



Document 2018 GW605

Book 2018 Page 605 Type 43 001 Pages 8  
Date 2/26/2018 Time 1:44:22PM  
Rec Amt \$.00

INDX  
ANNO  
SCAN  
CHEK

LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name ASHLEY PETERSON

Address 407 - 38<sup>th</sup> Street West Des Moines Iowa 50265  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name ELIZABETH S. LUNDGREN

Address 1891 Hogback Bridge Road Winterset Iowa 50273  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:  
1891 Hogback Bridge Road Winterset Iowa 50273  
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) \_\_\_\_\_  
LONG LEGAL - see attached

**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 a 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 a 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 acknowledgement 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 acknowledgement is attached to this form.
- There is a building served by private sewage disposal system on this property. The buyer has executed a binding acknowledgement with the county board of health to install a new private sewage disposal system on this property with an agreed-upon time period. A copy of the binding acknowledgement 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 acknowledgement with the county board of health to demolish the building within an agreed-upon time period. A copy of the binding acknowledgement 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:**

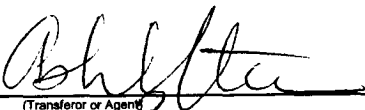
---

---

---

---

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

Signature:  Telephone No.: (515) 371-5329  
(Transferor or Agent)

Legal: **Parcel "D" located in the Northeast Quarter of the Northwest Quarter (NE ¼ NW ¼) of Section 23, Township 76 North, Range 28, West of the 5<sup>th</sup> P.M., Madison County, Iowa, containing 9.896 acres, as shown in Plat of Survey filed in Book 2004, Page 4009 on August 27, 2004, in the Office of the Recorder of Madison County, Iowa**

Address: 1891 Hogback Bridge Road, Winterset, Iowa 50273



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

Property information

Current owner Todd Peterson
Buyer Allen Lundgren Realtor Allen Lundgren
Mailing address IOWA Realty, Beaverdale office, 3521 Beaver Ave
Des Moines, IA 50310
Site Address/County 1891 Hogback Bridge Rd, Winterset IA, 50273
Legal Description

No. of bedrooms 3 Last occupied? Current Records available
Permit/installation date 3-26-15 Separation distances (ok) no?

Septic system information

Septic tank(s): size 1250 material Concrete condition Good
Tank pumped? No date under 3 years old licensed pumper
Septic/trash/processing tank: size material condition
Tank pumped? date licensed pumper

Aerobic treatment unit (ATU) mfg size
Tank pumped? date licensed pumper
Maintenance contract? expiration date service provider
Condition

Pump tanks/vaults: type size condition

Distribution system: distribution box yes outlets used yes condition good
Header pipe(s) good # of lines 6 Pressure dosed? no

Secondary treatment:
length of absorption fields determined by
condition of fields determined by
type of trench material

Size of sand filter 40' x 18' determined by map
Vent pipes above grade? yes discharge pipe located? yes
Effluent sample taken? yes Results see attached

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

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



### 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

Report system status System working properly at inspection

Explain (attach additional pages as needed): \_\_\_\_\_  
\_\_\_\_\_

Comments: Hydrolic test good. Field dry.  
Tank good. D-box good.

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: Ben Bedwell Date: 2-9-18  
 Name (print): Ben Bedwell Certificate #: 11612  
 Address: 2924 Quaker Street, Saint Charles, Iowa 50240  
 Phone #: 515-681-2053

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



# State Hygienic Laboratory

*The University of Iowa*

BEN BEDWELL  
 BEDWELL BUILDERS  
 2924 QUAKER ST  
 SAINT CHARLES, IA 50240

<i>Accession Number</i>	617252
<i>Date Sample Finalized</i>	2018-02-07 08:49
<i>Date Received</i>	2018-02-01 11:48
<i>Sample Source</i>	Non-Drinking Water
<i>Project</i>	
<i>Date Collected</i>	2018-02-01 10:00
<i>Collection Site</i>	septic
<i>Collection Address</i>	
<i>Sample Description</i>	WINTERSET, waste water
<i>Client Reference</i>	
<i>Collector</i>	bedwell ben
<i>Phone</i>	515/381-2053

*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

#### *E.coli Bacteria, SM 9223 B*

Units	[MPN]/100mL	Analyzed In	Ankeny
Date Analyzed	2018-02-01 16:00	Date Verified	2018-02-02 11:30
Analyst	DMJ	Verifier	JAE

Analyte	Result	Quant Limit
E.coli	41	10

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

Units	mg/L	Analyzed In	Ankeny
Date Analyzed	2018-02-01 13:00	Date Verified	2018-02-07 08:49
Analyst	AMJ	Verifier	JAE

