

BK: 2018 PG: 1669
Recorded: 5/25/2018 at 1:43:06.0 PM
Fee Amount: \$0.00
Revenue Tax:
LISA SMITH RECORDER
Madison County, Iowa

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

TRANSFEROR:

Name Justin D. Summers and Sarah B. Summers
Address 1605 Wolf Creek Drive, Afton, IA 50830
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Curtis J. Baumgart and Bianca Christine Baumgart
Address 523 S. Walnut Street, Colfax, IA 50054
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

1124 Husky Drive, Winterset, IA 50273
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) For Legal Description see Exhibit "A" attached hereto and by this reference incorporated herein.

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.

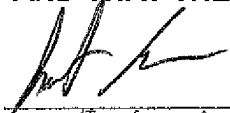
6. Private Sewage Disposal System (check one)

- 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:

One (1) active well is located in a well house approximately 50 feet South of the 24x40 metal pole building.

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

Signature: 

 (Transferor or Agent)

Telephone No.: (515) 468-8740

EXHIBIT "A"

The South $62\frac{3}{4}$ rods of the following described tract of land, to-wit: Commencing at the Northwest corner of the Southeast Quarter ($\frac{1}{4}$) of the Northwest Quarter ($\frac{1}{4}$) of Section One (1), in Township Seventy-five (75) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, and running thence East 31.03 rods, thence South 19 rods, thence in a Southwesterly direction along the West side of the road or public highway to a point 8 rods East of the Southwest corner of said 40-acre tract, thence West 8 rods, thence North to the point of beginning; being all that part of said tract of land which lies South of a certain private road crossing said tract of land from East to West, and being approximately $27\frac{5}{8}$ rods across the North end thereof, and estimated to contain 6 acres more or less.



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

Property information

Current owner Sarah Summers

Buyer _____ Realtor _____

Mailing address 1124 Husky Dr, Winterset

Site Address/County 1124 Husky Dr, Winterset Madison Co.

Legal Description _____

No. of bedrooms _____ Last occupied? _____ Records available _____

Permit/installation date _____ Separation distances ok/ no? _____

Septic system information

Septic tank(s): size 1250 gal material Concrete condition good working condition

Tank pumped? YES date 09/13/17 licensed pumper Forest Septic

Septic/trash/processing tank: size _____ material _____ condition _____

Tank pumped? _____ date _____ licensed pumper _____

Aerobic treatment unit (ATU) mfr _____ 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 _____ condition working condition

Header pipe(s) _____ # 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 31ft x 24ft determined by County record/probe

Vent pipes above grade? YES discharge pipe located? YES

Effluent sample taken? YES Results Awaiting results

Media filters: type _____

Maintenance contract? _____ expiration date _____ service provider _____

Condition _____

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



Time of Transfer Inspection Report

Other components:

Alarms _____ Working? _____ disinfection _____ working? _____

Control box _____ Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status working condition

Explain (attach additional pages as needed): All waste water goes from house to septic. 1250 gal concrete tank with risers and baffles in good working condition. Plastic distribution box in good working condition. Hydraulic load tested the 24ft x 31ft Sand filter with 200 gal water. Sand filter took all water and probed dry and clean. Collected water sample.

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 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: Rick Rogers Date: 05/23/18
 Name (print): Rick Rogers Certificate #: 9597
 Address: 401 NE 52nd Ave, Des Moines, IA 50313
 Phone #: 515-745-8352

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.
Des Moines, IA 50319



Time of Transfer Inspection Report

Other components:

Alarms _____ Working? _____ disinfection _____ working? _____

Control box _____ Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status _____

Explain (attach additional pages as needed): _____

Comments: _____

Site status at conclusion of Time of Transfer inspection:

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- Power is on to all components.
- Revisit all components to verify lids are secure.
- Gather all tools for removal from the site.
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Site Address/County 1124 Husky Dr, Winterset Madison Co.
Legal Description _____

No. of bedrooms _____ Last occupied? _____ Records available _____

Permit/installation date _____ Separation distances ok/ no? _____

Septic system information

Septic tank(s): size _____ material _____ condition _____
Tank pumped? _____ date _____ 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 _____ outlets used _____ condition _____
Header pipe(s) _____ # 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? _____ 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 provided _____

ANALYTICAL REPORT

Work Order: 1E81688

May 24, 2018
Page 1 of 1

Report To
Rick Rogers Rogers Septic Maintenance and Repair 401 NE 52nd Ave. Des Moines, IA 50313

Work Order Information
Date Received: 05/18/2018 9:00AM Collector: Unknown Collector Phone: (515) 745-8352 PO Number:

Project: Septic Sampling
Project Number: Septic Sampling

1E81688-02 1124 Husky Dr.

Matrix: Water

Collected: 05/17/18 10:00

Analyte	Result	MRL	Method	Analyst	Analyzed	Qualifier
CBOD (5 day)	<8 mg/L	8	SM 5210 B	LAE	05/18/18 17:40	
Solids, total suspended	<4 mg/L	4	USGS I-3765-85	AKM	05/22/18 14:30	

End of Report

Dara Hanson

Keystone Laboratories, Inc.
Dara Hanson
Project Manager I

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety. Samples were preserved in accordance with 40 CFR for pH adjustment unless otherwise noted. MRL= Method Reporting Limit: 1E81688-02