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LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name	Steven C. Schmalzried						
Address	2203 196th Court, Winters	O6th Court, Winterset, IA 50273					
	Number and Street or RR	City, Town or P.O.	State	Zip			
TRANSF	EREE:						
	Martha Taylor						
Address	2203 196th Court, Winters	et, IA 50273		· · · · · · · · · · · · · · · · · · ·			
	Number and Street or RR	City, Town or P.O.	State	Zip			
	of Property Transferred: 6th Court, Winterset, IA 502	273					
Nur	mber and Street or RR	City, Town or P.O.	State	Zip			
Section Nineteen (19), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa 1. Wells (check one)							
_ <u></u> Ti Ti st	here are no known wells situ here is a well or wells situate ated below or set forth on a	ed on this property. The type(s), locati n attached separate sheet, as necessa		tus are			
T	Waste Disposal (check on here is no known solid waste here is a solid waste disposal Attachment #1, attached to	e disposal site on this property. al site on this property and information	ı related thereto is p	orovided			
3. Hazar	dous Wastes (check one) here is no known hazardous	s waste on this property.					
A1	here is hazardous waste on ttachment #1, attached to th rground Storage Tanks (cl		hereto is provided ii	ก			
المرا sr	here are no known undergro	ound storage tanks on this property. (Notor fuel tanks, most heating oil tanks, o					
		rage tank on this property. The type(s) sted below or on an attached separate					

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
Inf	formation required by statements checked above should be provided here or on separate
sh	eets attached hereto:
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
C:	gnature: Mun / Mm hun Telephone No.: 515 314 9224
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4/2010

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

Property information
Current owner STEVE SCHMAL 721FD
Current owner STEVE SCHMALZZIED Buyer MARTHA TAYLOR Realtor DEFFREY CROWDER Mailing address 2203 1964 CT WINTERSET TA 50273
Mailing address 2203 196th CT Winterset In 50273
· ·
Site Address/County Same As ABOVE / MADISON CO
Legal Description AS ABSTRACT
No. of bedrooms 5 Last occupied? Provide Records available 45
Permit/installation date 05-02 Separation distances ok/no? OK
Septic system information
Septic tank(s): size 2,000 94/ material Concrete condition of Tank pumped? Vf5 date 9-17-18 licensed pumper Country Side S-9776 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 \sqrt{EJ} outlets used $\underline{5}$ condition \underline{bk} Header pipe(s) $\underline{}$ # of lines $\underline{}$ Pressure dosed?
Secondary treatment: length of absorption fields 90 determined by Country Records condition of fields NC - DRY determined by Problem Problem Problem 1257
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
MPDES General Permit No. 4: required? permitted? NOI provided
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542-0191



Time of Transfer Inspection Report

Other components:		
Alarms Working?	disinfection NJ	working?
Control box Timers	inspection ports_	
Other components Sump pump For (proved WATE	en
Overall condition of the private sewage disposal system	<u>m</u>	
Report system status See AHACHED	PAGES.	
Explain (attach additional pages as needed):		
Comments:		
Site status at conclusion of Time of Transfer inspectio • Verify that controls are set on the appro • Power is on to all components. • Revisit all components to verify lids are • Gather all tools for removal from the si • Verify that no sewage is on the ground	opriate mode. e secure. ite.	
Using this worksheet, write a narrative report of the in	spection results and attac	ch a site sketch.
This report indicates the condition of the private sewarthe inspection. It does not guarantee that it will continue		
Signature of Certified inspector: The KINARD Name (print): DRIAN KINARD Address: P.O. DOX 204 Phone # 202 - 4895	Cer	ate: 9-17-18 rtificate #:0805
Provide a copy of this report, the narrative report and the person ordering the inspection, the county sanitaria		
Iowa DNR Private Sewage Disposal Program 502 E. 9 th St. Des Moines, IA 50319		

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Time of Transfer Report System Status

	Address: 2203 196th c- Date: 9-17-18
	Comments: Water set, 74 50273 Technician: Brian Rinard
	AU WASTEWATER From House Appears To
•	DRAIN INTO SOFTE SYSTEM.
•	2,000 941 Concrete D Compart ment soprie
	TANK WITH RISER OVER GUT CET Side ONLY
	WAS IN good working loudition.
الع الع	plastic DISTRIBUTION AND (3) 90' Chamber
	LATERALS AN TOOK WATER AND PROBED DRY
('	EveryTHING Located in tall Grassy AREA
	THIS IS NIT A guarantee
	THIS CEPTIFIES THAT THE SEPTE SYSTEM
	WAS IN WORKING CONDITION AT
	the time of the INSPECTION.
	DIAGRAM OF SYSTEM
	See
	See County Records
	Records

25o'o a⁰ - 2000 gal Septic Tank North -clean out House

Rermit # 005-02 Inspection 6/6/02 Jon Peterson

