Document 2019 GW1278

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Daniel J. King and Sara R. King

Address 1061 Hwy 92, Winterset, IA 50273

Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:

Name Jessica R. Ngo and Lino Rodriquez-Moranchel

Address 1108 Dale Dr, Winterset, IA 50273

Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
1062 Hwy 92, Winterset, IA 50273

Number and Street or RR | City, Town or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) See 1 in Addendum

1. **Wells (check one)**
   - X 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)**
   - X 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)**
   - X 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)**
   - X 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)**
   - 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)**
   - ___ 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.
   - X 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:

_____

_____

_____

_____

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature: Sara King (Transferor or Agent) Telephone No.: (641) 340-0067

Addendum

1. Parcel "C" located in the Southwest Quarter (1/4) of the South[east] Quarter (1/4) of Section Six (6), Township Seventy-five (75) North, Range Twenty-nine (29) West of the 5th P.M., Madison County, Iowa, containing 5.00 acres. as shown in Plat of Survey filed in Book 2007, Page 1566 on April 17, 2007, in the Office of the Recorder of Madison County, Iowa, EXCEPT Parcel "D" located therein, containing 1.95 acres, as shown in Plat of Survey filed in Book 2011, Page 1612 on June 20, 2011, in the Office of the Recorder of Madison County, Iowa.

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

Property information

Current owner Dan King
Buyer 255109 N90 Realtor Shawn Nigg
Mailing address 1061 Hwy 92 Winterset, IA 50273

Site Address/County Same As Above / Madison Co
Legal Description AS ABSTRACT

No. of bedrooms 3/4 Last occupied? Present Records available Yes

Permit/installation date ? Separation distances ok/ no? OK
NOT ON DRAWING

Septic system information

Septic tank(s): size 1500 gal material Concrete condition ok
Tank pumped? YES date 4-2-19 licensed pumper Countryside Septic
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 YES outlets used 4 condition ok
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields (4) 100' determined by County Records
condition of fields ok - dry determined by Probing & Hydralic Test
type of trench material CHAMBER

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 _____

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

Time of Transfer Inspection Report

Other components:
Alarms NO Working? _____ disinfection NO working? _____

Control box _____ Timers _____ inspection ports _____

Other components NONE

Overall condition of the private sewage disposal system

Report system status See ATTACHED PAGES.

Explain (attach additional pages as needed): _____

Comments: Lateral Field is Located in Fenced in Area Used as pasture for Animals

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: _____ Date: 4-2-19
Name (print): BRIAN KINARD Certificate #: 8505
Address: P.O. Box 204 NORWALK IA 50211
Phone # 202-4895

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office, and to;

