

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

TRANSFEROR:

Name Joel W Meyer

Address 3111 Cumming Rd Cumming IA 50061  
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Andrew L. Aanonson

Address 9009 Maplecrest Dr Norwalk IA 50211  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

3111 Cumming Rd Cumming IA 50061  
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary)

A tract of land located in the Southeast Quarter (1/4) of the Northwest Quarter (1/4) of Section Twenty-seven (27), Township Seventy-seven (77) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, more particularly described as follows, to-wit: Commencing at a point 1029.8 feet West and 55 feet North of the Southeast Corner of the Northwest Quarter (1/4) of said Section Twenty-seven (27), running thence North 6°29' East 560.5 feet, thence East 385 feet, thence South 6°29' West 555 feet, thence Southwesterly 89.5 feet along a 763.51 foot radius curve concave northwesterly and having a central angle of 6°43', thence South 10 feet, thence West 199.8 feet, thence North 10 feet, thence West 96 feet to the point of beginning, containing 4.9614 acres.

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:

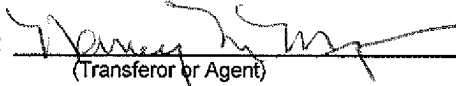
Well located on NE side of house under deck. Well  
is active and drilled

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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.: (515) 981-4769  
 (Transferor or Agent)



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

Property information

Current Owner Joel Meyer  
Buyer Andrew Aanonson Realtor Bob Weeks  
Mailing Address 407 SE Jackson Greenfield IA 50849

Site Address/County 3111 Cumming Rd, Cumming IA 50061 MADISON CO

No. of Bedrooms 4 Last Occupied? 6 months Disposal?  Y /  N Softener? Y  N H<sub>2</sub>O Supply? Well

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

Septic System Information

Septic Tank(s): Size 1000 Gal Material Concrete Condition Good working condition  
Tank Pumped? YES Date 03/12/18 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 4 Condition working condition  
Header Pipe(s) \_\_\_\_\_ Number of Lines \_\_\_\_\_  
Pressure Dosed? \_\_\_\_\_

Secondary Treatment

Length of Absorption Fields 4x90ft=360ft Determined by County record/probe  
Condition of Fields good working condition Determined by hydraulic load test/probe  
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. 1000 gal concrete tank. Added a new outlet baffle tee and a light skim coating to the outlet wall of the tank to help slow down further deterioration of the tank. Plastic distribution box in good working condition. Hydraulic load tested the 4x90ft=360ft rock and pipe laterals with 200 gal water. All laterals took water and in good working condition.

Comments: This is not a guarantee but a report of condition at the 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: 03/13/18  
 Name (print): Rick Rogers Certificate #: 9597  
 Address: 401 NE 52nd Ave Des Moines IA 50313  
 Phone #: 515-745-8352



MADISON COUNTY BOARD OF HEALTH COURT HOUSE WINTERSSET, IOWA 50273

PHONE 515 462 2636 Jerry K. Trevillyan Sanitarian

SEPTIC SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION

PERMIT NO. 1428

PERMIT ISSUED: 6/24/94

PID# 06101274802000

FEE PAID: 6/24/94

APPLICANT: Joel Meyer TELEPHONE NO.

ADDRESS: 2500 Bell Avenue Des Moines, Iowa 50321

TENANT: same as above TELEPHONE:

ADDRESS: 3111 Cumming Rd. Cumming, Iowa 50061

PROPERTY DESCRIPTION: 5A S PT SE 1/4 SW 1/4 SECTION: 27 TOWNSHIP: LEE

PROPOSED: DWELLING: NUMBER OF: BEDROOMS: 4

MOBILE HOME: PERCOLATION TEST MUST BE TAKEN AND APPROVED STOOLS: 2

OTHER: PRIOR TO ISSUANCE OF THE SEWAGE DISPOSAL PERMIT... SHOWERS: 1

EXISTING: DWELLING: X TUBS: 1

MOBILE HOME: LAVATORIES: 2

OTHER: SINKS: 1

PERCOLATION TEST REPORT: TAKEN: 6-20-94 BY: PATSIA LABORATORIES (ATTACHED)

RESULTS: TEST HOLE: NO.1: 5 MIN./IN. 2: 11 MIN./IN. 3: 13 MIN./IN. 4: 4 MIN./IN.

