

REAL ESTATE TRANSFER – GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name TY MAPES AND MARHSA MAPES

Address 1401 Juniper Trail Earlham Iowa 50072
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name JUSTIN CARLSON AND MELANIE CARLSON

Address 425 Fawn Circle Pleasant Hill Iowa 50327
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:
1401 Juniper Trail Earlham Iowa 50072
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) N 1/2 of NE 1/4 of NE 1/4 of Section 28, Township 77 North, Range 28, West, Madison County

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 a 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 a 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 acknowledgement 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 acknowledgement is attached to this form.
☐ There is a building served by private sewage disposal system on this property. The buyer has executed a binding acknowledgement with the county board of health to install a new private sewage disposal system on this property with an agreed-upon time period. A copy of the binding acknowledgement 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 acknowledgement with the county board of health to demolish the building within an agreed-upon time period. A copy of the binding acknowledgement 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:

Well is drilled and working ~~at~~ located
about 20ft north of the home

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

Signature: _____

[Signature]
(Transferor or Agent)

Telephone No.: (515) 468-3777



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

Property information

Current Owner Ty & Marsha Mapes; mapesty@aol.com

Buyer Justin & Melonie Carlson; Realtor Kyle Kuhns

Mailing Address 1401 Juniper TRL Earlham IA 50072

Site Address/County 1401 Juniper TRL Earlham IA 50072 Madison CO; tburk@madisoncoia.us

No. of Bedrooms 4 Last Occupied? Curre Separation distances ok? Yes

Records Available No Permit/Installation Date No

Septic System Information

Septic Tank(s): Size _____ Material _____ Condition _____

Tank Pumped? _____ Date _____ Licensed Pumper _____

Septic/Trash/Processing Tank: Size _____ Material _____ Condition _____

Tank pumped? _____ Date _____ Licensed Pumper _____

Aerobic treatment unit (ATU) MFGR Multi flo Size 650 gpd

Tank Pumped? YES Date 6/17/21 Licensed Pumper Forest Septic

Maintenance Contract? YES Expiration Date 12/31/21 Service Provider Rogers

Condition Working

Pump Tanks/Vaults: Type _____ Size _____ Condition _____

Distribution System: Distribution Box _____ Outlets Used _____ Condition _____

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 5ft x 10ft Determined by Visual

Vent Pipes Above Grade? Free access 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):

There are 2 systems for this property. House septic- All waste water goes from house to septic. 650 gpd multi flo in working condition. Aerator in working condition. Alarm in working condition. Hydraulic load tested the 5ft x 10ft free access sand filter with 300 gal water. Located discharge and 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: _____

Date: 6/22/2021

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



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Mailing Address 1401 Juniper TRL Earlham IA 50072

Site Address/County 1401 Juniper TRL Earlham IA 50072 Madison CO; tburk@madisoncoia.us

No. of Bedrooms 4 Last Occupied? Curre Separation distances ok? Yes

Records Available YES Permit/Installation Date YES

Septic System Information

Septic Tank(s): Size 1000 gal Material Concrete Condition Working

Tank Pumped? YES Date 6/17/21 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 No Outlets Used No Condition No

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 12ft x 20ft Determined by County record/probe

Vent Pipes Above Grade? No Discharge Pipe Located? YES

Effluent Sample Taken? No dry Results N/A

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):

- this system only services a small bathroom that never gets used. All waste water goes from house to septic. 1000 gal concrete tank with baffles in working condition. There is no distribution box for the 12ft x 20ft sand filter. Hydraulic load tested the sand filter with 350 gal water. Located discharge and is dry at this time.

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.

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