

**REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT**  
TO BE COMPLETED BY TRANSFEROR

**TRANSFEROR:**

Name Peggy J. Havener

Address 2084 Idaho Pl Osceola IA 50213  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name Betty Truong

Address 2051 145th Ln Earlham IA 50072  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

2051 145th Ln Earlham IA 50072  
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary)

**Parcel "B" located in the West Half of the Northeast Quarter (W 1/2 NE 1/4) of Section 26, Township 77 North, Range 28 West of the 5th P.M., Madison County, Iowa, containing 8.13 acres, as shown in Plat of Survey filed in Book 2008, Page 3595 on December 15, 2008 in the Office of the Recorder of Madison County, Iowa.**

**1. Wells (check one)**

- ☒ 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)**

- ☒ 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)**

- ☒ 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)**

- ☒ 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)**

- ☒ 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:**

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**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS  
FORM**

**AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature:

*Peggy J. Lawner*  
(Transferor or Agent)

Telephone No.:

*(515) 493-9013*



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

### Property information

Current Owner Peggy Havener, grammytonine@yahoo.com

Buyer none Realtor none

Mailing Address 2051 145th Ln, Earlham, IA 50072, 515-493-9013

Site Address/County 2051 145th Ln, Earlham, IA 50072 Madison County, tburk@madisoncoia.us

No. of Bedrooms 1 Last Occupied? occu Separation distances ok? Yes

Records Available YES Permit/Installation Date \_\_\_\_\_

### Septic System Information

Septic Tank(s): Size 1500 gal Material Concrete Condition Working

Tank Pumped? YES Date 7/30/19 Licensed Pumper Forest 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 Plastic Outlets Used 5 Condition Working

Header Pipe(s) \_\_\_\_\_ Number 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 49ft x 16ft

Determined by County record/probe

Vent Pipes Above Grade? YES

Discharge Pipe Located? YES

Effluent Sample Taken? YES

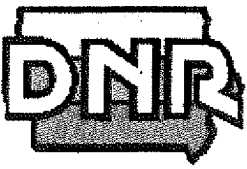
Results Awaiting results

Media Filters: Type \_\_\_\_\_

Maintenance Contract? \_\_\_\_\_ Expiration Date \_\_\_\_\_ Service Provider \_\_\_\_\_

Condition \_\_\_\_\_

NPDES General Permit No. 4: Required? \_\_\_\_\_ Permitted? \_\_\_\_\_ NOI submitted \_\_\_\_\_



## Time of Transfer Inspection Worksheet

### Other Components

Alarms \_\_\_\_\_ Working? \_\_\_\_\_ Disinfection \_\_\_\_\_ Working? \_\_\_\_\_

Control Box \_\_\_\_\_ Timers \_\_\_\_\_ Inspection Ports \_\_\_\_\_

Other Components \_\_\_\_\_

### Overall condition of the private sewage disposal system

Report of system status \_\_\_\_\_

Explain (attach additional pages as needed):

All waste water goes from house to septic. 1500 gal concrete tank with risers and outlet filter in working condition. Plastic distribution box in working condition. Hydraulic load tested the 49ft x 16ft sand filter with 400 gal water. Sand filter took all water and probed dry and clean. Collected water sample.

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: \_\_\_\_\_

*Rick Rogers*

Date: 8/1/2019

Name (print): Rick Rogers

Certificate #: 9597

Address: 401 NE 52nd Ave, Des Moines, IA 50313

Phone # (515)282-0777

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

4/2010

542-0191