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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name Shane A. Eckelberg

Address 3006 235th St Saint Charles IA 50240  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name Joshua James Oswald

Address 1426 Truro Pavement Osceola IA 50213  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

3006 235th St Saint Charles IA 50240  
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary)

**Parcel "A" located in the Northwest Quarter (1/4) of the Southwest Quarter (1/4) of Section Nine (9), Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing 5.07 acres, as shown in Plat of Survey filed in Book 2004, Page 3351 on July 19, 2004 in the Office of the Recorder of Madison County, Iowa.**

**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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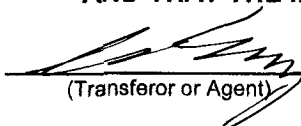


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**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature:  Telephone No.: (563) 212-4252  
(Transferor or Agent)



# Time of Transfer Inspection Report

## Property Information

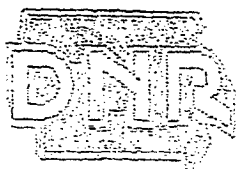
Current Owner: SHANE ECKELBERG  
 Buyer: JOSH OSWALD Realtor: NANCY LAXTON  
 Mailing Address: 3334 215<sup>th</sup> LN, ST CHARLES IA 50246  
 Site Address/County: 3006 235<sup>th</sup> ST / MADISON Co  
 Legal Description: AS ABSTRACT  
 No. of bedrooms: 3 Last occupied: FEW MONTHS AGO Records available: YES  
 Permit/ installation date: 096-03/8-6-03 Separation distances (ok/no?): OK

## Septic System Information

Septic tank(s): Size: 1500 GAL Material: Concrete Condition: OK  
 Tank pumped?  Y  N Date: 3-7-18 Licensed pumper: COUNTRY SIDE SEPTIC  
 Septic/Trash/Processing tank: Size: \_\_\_\_\_ Material: \_\_\_\_\_ Condition: \_\_\_\_\_  
 Tank pumped?  Y  N Date: \_\_\_\_\_ Licensed pumper: \_\_\_\_\_  
 Aerobic treatment unit (ATU) mfg: \_\_\_\_\_ Size: \_\_\_\_\_  
 Tank pumped?  Y  N Date: \_\_\_\_\_ Licensed pumper: \_\_\_\_\_  
 Maintenance contract?  Y  N Expiration date: \_\_\_\_\_ Service provider: \_\_\_\_\_  
 Condition: \_\_\_\_\_  
 Pump tanks/vaults: Type: PRESSURIZED Size: CONCRETE FIT TILE Condition: OK  
 Distribution system: Distribution box YES Outlets used 4 Condition: OK  
 Header pipe(s): \_\_\_\_\_ No. of lines: \_\_\_\_\_ Pressure dosed? \_\_\_\_\_

## Secondary Treatment:

Length of absorption fields: (4) 100' Determined by: COUNTY RECORDS  
 Condition of fields: OK - TRY Determined by: PROBING & HYDRAULIC TEST  
 Type of trench material: ROCK LATERALS  
 Size of sand filter: \_\_\_\_\_ Determined by: \_\_\_\_\_  
 Vent pipes above grade?  Y  N Discharge pipe located?  Y  N  
 Effluent sample taken \_\_\_\_\_ Results: \_\_\_\_\_  
 Media Filters: Type: \_\_\_\_\_  
 Maintenance contract?  Y  N Expiration date: \_\_\_\_\_ Service provider: \_\_\_\_\_  
 Condition: \_\_\_\_\_  
 NPDES General Permit No. 4: Required?  Y  N Permitted?  Y  N NOI provided: \_\_\_\_\_



## Time of Transfer Inspection Report

Other components:

Alarms:  Y  N Working:  Y  N Disinfection:  Y  N Working:  Y  N

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

Other components: NONE.

Overall condition of the private sewage disposal system:

Report system status: See ATTACHED PAGE

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

Comments: HOUSE HAS BEEN VACANT FOR SOME TIME WHICH MAY HAVE AN EFFECT ON THE RESULTS 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 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: Brian Rinard Date: 3-7-18

Name (print): Brian Rinard Certificate #: 8805

Address: P. O. Box 204 NORWALK IA 50211

Phone #: 515-202-4895

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 9<sup>th</sup> St  
Des Moines IA 50319

Address: 3006 235<sup>th</sup> st Date: 3-7-18

Comments: ST CHARLES, IA 50246 Technician BRIAN

ALL WASTEWATER FROM HOUSE APPROX TO DRAIN INTO SEPTIC SYSTEM

1500 GALLON CONCRETE (2) COMPARTMENT SEPTIC TANK WITH RISERS & EFFLUENT FILTER (WHICH SHOULD BE CLEANED ONCE A YEAR) WAS IN WORKING CONDITION.

PUMP & PUMP PIT WAS IN WORKING CONDITION Cycled pump several times AND TESTED HIGH LEVEL ALARM AT TIME OF THE INSPECTION

PLASTIC DISTRIBUTION WITH INLET Baffle AND speed Levelers used FOR (4) 100' ROCK LATERALS WHICH ALL TOOK WATER EVENLY FOR EACH pump cycle.

THIS IS NOT A GUARANTEE.  
THIS CERTIFIES THAT THE SEPTIC SYSTEM WAS IN WORKING CONDITION AT TIME OF THE INSPECTION

DIAGRAM OF SYSTEM

See  
County  
Records

Permit # 096-03 Martins Inspection 8/6/03

