BK: 2022 PG: 123
Recorded: 1/12/2022 at 8:02:16.0 AM
Pages 5
County Recording Fee: $0.00
Iowa E-Filing Fee: $0.00
Combined Fee: $0.00
Revenue Tax:
LISA SMITH RECORDER
Madison County, Iowa

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Jeff L. Barker

Address 1821 Millstream Court, Winterset, IA 50273
Number and Street or RR | City, Town or PO | State | Zip

TRANSFEREE:

Name Matthew W. Holeton

Address 1821 Millstream Court, Winterset, IA 50273
Number and Street or RR | City, Town or PO | State | Zip

Address of Property Transferred:

1821 Millstream Court, Winterset, IA 50273
Number and Street or RR | City, Town or PO | State | Zip

Legal Description of Property: (Attach if necessary)

see attached

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:

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

Signature: _____ Telephone No.: 515-414-1000
(Transferor or Agent)

Legal Description

Lot Twenty-five (25) of COVERED BRIDGE ESTATES, a Subdivision located in Sections Twelve (12) and Thirteen (13) of Township Seventy-six (76) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, and in Sections Seven (7) and Eighteen (18) of Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa.

#090-21

18-Union

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

Property information

Current Owner Jeff L & Angela L Barker; jbark33option@gmail.com

Buyer No buyer at this time Realtor Jen Stanbrough

Mailing Address 1821 Millstream CT Winterset IA 50273; 515.418.3988

Site Address/County 1821 millstream Ct Winterset IA 50273 Madison; tburk@madisoncoia.us

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

Records Available YES Permit/Installation Date 4/6/06

Septic System Information

Septic Tank(s): Size 2000 gal Material Concrete Condition Working

Tank Pumped? YES Date 11/24/21 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 Plastic Outlets Used 6 Condition Working

Header Pipe(s) _____ Number of Lines _____

Pressure Dosed? _____

Secondary Treatment

Length of Absorption Fields 6x100ft=600ft Determined by County record/probe

Condition of Fields Not working/see notes Determined by Hydraulic load test/probe

Type of Trench Material Rock and pipe

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 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. 2000 gal concrete tank with risers and outlet filter in working condition. Plastic distribution box in working condition. Hydraulic load tested the 6x100ft=600ft rock and pipe laterals with 75 gal water. At this point the laterals stopped taking the water and filled up the box. Laterals all probed wet.

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: 11/24/2021
Name (print): Rick Rogers Certficate #: 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