Document 2022 GW2594

Book 2022 Page 2594 Type 43 001 Pages 8
Date 9/01/2022 Time 12:08:30PM
Rec Amt $.00

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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: Julia Koster

Address: 2663 SE Ossier Drive, West Des Moines, IA 50266

TRANSFEREE:

Name: Derek Koster

Address: 1625 Quarry Trail, Winterset, IA 50273

Address of Property Transferred:
1625 Quarry Trail, Winterset, Iowa 50273

Legal Description of Property: (Attach if necessary)
Section 10, Township 76 North, Range 27 West of the 5th P.M., Madison County, Iowa, more particularly described as follows: Beginning in the East Quarter Corner of Section 10, Township 76 North, Range 27 West of the 5th P.M., Madison County, Iowa; Thence South 00°03'31" West 2166.67 feet along the East line of the Southeast Quarter of said Section 10 to the South line of Parcel "A"; thence South 88°37'49" West 785.55 feet along the South line of Parcel "A"; thence North 00°02'32" East 2185.45 feet to a point on the North line of the Northeast Quarter of the Southeast of said Section 10; thence North 90°00'00" East 785.93 feet to the point of Beginning containing 39.246 acres including 1.038 acres of County Road right-of-way
Locally known as 1625 Quarry Trail, Winterset, Iowa 50273

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:

_____

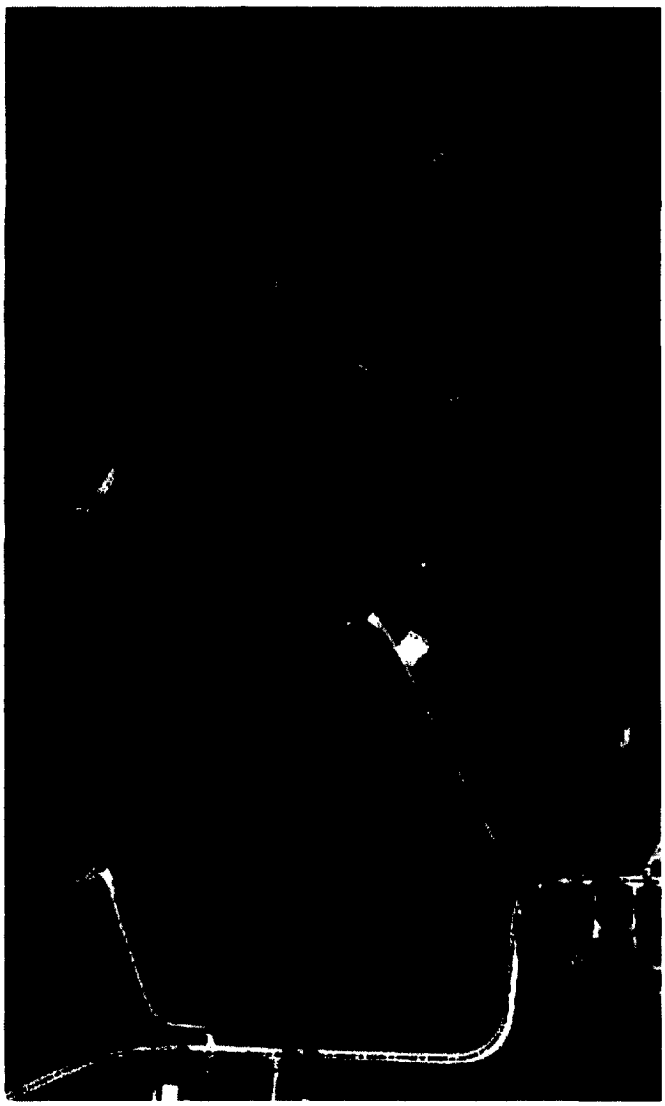
I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature: Julia R Wooster _____ Telephone No.: 515-710-1833

(Transferor)

ATTACHMENT - WELL LOCATION

The well is located approximately 150' off of the road and is unusable.



