Document 2023 GW2787

Book 2023 Page 2787 Type 43 001 Pages 9 Date 11/13/2023 Time 12:27:01PM

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BRANDY MACUMBER, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED IN FULL BY TRANSFEROR

If the transaction is exempt from filing a declaration of value pursuant to Iowa Code 428A.1(2), STOP HERE. Pursuant to Iowa Code section 558.69(1), when no declaration of value is submitted during a transaction, you are not required to submit a groundwater hazard statement or include the statutory language in Iowa Code section 558.69(8A). Please consult your realtor or legal counsel for further advice, including on whether a declaration of value is required. The Department provides this information for statutory reference only.

Instructions for this document can be found at:

https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960%20Instructions.pdf

Attachment 1, if required, can be found at: https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960a.pdf

TRANSF	EROR:			
Name	Jeremy Bowlsby			
Address	1310 W Washington Winterset, IA 50273			
	Number and Street or RR	City, Town or PO	State	Zip
TRANSF	EREE:			
Name	Samuel App Marshall and Kaitlin E Marshall			
Address	1795 Millstream Ct, WINTERSET, IA 50273			
	Number and Street or RR	City, Town or PO	State	Zip
Address	of Property Transferred:			
1795 Mil	llstream Ct, WINTERSET, IA 50273			
Number a	and Street or RR	City, Town or PO	State	Zip
Legal De	escription of Property: (Attach if necessary)			
See attac	hed.			
1. Wells	No Condition - There are no known wells situate Condition Present - There is a well or wells situate stated below or set forth on an attached separat	ted on this property. The type(s), lo	ocation(s) and legal st	atus are
2. Solid	Waste Disposal (check one) No Condition - There is no known solid waste dis Condition Present - There is a solid waste disposi in Attachment #1, attached to this document.		ation related thereto	is provided

3. Haz	ardøus Wastes (check one)
	No Condition - There is no known hazardous waste on this property. Condition Present - There is hazardous waste on this property and information related thereto is provided in Attachment #1, attached to this document.
2	Perground Storage Tanks (check one) No Condition - 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.) Condition Present - 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.
	 No Condition - There are no known private burial sites on this property. Condition Present - 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. Priv	a sewage disposal system.
	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. Condition Present - There is a building served by private sewage disposal system on this property. The system is failing to ensure effective wastewater treatment or is otherwise improperly functioning, and 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.
	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 #7] Condition Present - There is a building served by private sewage disposal system on this property. This property is exempt from the private sewage disposal inspection requirements pursuant to the following Exemption (Note: for exemption #7 use prior check box):
	Exemption [Note: for exemption #7 use prior check box]: Condition Present - There is a building served by private sewage disposal system on this property. The private sewage disposal system has been installed within the past two years pursuant to permit number:

Review the following two directions carefully:

A. If you selected a box stating "No Condition" for <u>every</u> numbered section above, <u>STOP HERE</u>. Do not submit this form. Instead, pursuant to lowa Code section 558.69(8A), you must include the following language on the first page of the recorded deed, instrument, or other writing:

"There is no known private burial site, well, solid waste disposal site, underground storage tank, hazardous waste, or private sewage disposal system on the property as described in Iowa Code section 558.69, and therefore the transaction is exempt from the requirement to submit a groundwater hazard statement."

Please consult your realtor or legal counsel for further advice on this exemption. By law, the owner of the property is responsible for the accuracy of this statement, and the Department provides this information for statutory reference only.

B. If you checked <u>any</u> box stating "Condition Present" for <u>any</u> of the numbered sections above, continue below. You must complete this form, including providing all required information, and you must submit this form to the county recorder's office with declaration of value.

Information required by statements checked above should be provi	ided here or on separate sh	eets attached hereto:
		pro-
		A
I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR ABOVE IS TRUE AND CORRECT.	R THIS FORM AND THAT THE	INFORMATION STATED
Signature: (Transferor or Agent)	Telephone No.:	515 447 8643

Legal Description

Lot Twenty-eight (28) of Covered Bridge Estates, located in the Fractional Southwest Quarter (1/4) of the Southwest Quarter (1/4) of Section Seven (7), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa.