AVERAGE: 9 MIN./IN. NO. OF LATERALS REQ.: 4 LENGTH OF LATERALS: 90 FT. EA.

CONTRACTOR: GARY WEISERMAN TELEPHONE NO. 981-4744

ADDRESS: Cumming, IA

DOUBLE COMPARTMENT SEPTIC TANKS REQUIRED/STATE APPROVED... 2 BDR. 800 GALLON 3 BDR. 1000 GALLON 4 BDR. 1250 GALLON 5 BDR. 1500 GALLON

FEES: CHECK PAYABLE TO MADISON COUNTY TREASURER - RETURN FEE WITH APPLICATION

SEPTIC TANK/ABSORPTION FIELD - 600 FT. LATERALS... \$15.00

ALTERNATIVE SYSTEMS: MOUNDS - DOUBLE SAND FILTERS - MULTI-FLO SYSTEMS... \$15.00

TYPE OF SYSTEM: PVC/GRAVEL: X GRAVELLESS 8 INCH: 10 INCH:

I hereby certify that the above information is correct to the best of my knowledge and I agree that the system shall be installed in accordance with the rules and regulations of the Madison County Board of Health and Department of Natural Resources, Chapter 69. I further acknowledge that the system must remain open so that proper inspection and approval can be made by the local Health Sanitarian and that the system cannot be put into operation until approved.

DATE: 6-23-94 APPLICANT:

DATE OF INSPECTION: INSTALLED INSPECTED BY: NO INSPECTION / NOT AVAILABLE

NOTE: REQUEST FOR INSPECTION OF THE SYSTEM MUST BE MADE 24 HOURS IN ADVANCE, IF POSSIBLE. WATER AT SITE FOR TESTING OF DISTRIBUTION BOX MUST BE AVAILABLE.

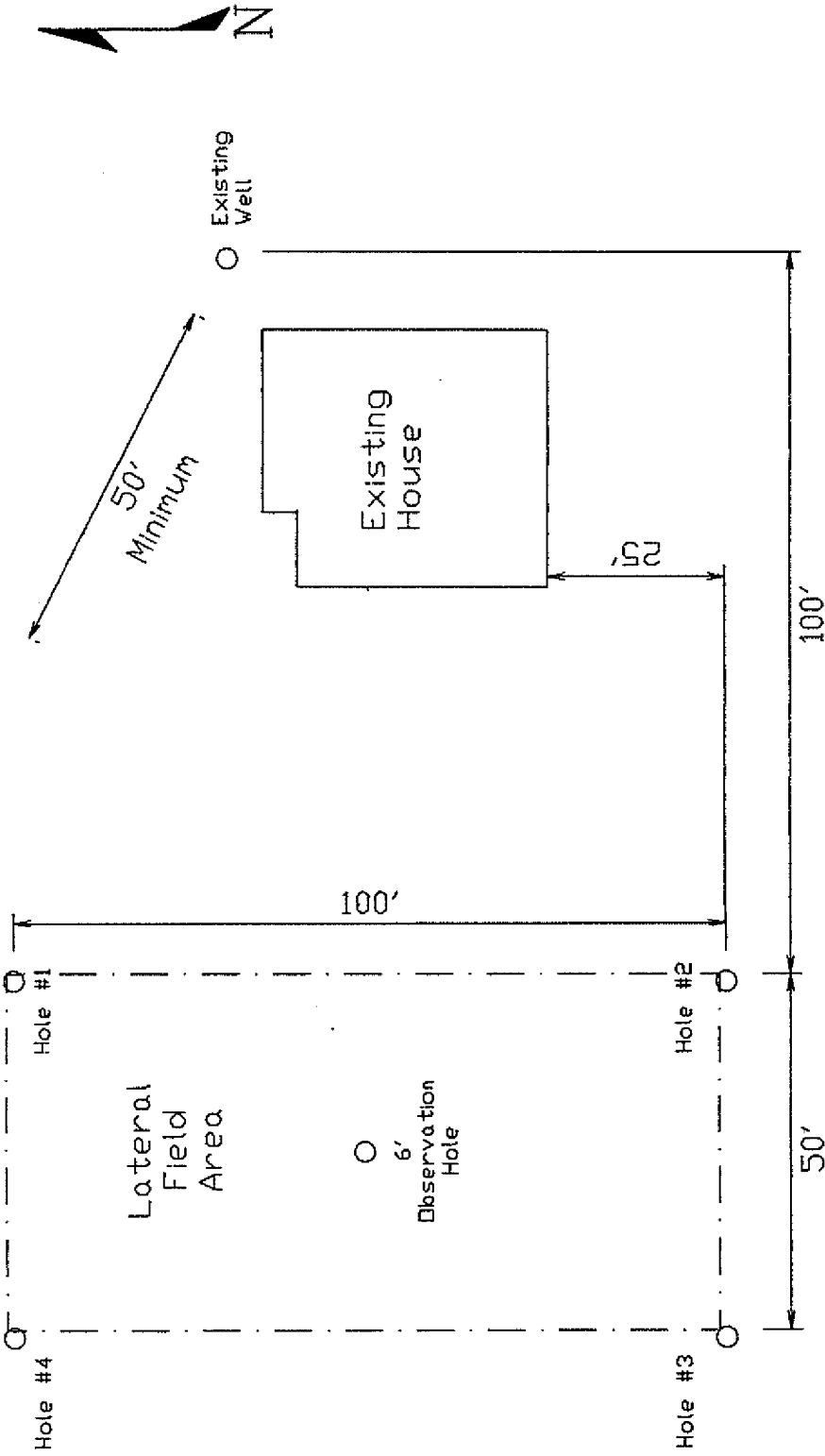
ANY DEVIATION FROM THE RULES AND REGULATIONS MUST BE SUBMITTED TO AND APPROVED BY PROPER AUTHORITY.....