#029-22
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IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR ADAM GREGG
DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 666 NICK LONG CERT # 11622

Site Information

Parcel Description: **360060428010000**

Address: **1625 Quarry Trail, Winterset, IA 50273** County: **Madison**

Owner Information

Property is owned by a business: **No**

Business Name:

Owner Name: **Julia Koster**

Email Address: **j.koster6824@gmail.com**

Address: **1625 Quarry Trail, Winterset, IA 50273**

Phone No:

Site related information

No Of Bedrooms: **4**

Inspection Date: **06/10/2022**

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date:

Permit issued by County: **N/A**

Permit Number:

All plumbing fixtures enter septic system: **Yes**

County contacted for records: **Yes**

Property Information Comments:

Primary Treatment

Tank 1

Tank Name: **Tank 1**

Type: **Septic Tank**

Tank Size (Gal): **1500 gal**

Tank Material: **Plastic**

Tank Corrosion Type: **None**

Liquid Level Type: **Normal**

No. of Compartments: **2**

Pump Tank Chamber: **No**

Licensed Pumper Name: **Forest Septic**

Date Pumped: **6/9/2022**

Meets Setback to Well: **N/A**

Well Type:

Distance To Well (Ft.):

Is Accessible: **Yes**

Lid Intact: **Yes**

Risers Intact: **Yes**

Effluent Filter Present: **Yes**

Watertight: **Yes**

Tank/Vault Pumped: **Yes** Inlet Baffle Present: **Yes** Outlet Baffle Present: **Yes** Functioning as Designed: **Yes**

Tank Comments:

General Primary Treatment Comments:

Distribution Type

Distribution Box 1

Label: **Distribution Box 1** Material Type: **Plastic** Accessible: **Yes**

Box Opened: **Yes** Baffle Present: **Yes** Speed Levelers Present: **Yes**

Watertight: **Yes** Functioning As Designed: **Yes**

General Distribution System Comments :

Secondary Treatment

Lateral Field1

Distribution Type: **Header Pipe** Material Type: **Leaching Chamber** Trench Width: **36"**

Lines: **5** Total Length of Absorption Line: **500ft** System Hydraulic Loaded: **Yes**

Gallons Loaded: **350 gal** Meets Setback to Well: **N/A** Well Type:

Distance To Well (Ft.): Lateral Lines Probed: **Yes** Saturation or Ponding Present: **No**

Grass Cover Present: **Yes** Lateral Lines Equal Length: **Yes** System Located on Owner Property: **Yes**

Easement Present: **N/A** Functioning as Designed: **Yes**

Comments:

General Secondary Treatment Comments:

Narrative Report

TOT Inspection Report Overall Narrative Comments: **All waste water goes from house to septic. 1500 gal plastic tank with baffles and risers in working condition. Plastic distribution box in working condition. Hydraulic load tested the 5x100ft=500ft 36" Chambers with 350 gal water. All laterals took water and probed dry and clean.**

IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR ADAM GREGG
DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 666 NICK LONG CERT # 11622