Iowa DNR
Private Sewage Disposal Program
502 E. 9th St.
Des Moines, IA 50319

Time of Transfer Report System Status

Address: 1061 Hwy 92 Date: 4-2-19

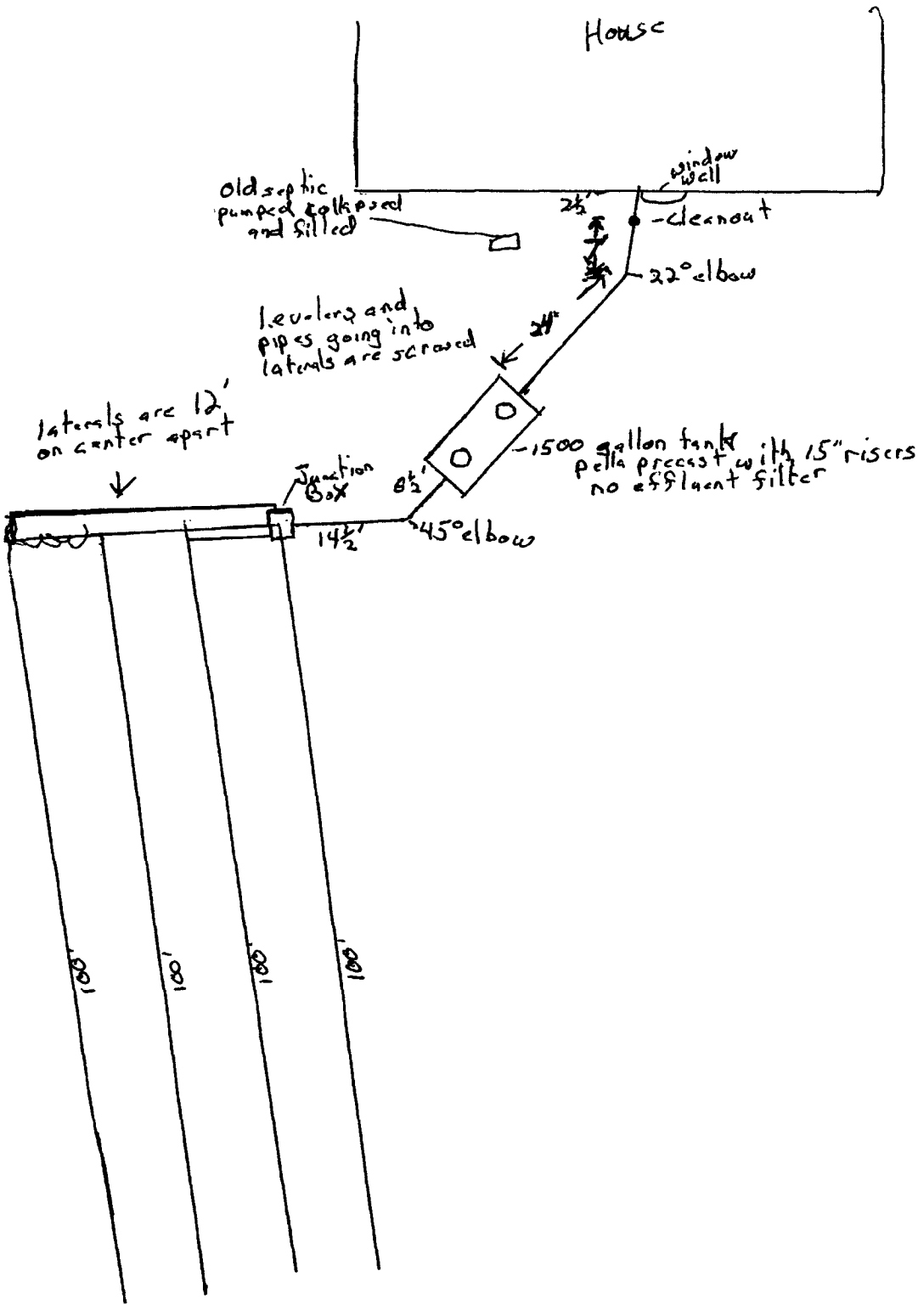
Comments: Winterset, IA 50273 Technician: Brian Rinard

ALL WASTEWATER FROM HOUSE APPEARS TO DRAIN INTO SEPTIC SYSTEM.
1500 GALLON CONCRETE (2) COMPARTMENT SEPTIC TANK WITH RISERS WAS IN WORKING CONDITION
PLASTIC DISTRIBUTION BOX WITH BAFFLE AND SPEED LEVELERS USED WAS IN WORKING CONDITION. (4) 100' CHAMBER LATERALS ALL TOOK WATER EVENLY FOR 15-20 MINUTES AND PROBED DRY AT TIME OF INSPECTION.
THIS IS NOT A GUARANTEE
THIS CERTIFIES THAT THE SEPTIC SYSTEM WAS IN WORKING CONDITION AT TIME OF INSPECTION.

DIAGRAM OF SYSTEM

See County Records

DNR Form 542-0181


House
window well
Old septic pumped collapsed and filled
2½'
cleanout
22° elbow
Levelers and pipes going into laterals are screwed
24"
laterals are 12' on center apart
1500 gallon tank with 15" risers
Pella precast with effluent filter
Junction Box
8½'
14½'
45° elbow
100'
100'
100'
100'