



Document 2018 GW2687

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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name Carol S. Menke Living Trust

Address P.O. Box 11, Adel, Iowa 50003

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Jacob K. Johnston and Angelia L. Johnston

Address 1534 - 120th Street, Earlham, Iowa 50072

Number and Street or RR

City, Town or P.O.

State

Zip

**Address of Property Transferred:**

1187 Earlham Road, Earlham, Iowa 50072

Number and Street or RR

City, Town or P.O.

State

Zip

**Legal Description of Property: (Attach if necessary)** 19.4 acres in Section 12, T77N, R29W, 5th P.M., 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:**

One active well is located 60 feet East of the dwelling house on the North side of the driveway.

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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: Joseph E. Menke Telephone No.: (515) 612-5436  
(Transferor or Agent)  
 Joseph E. Menke, Co-Trustee  
 Joseph

## Time of Transfer Inspection Report

Other components:

Alarms Yes Working? Yes disinfection Yes working? Yes

Control box Yes Timers Yes inspection ports 12" size on tank

Other components \_\_\_\_\_

Overall condition of the private sewage disposal system

Report system status Septic system about good at this

Explain (attach additional pages as needed): Time also 2 compartments  
1000 Tank Capacity

Comments: Remove 250 gal water in 1 1/2 hrs. it took all  
the water

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: Allen Akers Date: 7-27-2018  
Name (print): Allen Akers Certificate #: 203  
Address: 2204 175th St Winterset IA 50273  
Phone #: 515-762-1015

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

Iowa DNR Onsite Wastewater Program  
502 E. 9<sup>th</sup> St.  
Des Moines, IA 50319

#054-18

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

Property Information

12-Penn

Current owner Joe Menke  
Buyer Jacob Johnson Realtor Shana Beck West Real Estate Inc  
Mailing address 1187 Earlhams Road Earlhams, TN  
Site Address/County 1187 Earlhams Road Earlhams, TN  
Legal Description Same as above

No. of bedrooms 3 Last occupied? shortly Records available yes

Permit/installation date <sup>1212</sup> 6-1985 Separation distance (ft) ok

Sanitary system information

Septic tank(s): size 1000 material concrete condition good  
Tank pumped? yes date 7-24-2018 licensed pumper yes  
Septic tank/processing tank: size \_\_\_\_\_ material \_\_\_\_\_ condition \_\_\_\_\_  
Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_

Accessible treatment unit (ATU) mfg \_\_\_\_\_ size \_\_\_\_\_  
Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_  
Maintenance contact? \_\_\_\_\_ expiration date \_\_\_\_\_ service provider \_\_\_\_\_  
Condition \_\_\_\_\_

Pump tanks/units: type \_\_\_\_\_ size \_\_\_\_\_ condition \_\_\_\_\_

Distribution system: distribution box concrete outlets used 3 condition good  
Header pipe(s) 2 # of lines 3 Pressure tested? no

Secondary treatment:  
Length of absorption field 3-100ft determined by probe & map  
condition of field looks good determined by probe & walk  
type of trench material gravel & pipe

Size of sand filter \_\_\_\_\_ determined by \_\_\_\_\_  
Vent pipes above grade? \_\_\_\_\_ discharge pipe located? \_\_\_\_\_  
Effluent sample taken? \_\_\_\_\_ Results \_\_\_\_\_

Media filter: type \_\_\_\_\_  
Maintenance contact? \_\_\_\_\_ expiration date \_\_\_\_\_ service provider \_\_\_\_\_  
Condition \_\_\_\_\_

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

*[Handwritten signature]*