NOTE: MECHANICAL SYSTEMS REQUIRE USE OF FREE ACCESS SAND FILTER AND MUST BE COVERED BY MAINTENANCE AGREEMENT BETWEEN THE APPLICANT AND DEALER... MAINTENANCE AGREEMENT MUST BE RECORDED.

DISCHARGE FROM MECHANICAL SYSTEMS OR SAND FILTER SYSTEMS MUST BE SAMPLED AND TESTED DURING EARLY SPRING, MIDSUMMER AND EARLY FALL.

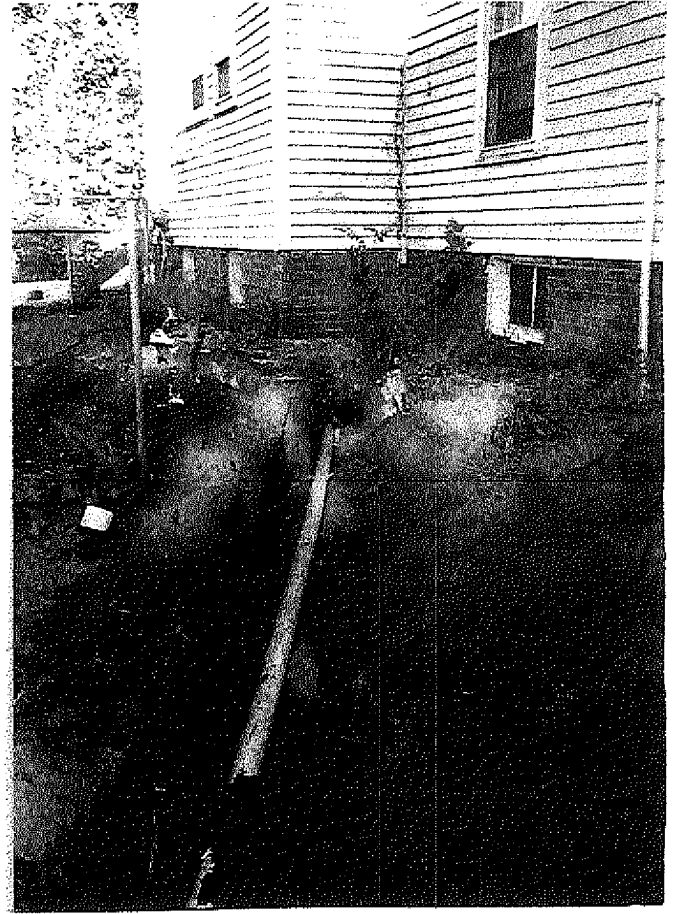
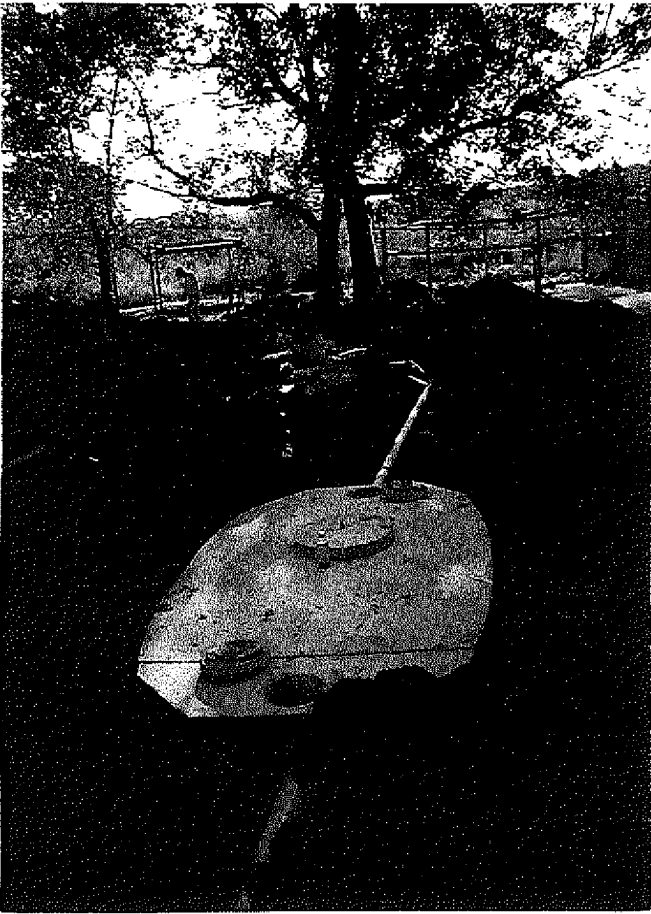
Proposed Septic Tank

Proposed Dist. Box

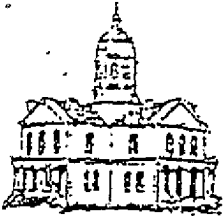


Centerline County Road G4R

Joel Meyer  
Route 1, Box 207  
Cumming, Ia



Permit  
#1428



MADISON COUNTY  
BOARD OF HEALTH  
COURT HOUSE  
WINTERSET, IOWA 50273

PHONE  
515-462-2636

\*\*\*\*\*MEMO\*\*\*\*\*

PERMIT NO. 1428

DATE ISSUED: June 24, 1994

NAME: Joel W. Meyer SECTION: 27 TOWNSHIP: LEE  
for: existing dwelling

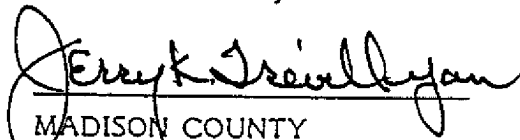
Dear Permit Holder:

A sewage treatment disposal permit has been issued to you for installation of a sewage treatment disposal system to be installed on your property.

It is required that this system be inspection by the Madison County Board of Health Sanitarian prior to the system being covered for compliance with the Madison County Board of Health Rules and Regulations on Private Sewage Treatment Systems, and Chapter 69, Iowa Administrative Code, Departemt of Natural Resources.

Issuance of a permit and the inspeciton of the system provides no guarantee of the functioning of this system. Madison County accepts no liability for this system.

It is recommended that septic tanks be cleaned every three to five years to prevent overflow of solids into the secondary treatment of the system.

