

Book 2019 Page 1636 Type 43 001 Pages 5 Date 6/04/2019 Time 10:45:00AM

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

IKANSF				
Name	Timothy M. Porter			
Address	2759 30th St, Peru, IA 5022	2		
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF	EREE:			
Name	Jeffrey Scott Miller			
Address	3126 Timber Ridge Lane, T	ruro, IA 50257		
	Number and Street or RR	City, Town or P.O.	State	Zip
	of Property Transferred: nber Ridge Lane, Truro, IA 5	0257		
Nu	mber and Street or RR	City, Town or P.O.	State	Zip
	(check one)	oted on this property		
	here are no known wells situate		anting/a) and lagal sta	ara
		d on this property. The type(s), locattached separate sheet, as nece	` '	itus are
	Waste Disposal (check one	•	osai y.	
		disposal site on this property.		
		I site on this property and informat	tion related thereto is	provided
	Attachment #1, attached to t	his document.		
	dous Wastes (check one)			
	here is no known hazardous			•
	nere is nazardous waste on t ttachment #1, attached to this	his property and information relate	a thereto is provided	in
	rground Storage Tanks (ch			
		and storage tanks on this property.	. (Note exclusions su	ch as
SI	——————————————————————————————————————	or fuel tanks, most heating oil tank	•	
	•	ge tank on this property. The type	e(s), size(s) and any k	nown
SI	ubstance(s) contained are list	ed below or on an attached separ	ate sheet, as necessa	ary.

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)
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	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
_	
	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.
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
o:	gnature: Telephone No.: <u>5/5-3/3-5404</u>
SI(	gnature: Telephone No.: 5/3-3/3-5909

## **Time of Transfer Inspection Report**

Property Information					
Current Owner: Matt & Beth Poster					
Buyer:	Realtor: Julie Egli				
Mailing Address:					
Site Address/County: 3126 Timber Ridge lane Truro IA 50257					
Legal Description					
No. of bedrooms: 3 Last occupied: October 2018 Records available: Yes					
Permit/ installation date:  2-5 -    Separ	ration distances (ok/no?):				
Septic System Information					
Septic tank(s): Size: 500 (a) Material: (oncrete Condition: 600)					
Tank pumped? XY N Date: 10-29-18 Licensed pumper: 5+-73-7					
Septic/Trash/Processing tank: Size: — Material: Condition:					
Tank pumped?  Y N Date: Licensed pumper:					
Aerobic treatment unit (ATU) mfgr	Size				
Tank pumped?  Y N Date:	Licensed pumper:				
Maintenance contract?					
Condition:					
Pump tanks/vaults: Type: Size:	Condition:				
Distribution system: Distribution box $\rho_{45+i}$	Outlets used 4 Condition: Good				
Header pipe(s): 4 No. of lines: 4 Pressure dosed?					
Secondary Treatment:					
Length of absorption fields: 4 6 100	Determined by: Map. Probe, Measuring				
Condition of fields: 300), dry	Determined by: probe walking feelds				
Type of trench material: 36° Chambers					
Size of sand filter:	Determined by:				
Vent pipes above grade? ☐ Y ☐ N	Discharge pipe located?				
Effluent sample taken	Results:				
Media Filters: Type:					
Maintenance contract?	Service provider:				
Condition:					
NPDES General Permit No. 4: Required?  YN Permitted? YN NOI provided:					



Private Sewage Disposal Program 502 E 9th St

Des Moines IA 50319

## **Time of Transfer Inspection Report**

Other components:						
Alarms: YN Working: YN Disinfection: YN Working: YN						
Control Box: none Timers: none Inspection Ports: Mone						
Other components: MON2						
Overall condition of the private sewage disposal system: 9000						
Report system status: System was working property on day of inspection						
Explain (attach additional pages as needed): Systems secondar, treatment was						
Dry and working on day of inspection:						
Comments: SXStem INGS WOOKEN property on day of inspection						
Site status at conclusion of Time of Transfer inspection:						
<ul> <li>Verify that controls are set on the appropriate mode.</li> <li>Power is on to all components.</li> <li>Revisit all components to verify lids are secure.</li> <li>Gather all tools for removal from the site.</li> <li>Verify that no sewage is on the ground surface.</li> </ul>						
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: 18-26-18						
Name (print): Joe Bedue 11 Certificate #: 10974						
Address: 1310 East (linton Arenue Indianola IA 50125						
Phone #: 515-681-5885						
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						

