

Document 2018 GW509

Book 2018 Page 509 Type 43 001 Pages 6 Date 2/14/2018 Time 2:58:42PM 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

TRANSF	EROR:					
Name	Jared A. Auten and Amanda	M. Auten				
Address	Address 2485 Hiatt Apple Trail, Winterset, IA 50273					
	Number and Street or RR	City, Town or P.O.	State	Zip		
TRANSF	EREE:					
Name	Joshua E. McKinney					
Address		set, IA 50273				
	Number and Street or RR	City, Town or P.O.	State	Zip		
	of Property Transferred: tt Apple Trail, Winterset, IA 5	0273				
Nur	mber and Street or RR	City, Town or P.O.	State	Zip		
(75) Nort	h, Range Twenty-seven (27) W	neast Quarter (1/4) of Section Twenty-thrown Vest of the 5th P.M., Madison County, Iou				
	(check one)					
	here are no known wells situat	uated on this property. ted on this property.  The type(s), loca	tion(e) and logal eta	tue aro		
		in attached separate sheet, as necess		ius ai <del>c</del>		
	Waste Disposal (check or	·	, <b></b> , , .			
	• •	te disposal site on this property.				
	•	sal site on this property and information	n related thereto is p	provided		
	Attachment #1, attached to					
	dous Wastes (check one)					
	here is no known hazardous	· · · ·	though is musicipal i			
	nere is nazardous waste on ttachment #1, attached to th	this property and information related	thereto is provided i	n		
	rground Storage Tanks (c					
		ound storage tanks on this property.(	(Note exclusions suc	ch as		
sr		otor fuel tanks, most heating oil tanks,				
	•	rage tank on this property. The type(s	s), size(s) and any ki	nown		
	— — — — — — — — — — — — — — — — — — —	sted below or on an attached separate				

5.	Private Burial Site (check one)
	X 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.
	X 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
Inf	formation required by statements checked above should be provided here or on separate
	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.
	111 A-2
Sig	gnature: Telephone No.: (515) 705-8278
	(Transferor or Agent) Jared A. Auten



Des Moines IA 50319

### **Time of Transfer Inspection Report**

Other components:					
Alarms: $\square Y \boxtimes N$ Working: $\square Y \square N$ Disinfection: $\square Y \boxtimes N$ Working: $\square Y \square N$					
Control Box: Timers: Inspection Ports:					
Other components:					
Overall condition of the private sewage disposal system: 6-00					
Report system status: System was working properly on day of inspection.  Explain (attach additional pages as needed):					
Explain (attach additional pages as needed): Sumple was taken in december					
and therefore not required for this inspection.					
Comments: System was working properly on day of the					
inspration.  Site status at conclusion of Time of Transfer inspection:					
Site status at conclusion of Time of Transfer inspection:					
<ul> <li>Verify that controls are set on the appropriate mode.</li> <li>Power is on to all components.</li> <li>Revisit all components to verify lids are secure.</li> <li>Gather all tools for removal from the site.</li> <li>Verify that no sewage is on the ground surface.</li> </ul>					
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: Figure 18 Date: 2-2-18					
Name (print): Joe Bedwell Certificate #: 10974					
Address: 1310 East Clinton Arenue Inlianola, IA 50175					
Phone #:					
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					

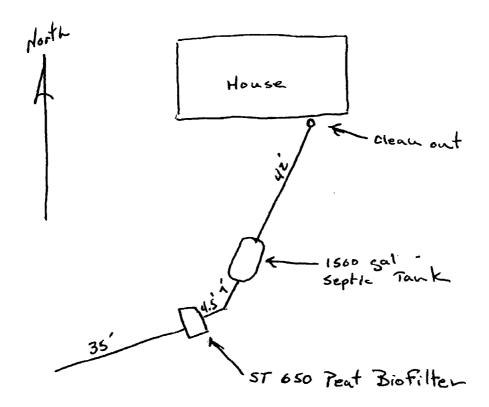




### **Time of Transfer Inspection Report**

Property information					
Current Owner: Jared + Amanda Auten					
Buyer: Realtor: Jennifer Storer					
Mailing Address:					
Site Address/County: 2485 Hist Apple trail Winterset, IA 50273					
Legal Description					
No. of bedrooms: Last occupied: 120 7018 Records available: 465					
Permit/ installation date: 3-30-2005 Separation distances (ok/no?):					
Septic System Information					
Septic tank(s): Size: 1500 gal Material: Plastic Condition: 9000					
Tank pumped?  Y N Date: Licensed pumper:					
Septic/Trash/Processing tank: Size: Material: Condition:					
Tank pumped?					
Aerobic treatment unit (ATU) mfgr Size					
Tank pumped?  Y N Date: Licensed pumper:					
Maintenance contract?					
Condition:					
Pump tanks/vaults: Type: Size: Condition:					
Distribution system: Distribution box Outlets used Condition:					
Header pipe(s): No. of lines: Pressure dosed?					
Secondary Treatment:					
Length of absorption fields: Determined by:					
Condition of fields: Determined by:					
Type of trench material:					
Size of sand filter: Determined by:					
Vent pipes above grade?					
Effluent sample taken No, not required Results: See attached					
Media Filters: Type: Peut biofilter					
Maintenance contract?					
Condition: 600					
NPDES General Permit No. 4: Required?  Y N Permitted?  Y N NOI provided:					

# Permit # 004-05 Hall Inspection 3/30/05





## State Hygienic Laboratory

### The University of Iowa

TRAVIS WITT **HUFF WELL LLC** 133 S 10TH AVE WINTERSET, IA 50273-

Accession Number 599920 2017-12-19 08:40 Date Sample Finalized 2017-12-11 15:50 Date Received Sample Source Non-Drinking Water Project Date Collected 2017-12-11 10:13 Collection Site 2485 hiatt apple Collection Address

WINTERSET, waste water auten

Sample Description Client Reference Collector

witt travis Phone | 515/971-0549

Note: Upon arrival, sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

### Results of Analyses

### BOD, Carbonaceous 5 Day, SM 5210 B

Units mg/L Date Analyzed 2017-12-13 06:45 Analyst | AMJ

Analyzed In | Ankeny Date Verified | 2017-12-19 08:40 Verifier | JAE

Analyte	Result	Quant Limit
CBOD, 5 Day	<2	2

Note: One or more quality control parameters were observed outside the QC limits in the analysis of this sample.

#### Total Suspended Solids, USGS 1-3765-85

Units | mg/L Analyzed In | Ankeny Date Analyzed | 2017-12-12 13:10 Date Verified | 2017-12-15 15:50 Verifier | SLL Analyst | MLS

Analyte	Result	Quant Limit
Total Suspended Solids	<1	1

#### Description of Units used within this report

mg/L = Milligrams per Liter

The result(s) of this report relate only to the items analyzed. This report shall not be reproduced except in full without the written approval of the laboratory.

Iowa Environmental Laboratory IDs are: Ankeny #397, Iowa City/Coralville #027, Lakeside #393.

If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500. Thank you.

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