  
MADISON COUNTY  
BOARD OF HEALTH  
SANITARIAN

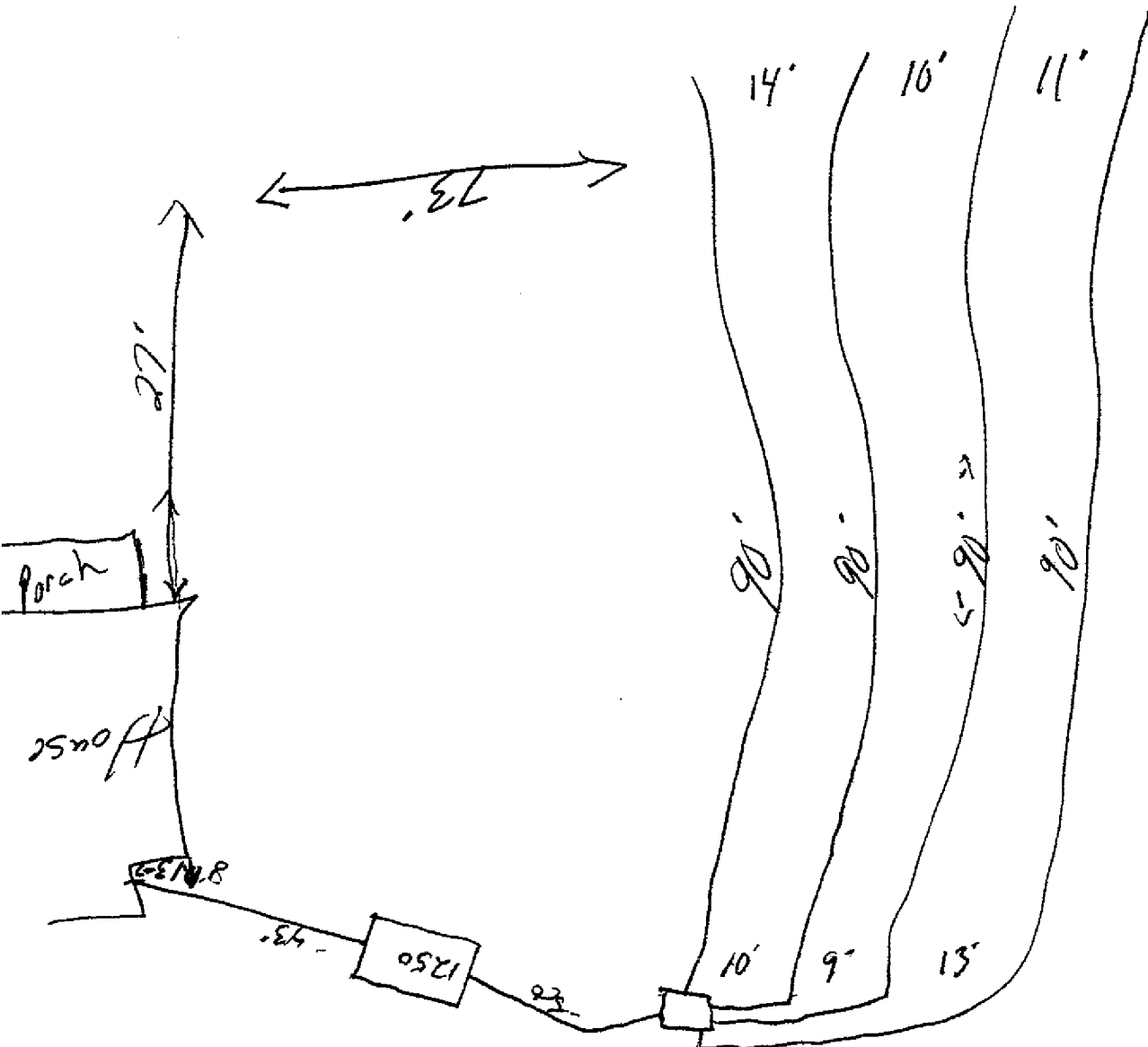


JUL. 12 1994

RECEIVED:

Jerry K. Trevillyan  
Madison County Sanitarian  
and  
Zoning Administrator

Road



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