

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

**TRANSFEROR:**

Name Leon J. Morse and Cherie L. Morse

Address 1215 State Highway 92, Wiinterset, Iowa 50273

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Earl Paul Binns

Address 1219 Highway 92, Winterset, Iowa 50273

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

1215 Highway 92, Winterset, Iowa 50273

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) Parcel "C" in the NE $\frac{1}{4}$ SE $\frac{1}{4}$  Section 5 and NW $\frac{1}{4}$ SW $\frac{1}{4}$  Section 4, T75N, R29W, 5th P.M., 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:**

One active well is located 100 yards south of the dwelling house.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature: Leon J. Morse  
(Transferor or Agent)

Leon J. Morse

Telephone No.: (515) 778-8907



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

## Property information

Current owner Leon Morse  
Buyer EARL BINNS Realtor By Owner (778-8907)  
Mailing address 1215 Hwy 92 Winterset, IA 50273  
Site Address/County Same as Above / MADISON CO.  
Legal Description AS ABSTRACT  
No. of bedrooms 3 Last occupied? present Records available yes  
Permit/installation date 856 Separation distances ok/no? ok  
1978

## Septic system information

Septic tank(s): size 1,000 gal material Concrete condition OK  
Tank pumped? yes date 6-8-21 licensed pumper Countryside Septic  
Septic/trash/processing tank: size \_\_\_\_\_ material \_\_\_\_\_ condition \_\_\_\_\_  
Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_  
Aerobic treatment unit (ATU) mfg \_\_\_\_\_ 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: 60' 110'  
length of absorption fields (4) 80' 120' determined by County Records  
condition of fields OK - DR determined by probing & Hydraulic  
type of trench material Rock laterals Test  
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 NONE

Other components NONE

Overall condition of the private sewage disposal system

Report system status See ATTACHED PAGES

Explain (attach additional pages as needed): —

Comments: CAST IRON pipe Between Septic Tank  
AND DISTRIBUTION Box WAS Replaced  
BEFORE INSPECTION.

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: 6-8-21

Name (print): BRIAN RIVARD

Certificate #: 8805

Address: PO 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. 9<sup>th</sup> St.  
Des Moines, IA 50319

Time of Transfer Report System Status

Address: 1215 Hwy 92

Date: 6-8-21

Comments: Winterset, FA 20213

Technician: Brian Rinard

All WASTEWATER From House DRAINS INTO  
SEPTIC SYSTEM 1000 GALLON Concrete (2)  
COMPARTMENT SEPTIC TANK WITH RISER AND OUTLET  
BAFFLE WAS IN WORKING CONDITION  
Concrete DISTRIBUTION WITH INLET BAFFLE  
WAS IN WORKING CONDITION, TOOK ALL WATER  
EVENLY FOR 10-15 MINUTES. All (4) LATERALS  
PROBED DRY AT TIME OF THE INSPECTION

THIS IS NOT A GUARANTEE  
THIS CERTIFIES THAT THE SEPTIC SYSTEM  
WAS IN WORKING CONDITION AT TIME OF  
THE INSPECTION.

DIAGRAM OF SYSTEM

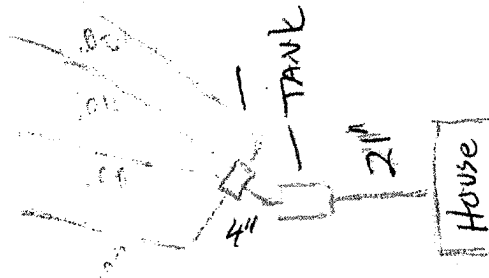
See  
County  
Records

OWNER

Leon Morse  
1215 Hwy 92  
Close 6-21-21  
778-8907

DOUBLE ~~B~~ BRONCS  
(9) Gmail.com.

25327  
25819  
25865



1000 gallon TANK  
3 BEDROOM