#098-21

542-0191

Time of Transfer Inspection Report

Current Owner: Ethan and Emily Walton Buyer: Realtor: Rachel Eller Mailing Address: Site Address/County: 1795 Millstream Ct, Winterset IA/ Madison County Legal Description No. of bedrooms: 4 Last occupied: Current Records available: yes Permit/ installation date: 11-28-18 Separation distances (ok/no?): ok Septic System Information Septic tank(s): Size: 1500 gal Material: Concrete Condition: good Tank pumped? Y N Date: 12-8-21 Licensed pumper: Wiegert Septic/Trash/Processing tank: Size: Material: Condition: Tank pumped? Y N Date: Licensed pumper: Aerobic treatment unit (ATU) mfgr Size Tank pumped? Y N Date: Licensed pumper: Maintenance contract? Y N Expiration date: Service provider: Condition:
Mailing Address: Site Address/County: 1795 Millstream Ct, Winterset IA/ Madison County Legal Description No. of bedrooms: 4 Last occupied: Current Records available: yes Permit/ installation date: 11-28-18 Separation distances (ok/no?): ok Septic System Information Septic tank(s): Size: 1500 gal Material: Concrete Condition: good Tank pumped? Y N Date: 12-8-21 Licensed pumper: Wiegert Septic/Trash/Processing tank: Size: Material: Condition: Tank pumped? Y N Date: Licensed pumper: Aerobic treatment unit (ATU) mfgr Size Tank pumped? Y N Date: Licensed pumper: Maintenance contract? Y N Date: Septice provider:
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Septic System Information Septic tank(s): Size: 1500 gal Material: Concrete Condition: good Tank pumped? Y N Date: 12-8-21 Licensed pumper: Wiegert Septic/Trash/Processing tank: Size: Material: Condition: Tank pumped? Y N Date: Licensed pumper: Aerobic treatment unit (ATU) mfgr Size Tank pumped? Y N Date: Licensed pumper: Maintenance contract? Y N Expiration date: Service provider:
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Septic/Trash/Processing tank: Size: Material: Condition: Tank pumped?
Tank pumped?
Aerobic treatment unit (ATU) mfgr Size Tank pumped?
Tank pumped?
Maintenance contract?
Service provider.
Pump tanks/vaults: Type: Concrete Size: 500 gal Condition: good
Distribution system: Distribution box Outlets used Condition:
Header pipe(s): No. of lines: Pressure dosed? yes
Secondary Treatment:
Length of absorption fields: Determined by:
Condition of fields: Determined by:
Type of trench material: rock and pipe
Size of sand filter: 12'x62 1/2' Determined by: County Map
Vent pipes above grade?
Effluent sample taken no Results: not discharging
Media Filters: Type:
Maintenance contract?
Condition:
NPDES General Permit No. 4: Required?



