Document 2019 GW2544

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INDX
ANNO
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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 Katy R. Kass

Address 3928 156th Street, Urbandale, IA 50322

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

TRANSFEREE:

Name Jake and Molly Marlin

Address 13389 Spruce Avenue, Mason City, IA 50401

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

Address of Property Transferred:
2109 Warren Avenue, Saint Charles, IA 50240

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

Legal Description of Property: (Attach if necessary) A tract of land located in the Southeast Quarter of the Northeast Quarter of Section Thirty-six (36), Township Seventy-six (76) North, Range Twenty-six (26), West of the 5th P.M., more particularly described as follows, to-wit: Commencing at the Northeast corner of said Section Thirty-six (36), thence South 0°00'00" 1,834.77 feet along the East line of said Section Thirty-six (36) to the point of beginning, thence South 90°00'00" West 414 feet, thence South 0°00'00" 315.65 feet, thence South 90°00'00" East 414 feet to the East line of Section Thirty-six (36), thence North 0°00'00" 315.65 feet to the point of beginning; containing 3.00 acres more or less including road right of way.

1. **Wells (check one)**
   - ___ There are no known wells situated on this property.
   - X 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:

The well is in the North, Northwest corner on Bob Rices property line, but there is easement for well - surveyed in 2017.

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

Signature: _____ (Transferor or Agent) Telephone No.: 515-720-5195

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

Property information

Current owner JR & KATY KASS JOHNSON (240-6492)
Buyer JACOB & Molly MARLIN Realtor BY OWNER
Mailing address 2109 WARREN AVE ST CHARLES IA 50240

Site Address/County SAME AS ABOVE / MADISON Co.
Legal Description AS ABSTRACT

No. of bedrooms 4 Last occupied? present Records available YES

Permit/installation date 043-11 10-6-11 Separation distances ok/ no? ok

Septic system information

Septic tank(s): size 1500 gal material POLY condition ok
Tank pumped? YES date 7-25-19 licensed pumper County Side 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 _____ outlets used _____ condition _____
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields _____ determined by _____
condition of fields _____ determined by _____
type of trench material _____

Size of sand filter _____ determined by _____
Vent pipes above grade? _____ discharge pipe located? _____
Effluent sample taken? YES Results See WRA LAB Results

Media filters: type PEAT SYSTEMS (ECO-PURO)
Maintenance contract? YES expiration date 2019 service provider ALAN AKERS
Condition OK AT TIME OF the INSPECTION

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

Provide a copy of this report the ...

Time of Transfer Report System Status

Address: 2109 Warren Ave Date: 7-25-19

Comments: ST CHARLES, IA 50240 Technician: Brian Rinard

ALL WASTEWATER From House Appears To DRAIN INTO Septic System.

1500 gallon Poly: (2) Compartment Septic Tank WITH Risers & Effulent Filter WAS in Working Condition

Eco-pure peat System WHICH HAS MAINT. Agreement For 2019 WITH ALAN AKERS WAS ALSO in Working Condition AT time OF INSPECTION.

EFFulent Samples WAS TAKEN day OF the INSPECTION AND then Septic TANK WAS pumped OUT. (see LAB RESULTS)

THIS IS NOT A Guarantee

THIS Certifies THAT THE SEPTIC System WAS in Working Condition AT the time OF the INSPECTION

DIAGRAM OF SYSTEM

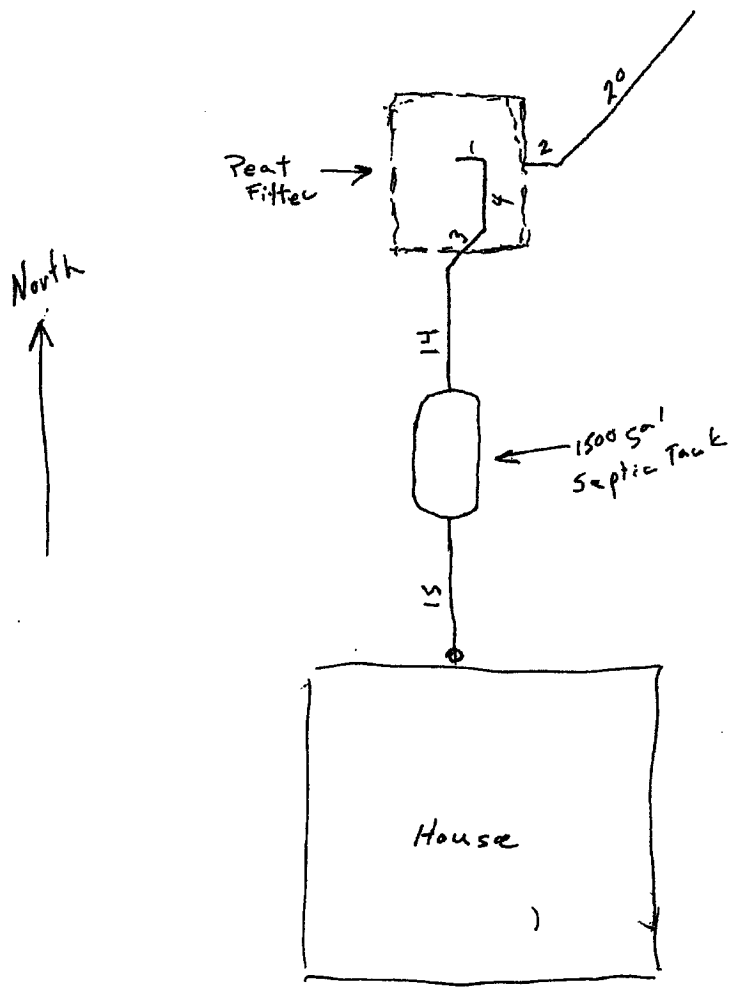
See

County

Records

DNR Form 542-0181

Permit # 043-11
Inspection 10/6/11
2109 Warren Ave.



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: Effluent Filter was cleaned at the time of the Inspection Should Be cleaned once A YEAR To prevent Back up.

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: [signature] Date: 7-25-19
Name (print): BRIAN RINARD Certificate #: 8805
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

Des Moines WRF
Laboratory

(515) 323-8002

CountrySide Septic & Grease

Results Report

Date: 01-Aug-19

Order ID: 19072515

Sample	Collect Date	Site	Parameter	Result	Units	Method	Analysis Date
19072515-01	7/25/2019	Johnson-2109 Warren Ave., St. Charles	CBOD	6	mg/L	SM 5210 B	7/26/2019
19072515-01	7/25/2019	Johnson-2109 Warren Ave., St. Charles	TSS	51	mg/L	SM 2540 D	7/26/2019