

Document 2018 GW3512

Book 2018 Page 3512 Type 43 001 Pages 6 Date 10/31/2018 Time 10:32:05AM

Rec Amt \$.00

INDX **ANNO SCAN**

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSF	EROR:	•						
Name	Karen Henke, Trustee of the							
Address	1569 105th Street, Earlham, IA 50072							
	Number and Street or RR	City, Town or P.O.	State	Zip				
TRANSF	FRFF:							
Name	Rachelle D. Keller							
Address	305 NW Elm Avenue, Earl	ham, IA 50072						
	Number and Street or RR	City, Town or P.O.	State	Zip				
	of Property Transferred: 5th Street, Earlham, IA 5007	2						
Nun	nber and Street or RR	City, Town or P.O.	State	Zip				
 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. 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. 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. 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.) 								
Tł	here is an underground stor	age tank on this property. The type sted below or on an attached separa						

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)
υ.	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.
	$\sqrt{}$ 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.
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	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
	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:	Tolombono No. (410) 252 6220
216	gnature: Telephone No.: (410) 253-6330
	/ (



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

Property information Current owner Sybil Witt Trust Buyer Realtor _____ Mailing address 1569 105th St, Earlham Site Address/County 1569 105th St, Earlham Madison Co Legal Description No. of bedrooms 2 Last occupied? no Records available NO Permit/installation date _____ Separation distances ok/ no? _____ Septic system information Septic tank(s): size 1250 GAL material plastic condition working condition Tank pumped? YES date 9/18/18 licensed pumper Forest Septic Septic/trash/processing tank: size _____ material ____ condition _____ Tank pumped? date licensed pumper____ Aerobic treatment unit (ATU) mfgr size licensed pumper licensed pumper size Maintenance contract? expiration date service provider_____ Condition Pump tanks/vaults: type size condition Distribution system: distribution box Plastic outlets used 3 condition working condition Header pipe(s) # of lines Pressure dosed? Secondary treatment: length of absorption fields 3x100ft=300ft determined by Probe determined by hydraulic load test/probe condition of fields Working condition type of trench material Rock and pipe Size of sand filter ______ determined by ______ discharge pipe located? ______ Effluent sample taken? Results Media filters: type Media filters: type _______ Maintenance contract? _____ expiration date ______ service provider ______ 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 state	18					
ers and baffles in	working condition. Plastic pipe laterals with 300 gal w	All waste water goes from he distribution box in working a ater. All laterals took water a				
• Ver	usion of Time of Transfer ins ify that controls are set on the ver is on to all components.	~				
	risit all components to verify	lids are secure.				
	her all tools for removal fron					
• Ver	ify that no sewage is on the g	ground surface.				
Using this worksho	eet, write a narrative report of	f the inspection results and att	ach a site sketch.			
the inspection. It o	loes not guarantee that it will	e sewage disposal system at the continue to function satisfact	orily.			
Signature of Certif	ied inspector: Rich Korg	Kr.	Date: 9/25/18			
Name (print):	Rick Rogers 401 NE 52nd Ave, Des Moines, IA 503	C	ertificate #: <u>9597</u>			
Address:	401 NE 52nd Ave, Des Moines, IA 503 515-745-8352	13				
I HOIR T	U U-1 7U-0JUZ	MAN.				
		rt and sketch to the seller/ager anitarian/environmental health				
Iowa DNR						
Private Sewage Di	sposal Program					
502 E. 9 th St. Des Moines, IA 50						



- 1) 1250 gal plastic tank
 2) Plastic distribution box
 3) 3x100ft=300ft rock and pipe laterals.

Well location 1569 1054 St Earthan

House

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