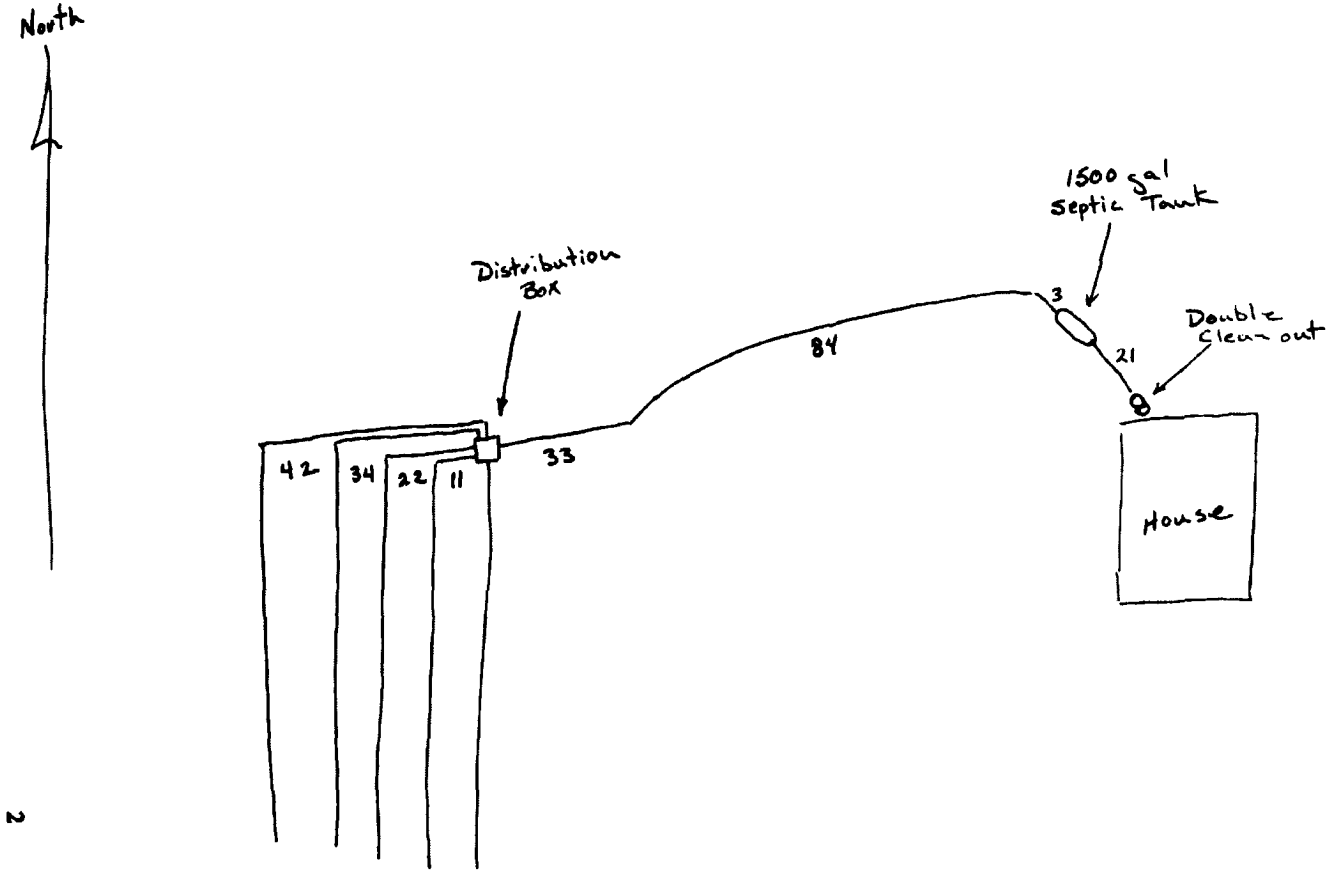
Owner Name:	**Julia Koster**		
Address:	**1625 Quarry Trail , Winterset , IA 50273**		
County:	**Madison**		
Inspection Date:	**06/10/2022**	Submitted Date:	**06/14/2022**

Derek James Koster
Buyer 8/1/2022

Julie K Koster
seller 8/1/2022

This page certifies a Time of Transfer inspection was conducted and submitted for the property listed above in accordance with Subrule 567 IAC 69.2(8).

Permit # 010-03 Paul Kosfer Inspection 5/21/03



GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a. Solid Waste Disposal (check one)

☐ There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.

☐ There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.

b. Hazardous Wastes (check one)

☐ There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.

☐ There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.

Further descriptive information:

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

Signature: Julie A Kooker Telephone No.: 515-710-1835
(Transferor)

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)