BK: 2019 PG: 1228

Recorded: 5/1/2019 at 10:20:49.0 AM

Pages 5

County Recording Fee: lowa E-Filing Fee: \$0.00

Combined Fee: Revenue Tax:

LISA SMITH RECORDER Madison County, Iowa

# REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

	TO	BE COMPLETED BY TRANSFEROR		
TRANSF	EROR:			
Name	Todd Mapes			
Address	2425 Millstream Avenue,	Winterset, IA 50273		
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF	EREE:			
Name	Andrew Apodaca and Kir	sey Apodaca		
Address	101 South Monroe, Tingle	ey, IA 50863		
	Number and Street or RR	City, Town or P.O.	State	Zip
	of Property Transferred:	. IA 50072		
essuuranisianimmuunaahnuram	Ilstream Avenue, Winterset		dest volton manuschi une ventra une entre en	MANAGE TO STATE OF THE STATE OF
Nu	nber and Street or RR	City, Town or P.O.	State	Zip
Eighteen	(18), Township Seventy-fi	ch if necessary) Lot Six (6) of Millstre f the Northeast Quarter (¼) of the Nort ve (75) North, Range Twenty-seven (2	neast Quarter (%) of	Section
Madison	County, Iowa			
1 Walle	(check one)			
	nere are no known wells si	tuated on this property		
		ted on this property. The type(s), loca	tion(s) and legal stat	tus are
		an attached separate sheet, as necess		
	Waste Disposal (check o		•	
<u>X</u> T	nere is no known solid was	te disposal site on this property.		
		sal site on this property and information	n related thereto is p	provided
	Attachment #1, attached to			
	dous Wastes (check one			
	nere is no known hazardou		11 t . t	
		this property and information related	tnereto is provided i	n
	tachment #1, attached to t ground Storage Tanks (c			
		ound storage tanks on this property.(	Note evolucione cur	sh ac
sr	nall farm and residential me	otor fuel tanks, most heating oil tanks,		
	structions.)	rage tank on this property. The type/o	) eizo(e) and any br	2014/0
		rage tank on this property.  The type(s isted below or on an attached separate		

5.	Private Burial Site (check one)
	X 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)
٠.	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 .
	permit number
1.0.	
	ormation required by statements checked above should be provided here or on separate
sne	ets attached hereto:
***********	
WHAT I WAS	
American	
All to come different com-	
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
ο,	1000
Sigr	nature: Telephone No.: (515) 975-1855
	1



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

Property information
Current owner To Id  Mapes  Buyer Awares of Kinsey Apologica Realtor Home Front  Mailing address 2425 Millstream Wintersof TA 50273
Site Address/County 2425 Millstream Winterset TH 50273 Ma.  Legal Description Same as address
No. of bedrooms 3 Last occupied? with out Records available yes
Permit/installation date 6-99 Separation distances 60no?
Septic system information
Septic tank(s): size 1000 gal material Cement condition ok at this teme.  Tank pumped? 400 date 4-15-17 licensed pumper 400  Septic/trash/processing tank: size material condition  Tank pumped? date licensed pumper
Aerobic treatment unit (ATU) mfgr Clean Strand size 3 Bed Room  Tank pumped? 1985 date 4-15-19 licensed pumper 1985  Maintenance contract? 1985 expiration date 1-1-20 service provider Alla Cakeso  Condition 1966 Samofilter had little were:
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
Size of sand filter Free ackeent 5 × 12 determined by Weekeent Vent pipes above grade? discharge pipe located? Results 34-755 2-CBop5
Media filters: type
NPDES General Permit No. 4: required? permitted? NOI provided



# Time of Transfer Inspection Report

Other components:
Alarms Ges Working? Ges disinfection Re working?
Control box 400 Timers 20 inspection ports 405
Other components Controls in house - going Down Stairs
Overall condition of the private sewage disposal system
Report system status Liey Thing looks of at this time
Report system status <u>Every Thing looks</u> ok at this time  Explain (attach additional pages as needed): <u>Has a Free access</u> Sandfille  After the Clear Stream
Comments:
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: Oklin Oklin Date: 4-15-19  Name (print): Allen Akers Certificate #: 203  Address: 2204/175th ct Winterset Th 50213  Phone # 575-462-1015
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



#### ANALYTICAL REPORT

1-800-421-IOWA (4692)

Collection L discharge	e akers aller	Collector and Phone Client Reference akers allen todd mayes 515/462-1015		Accession# 793689	
2425 MIL	STREAM Collected 2019-04-1	2 08:00	Received 2019-04-12 15:47	Project	
ALLEN AKERS  2204 175TH CT WINTERSET, IA 50273-			Sample Description Waste Water Sample Type Non-Drinking Water Sample Source  Sample Note(s)		

## **RESULTS OF ANALYSIS - FINAL REPORT**

TEST BOD, Carbonaceous 5 Day, SM 5210 B	RESULT (mg/L)	QUANT LIMIT	ANALYSIS NOTE(S)
CBOD, 5 Day	<2	2	
Total Suspended Solids, USGS I-3765-85 Total Suspended Solids	34	1	

## SAMPLE AND ANALYSIS NOTES

1. 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.

## **ANALYSIS INFORMATION**

2. Total Suspended Solids, USGS I-3765-85 2019-04-16 13:00 KAR 3201 2019-04-17 13:19 JAE	TEST 1. BOD, Carbonaceous 5 Day, SM 5210 B 2. Total Suspended Solids, USGS I-3765-85	<u>ANALYZED</u> 2019-04-12 16:00 AMG, JAE 2019-04-16 13:00 KAR	SITE 3201 3201	RELEASED 2019-04-18 09:17 MLS 2019-04-17 13:19 JAE	ANALYSIS PRE
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#### **DESCRIPTION OF UNITS**

mg/L = Milligrams per Liter

#### SITE(S) PERFORMING TESTING

3201 STATE HYGIENIC LABORATORY ANKENY, IOWA LABORATORIES COMPLEX, 2220 S ANKENY BLVD, ANKENY, IA 50023; Phone 515/725-1600; Fax 515/725-1642; Susie Yuan Dai, Ph.D., Associate Director; Wade K. Aidous, Ph.D. (D)ABMM, Associate Director; IOWA ENVIRONMENTAL LAB ID #397

The result(s) of this report relate only to the items analyzed. This report shall not be reproduced except in full without the written approval of the laboratory. If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500.