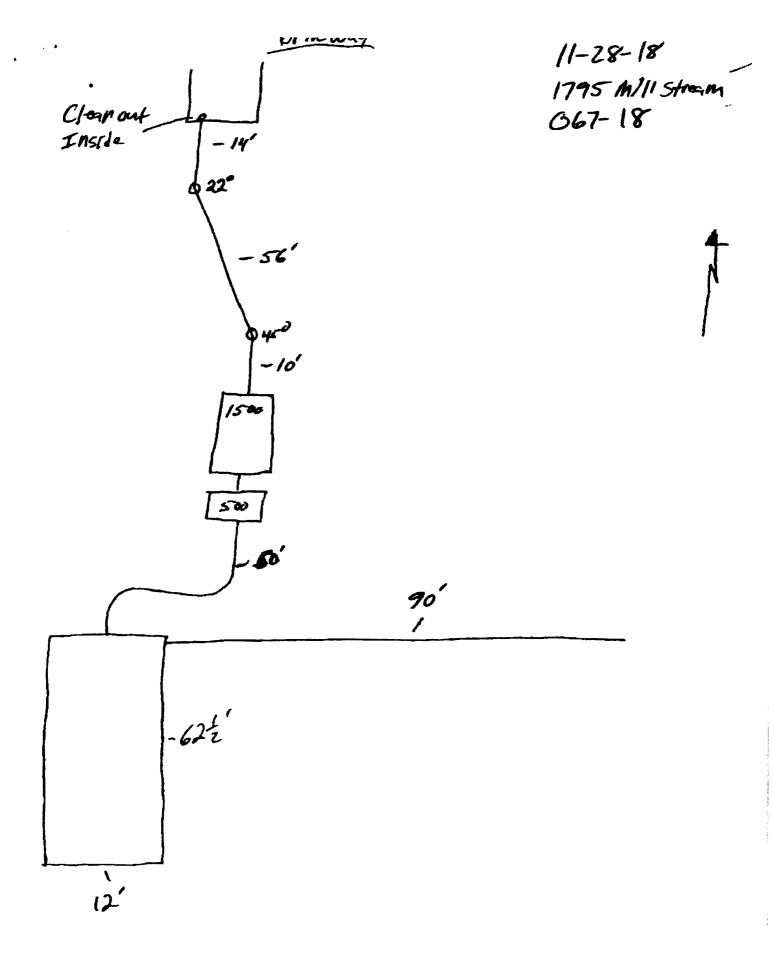
Time of Transfer Inspection Report

Other compone	ents:						
Alarms: X	□N	Working:	KYUN	Disinfection:	\square Y \square N	Working:	\square Y \square N
Control Box:		7	Γimers:	Inspecti	on Ports:		
Other compone	ents:			 			_
Overall conditi	on of the	e private sew	age disposal syste	m:			
Report system	status:	The S	ystem was workin	g properly during	the Inspection	1	
Explain (attach	addition	nal pages as	needed):	The tank was i	n good conditie	on. All plun	nbing goes to
the septic. The	pump ar	nd alarm wer	re both working. The	he hydraulic test	was good.		
Comments:	The	e sand filter	did not discharge a	fter the hydraulic	test. The Sand	dfilter was d	lry on top.
-							
 Verify the Power in Revisit in Gather in Verify the Using this wor This report indicates 	hat controls on to all all composabl tools for that no sevice the controls that the controls the control the controls the controls the controls the controls the control the controls the controls the controls the controls the control the controls the controls the control the controls the control the controls the control the co	ols are set on the components to verificate removal frowage is on the write a narrate condition of	fy lids are secure.	e. Ispection results a			ction. It does
Signature of C			h. h []	<i>,</i> . I	Dat	te: J	12-10-21
Name (print):	F	Ben Bedwell	pmyler		Certificate	#: 116	512
Address:	1500	N B Street,	Indianola IA			-	
Phone #:	515-	681-2053					
			urrative report and sanitarian/environ			/agent or th	e person
Iowa DNR							
Private Sewage	Dispos	al Program					

DNR Form 542-0191

502 E 9th St

Des Moines IA 50319



NO DISCHARGE SAMPLE FORM

I hereby certify that I attempted to obtain an effluent sample from the onsite wastewater discharge point at:

NAME:Ethan and Emily Walton
ADDRESS:1795 Millstream Court
Winterset, IA
I attempted to obtain a sample of the above onsite wastewater system but found no evidence of an effluent discharging. I inspected the system for any signs of surface discharge, erosion, soil staining, etc. There did not appear to be any evidence of flow in the last six months. Upon inspection of the system, the discharge pipe is: x clean and cleared of debris
covered or I was unable to locate the discharge other
DATE OF INSPECTION:12-10-21
SAMPLER NAME:Ben Bedwell
MAINTENANCE CONTRACTOR (Company Name) if applicable:
Bedwell Builders



The Grease Trap Cleaners A Division of WIEGERT DISPOSAL INC.

P.O. Box 344

1-800-728-4908

Martensdale, IA 50160

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			TOTAL	77	