Analyte	Result	Quant Limit
CBOD, 5 Day	<2	2

#### *Total Suspended Solids, USGS 1-3-65-85*

Units	mg/L	Analyzed In	Ankeny
Date Analyzed	2018-02-02 13:15	Date Verified	2018-02-06 13:35
Analyst	MLS	Verifier	JAE

Analyte	Result	Quant Limit
Total Suspended Solids	<1	1

#### Description of Units used within this report

[MPN]/100mL = Most Probable Number per 100 Milliliters  
 mg/L = Milligrams per Liter



# State Hygienic Laboratory

---

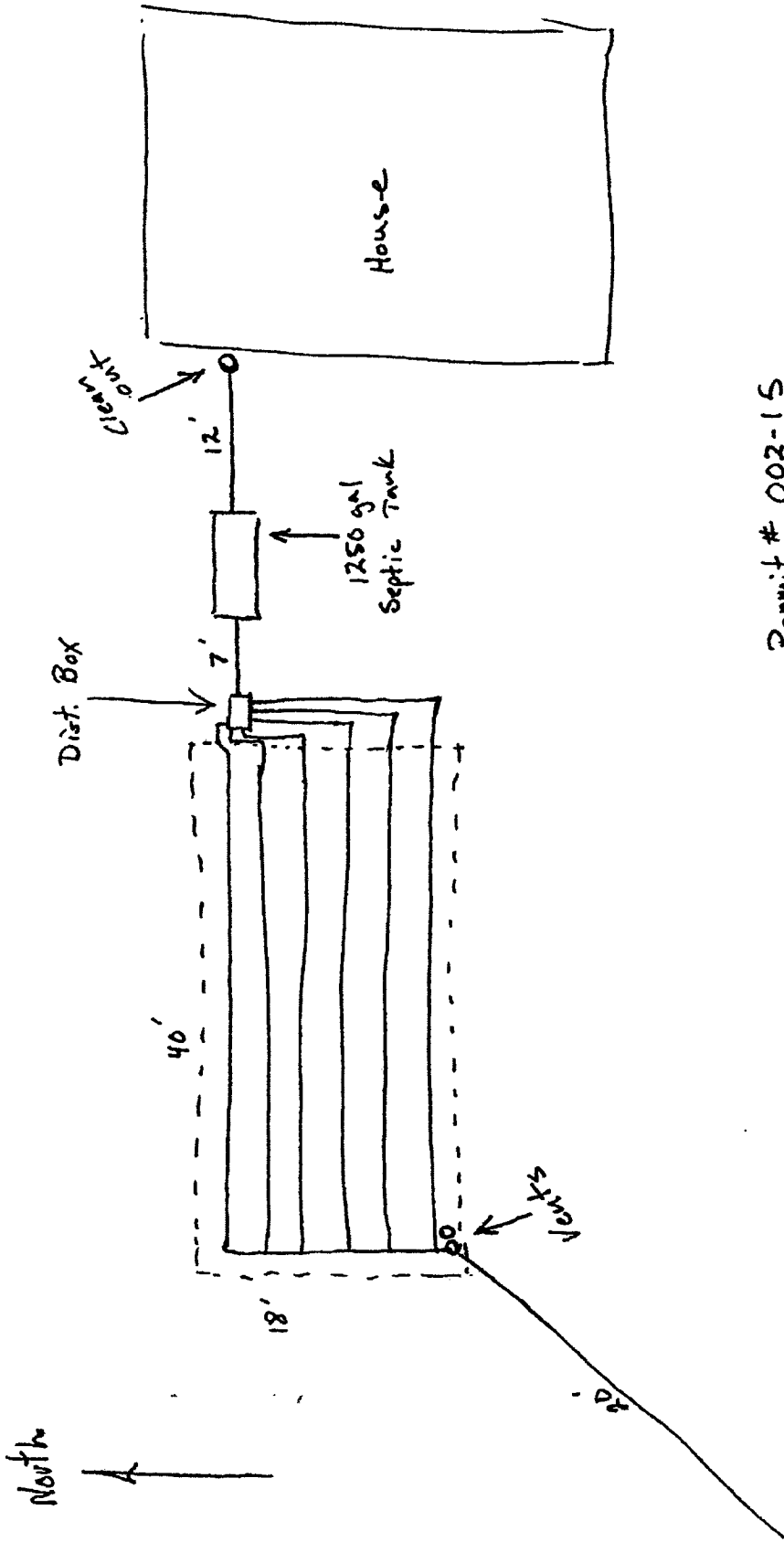
*The University of Iowa*

*Accession Number* | 617252

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.



Permit # 002-15  
 Inspection 6/26/15  
 1891 Hogback Bridge Rd.

