

Document 2019 GW427

Book 2019 Page 427 Type 43 001 Pages 6 Date 2/04/2019 Time 11:27:38AM

Rec Amt \$.00

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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENTTO BE COMPLETED BY TRANSFEROR

TRANSFEROR:					
NameMicah R. Bartlett	and	Sarah E. Bartlett			
Address 211 E. North Street		Madrid	łA		50156
Number and Street or RR	City	, Town or P.O.		State	Zip
TRANSFEREE:					
Name_Christopher Potter	and	Beth Potter			
Address 2249 Holliwell Valley Court Number and Street or RR	Ci	Winterset ty, Town or P.O.	IA	State	50273 Zip
Address of Property Transferred:					
2249 Holliwell Valley Court		Winterset	IA		50273
Number and Street or RR		City, Town, or P.O.		State	Zip
There are no known wells situated There is a well or wells situated stated below or set forth on an a	on this prope	erty. The type(s),	` ,	and legal s	status are
 Solid Waste Disposal (check one) There is no known solid waste d 		on this property			
There is a solid waste disposal s Attachment #1, attached to this	site on this pr		ation relate	d thereto	is provided
3. Hazardous Wastes (check one)					
There is no known hazardous w	aste on this p	oroperty.			
☐ There is hazardous waste on thi Attachment #1, attached to this		nd information rela	ated thereto	is provide	ed in
4. Underground Storage Tanks (che					
There are no known undergroun small farm and residential motor instructions.)	_	, ,	• •		
There is an underground storage substance(s) contained are liste					

5. Prjvate 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:						
Sileets attached hereto.						
I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS						
FORM						
AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.						
Signature: Mesh Part Telephone No.: (575) 570 97/5						
Signature: Telephone No.: (177) 1/0 1/1						



4/2010

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

Property information
current owner Mark Bartlett
Buyer Realtor Heuther Knittel
Mailing address
Site Address/County 2249 Holliwell Valley Ct. Witterset/Madison Legal Description
No. of bedrooms 3 Last occupied? Current Records available
Permit/installation date 12/13/16 Separation distances 6k) no?
Septic system information
Septic tank(s): size 1500 material Concrete condition 5000 Tank pumped? No date Less than 3 year dicensed pumper Less than 3 years old Septic/trash/processing tank: size material condition Tank pumped? date licensed pumper
Aerobic treatment unit (ATU) mfgr size
Pump tanks/vaults: type size condition
Distribution system: distribution box $\frac{900}{500}$ outlets used $\frac{900}{900}$ condition $\frac{900}{900}$ Header pipe(s) $\frac{900}{500}$ # of lines $\frac{900}{900}$ Pressure dosed?
Secondary treatment: length of absorption fields determined by condition of fields determined by type of trench material
Size of sand filter 720 54 ff determined by County records Vent pipes above grade? yes discharge pipe located? yes Effluent sample taken? yes Results see attached
Media filters: type Maintenance contract? expiration date service provider Condition
NPDES General Permit No. 4: required? permitted? NOI provided
Page 1 of 2

