determined by:							
Vent pipes above grade?							
Effluent sample taken Results:							
Media Filters: Type:							
Maintenance contract?							
Condition:							
NPDES General Permit No. 4: Required?  YN Permitted? YN NOI provided:							



## Time of Transfer Inspection Report

Other components:								
Alarms: ☐Y⊠N	Working: YNN	Disinfection:	□Y⊠N	Working:	$\square$ Y $\square$ N			
Control Box:	Timers:	Inspection	n Ports:					
Other components:		· · · · · · · · · · · · · · · · · · ·	<del> </del>		•			
Overall condition of th	e private sewage disposal sy	stem: 6-00						
Report system status:	System was Lov	of Kills Dropert	i on do	of ins	pertion			
Explain (attach additio	System was wo	econduny tra	ection of	hu-llad	hodowle			
test.	<u>.9</u> .	<u>cconduity yra</u>	ce men	nene jez	1190 44 115			
Comments: Syste	m was wollaw	Orcopelly to	den of	inspecti	on.			
		_	7					
Site status at conclusion	on of Time of Transfer inspec	ction:						
<ul><li>Power is on to a</li><li>Revisit all comp</li><li>Gather all tools</li></ul>	rols are set on the appropriate nail components.  conents to verify lids are secure for removal from the site.  ewage is on the ground surface.							
Using this worksheet,	write a narrative report of th	e inspection results a	nd attach a sit	e 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: Ja Red.	ell	Date	e: 10-	-19-17			
Name (print):	be Edwell		Certificate	#: 10	974			
Address: 1310	East Clinton Al	enue Indi	anola It	5012	5			
Phone #: 515-	81-5885							
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 DNP								

Iowa DNR
Private Sewage Disposal Program
502 E 9\* St
Des Moines IA 50319

## Perm, + # 8051 John Garmon 12/3/01

North JB 10-19-17 100 100 100 100 Distack 17 ' House

Woodland Ave