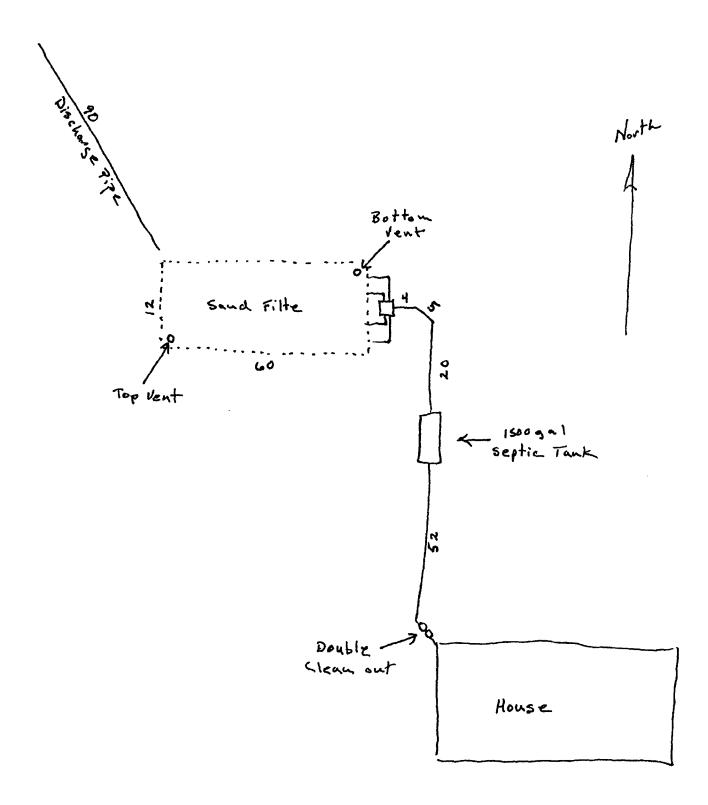
542-0191



Time of Transfer Inspection Report

Other components:		disinfection	working?
Control box	Timers	inspection ports	
Other components			
	of the private sewage disposal system	-	
Report system state	us System Workin	y properly	at Inspection
Explain (attach add	fitional pages as needed): Tank	9000 / D-	tox yord
Comments: 1 INSPECT INSPECT	vent pipe war ion. Honeowner m	not above ade repair	yrade at after
VerPovRevGat	usion of Time of Transfer inspection ify that controls are set on the approver is on to all components. risit all components to verify lids are her all tools for removal from the sit ify that no sewage is on the ground s	priate mode. secure. e.	
Using this worksho	eet, write a narrative report of the ins	spection results and att	ach a site sketch.
the inspection. It designature of Certify	es the condition of the private sewag loes not guarantee that it will continuited inspector:	ue to function satisfact	torily. Date: 12-29-18
Address: \106	Noth St. Unit 42,	Indianoly.	IA
	this report, the narrative report and s g the inspection, the county sanitaria		
Iowa DNR Private Sewage Di 502 E. 9 th St.	sposal Program		

Des Moines, IA 50319



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State Hygienic Laboratory

The University of Iowa

GLEN BEDWELL BUILDERS 1106 N 6TH ST UNIT 42 INDIANOLA, IA 50125 Date Sample Finalized
Date Received
Sample Source
Project

Accession Number

Date Collected Collection Site

Collection Address

Sample Description Client Reference Collector

Phone

2018-12-17 11:00
winterset/septic
2244 Holliwe
Valley (surt
WINTERSET, V

bedwell ben

waste water

751245

2018-12-26 15:38

2018-12-17 14:06

Non-Drinking Water

Phone | 515/381-2053

Note: Upon arrival, sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

Results of Analyses

E.coli Bacteria, SM 9223 B

Units | [MPN]/100mL Date Analyzed | 2018-12-17 16:00 Analyst | DMJ

Analyzed In Ankeny
Date Verified 2018-12-18 11:51
Verifier MLS

Analyte Result
E.coli <10.

Quant Limit
10

BOD, Carbonaceous 5 Day, SM 5210 B

Units mg/L
Date Analyzed 2018-12-19 08:00
Analyst AMJ, SLL

Analyzed In Ankeny
Date Verified 2018-12-26 15:38
Verifier DLS

Analyte CBOD, 5 Day Result <2

Quant Limit

Total Suspended Solids, USGS 1-3765-85

Units | mg/L Date Analyzed | 2018-12-18 14:00 Analyst | KAR Analyzed In Ankeny
Date Verified 2018-12-19 15:27
Verifier JAE

Analyte
Total Suspended Solids

Result <1

Quant Limit

Description of Units used within this report

[MPN]/100mL = Most Probable Number per 100 Milliliters mg/L = Milligrams per Liter

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http://www.shl.uiowa.edu

University of Iowa Research Park 4 2490 Crosspark Road Coralville, IA 52241 319/335-4500 Fax: 319/335-4555 Lakeside Laboratory 1838 Highway 86 Milford, IA 51351 712/337-3669 ext. 6 Fax: 712/337-0227 Iowa Laboratories Complex 2220 S. Ankeny Blvd Ankeny, IA 50023 515/725-1600 Fax: 515/725-1642