Document 2025 GW3184
Book 2025 Page 3184 Type 43 001 Pages 9
Date 11/21/2025 Time 1:33:32PM
Rec Amt $.00

BRANDY MACUMBER, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:
Name: Garnalee Chandler
Address: 2280 - 260th Street, Winterset, IA 50273

TRANSFEREE:
Name: Justin Keating
Address: 2533 Oriole Avenue, Winterset, IA 50273

Address of Property Transferred:
Agricultural Ground, Madison County, Iowa.

Legal Description of Property: (Attach if necessary)
The East Half (½) of the Northwest Quarter (¼) of Section Twenty-one (21), Township Seventy-five (75) North, Range Twenty-seven (27) West of the 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 (1) active well is located in the pasture, south of the creek, approximately 50' west of the road fence, and approximately 750' south of the pasture fence. The well is used for livestock, and is not connected to the house.

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

Signature: Garnalee Chandler Telephone No.: 515-468-1044
Garnalee Chandler

FILE WITH RECORDER **DNR form 542-0960 (July 18, 2012)**

IOWA DNR

IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 17353 MIKE HARKIN CERT # 9450

Site Information

Parcel Description: **520102148000000,**

Address: **2533 oriole ave, Winterset, IA 50273** County: **Iowa**

Owner Information

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

Business Name:

Owner Name: **Garnallee Chandler**

Email Address: **Schan50273@aol.com**

Address: **2533 oriole ave, Winterset, IA 50273**

Phone No: **515-468-0565**

Site related information

No Of Bedrooms: **2**

Facility Type: **Residential**

Last Occupied:

Permit issued by County: **Yes**

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

Inspection Date: **09/02/2025**

Currently Occupied: **Yes**

System Installation Date:

Permit Number:

County contacted for records: **Yes**

Property Information Comments:

All waste water appears to go into the septic system

Primary Treatment

Tank 1

Tank Name: **Tank 1**

Tank Material: **Concrete**

No. of Compartments: **2**

Date Pumped: **9/2/2025**

Distance To Well (Ft.):

Risers Intact: **No**

Type: **Septic Tank**

Tank Corrosion Type: **Slight**

Pump Tank Chamber: **No**

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

Is Accessible: **Yes**

Effluent Filter Present: **Yes**

Tank Size (Gal): **1250**

Liquid Level Type: **Normal**

Licensed Pumper Name: **Wiegert**

Well Type:

Lid Intact: **Yes**

Watertight: **Yes**

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

Tank Comments: **Cleaned filter in septic tank,1250 gallon septic tank was in good working condition**

General Primary Treatment Comments:

Septic tank was functioning as designed

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 : **Plastic distribution box with baffles & speed levelers, All took water at time of inspection**

Secondary Treatment

Lateral Field1

Distribution Type: **Distribution Box** Material Type: **Leaching Chamber** Trench Width: **36**

Lines: **4** Total Length of Absorption Line: **280** System Hydraulic Loaded: **Yes**

Gallons Loaded: **250** 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: **No saturation or ponding around the laterals**

General Secondary Treatment Comments: **All laterals took water at time of inspection**

Narrative Report

TOT Inspection Report Overall Narrative Comments: **This is not a guarantee for future operations, septic system was working at time of inspection, functioning as designed**

IOWA DNR

IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 17353 MIKE HARKIN CERT # 9450

Owner Name:	**Garnallee Chandler**
Address:	**2533 oriole ave , Winterset , IA 50273**
County:	**Iowa**

Inspection Date:	**09/02/2025**	Submitted Date:	**9/3/2025**

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).

Subject Time of Transfer Inspection #17353 at 2533 oriole ave in Winterset Has Been Submitted

From Iowa Department of Natural Resources-Time of Transfer Program <NPDS-noreply@iowa.gov>

To: <harkin.m.m@gmail.com>, <Schan50273@aol.com>, <sherryl@iowacounty.iowa.gov>

Date Sep 3 at 9:01 AM

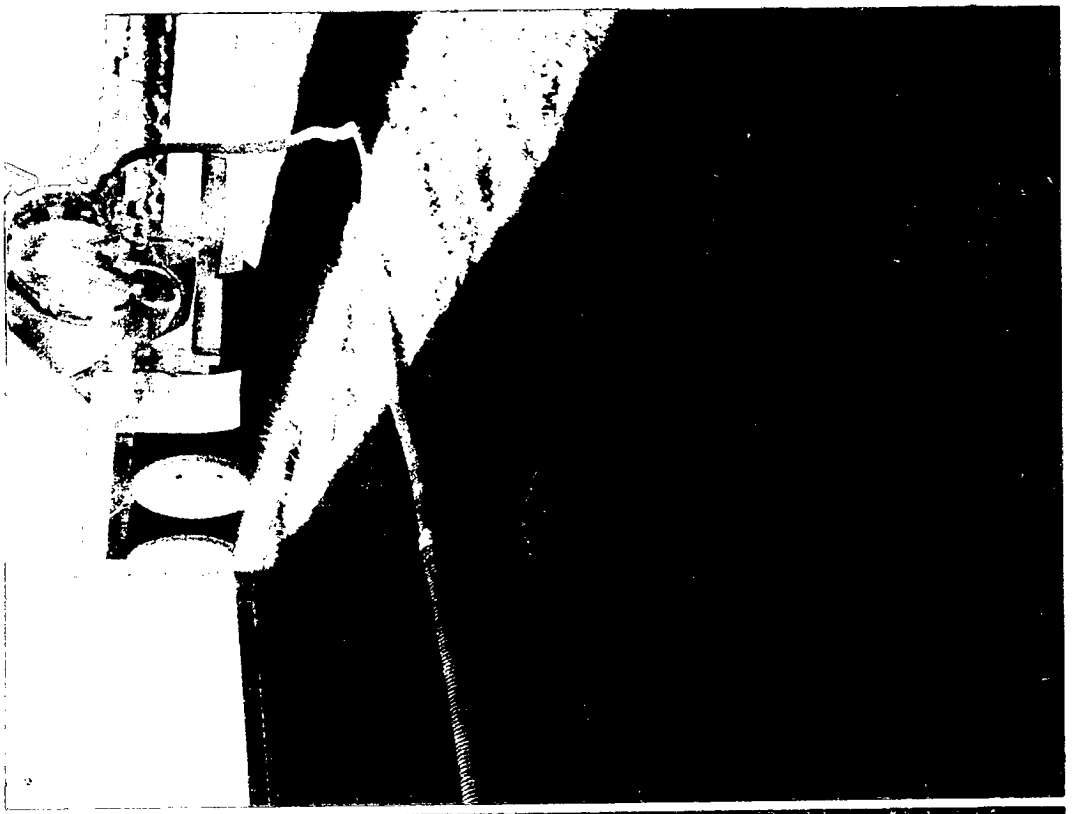
A recent Time of Transfer inspection report was conducted at 2533 oriole ave, Winterset IA 50273 on 9/2/2025 in Iowa county.
This notification was also sent to the County Environmental Health Department for review and the Iowa DNR in accordance with Paragraph 567 IAC 69.2(8)i.
If contact information for the person who ordered the inspection was provided in the inspection report, this notification was also sent to them. If not, you are required to provide them a copy.

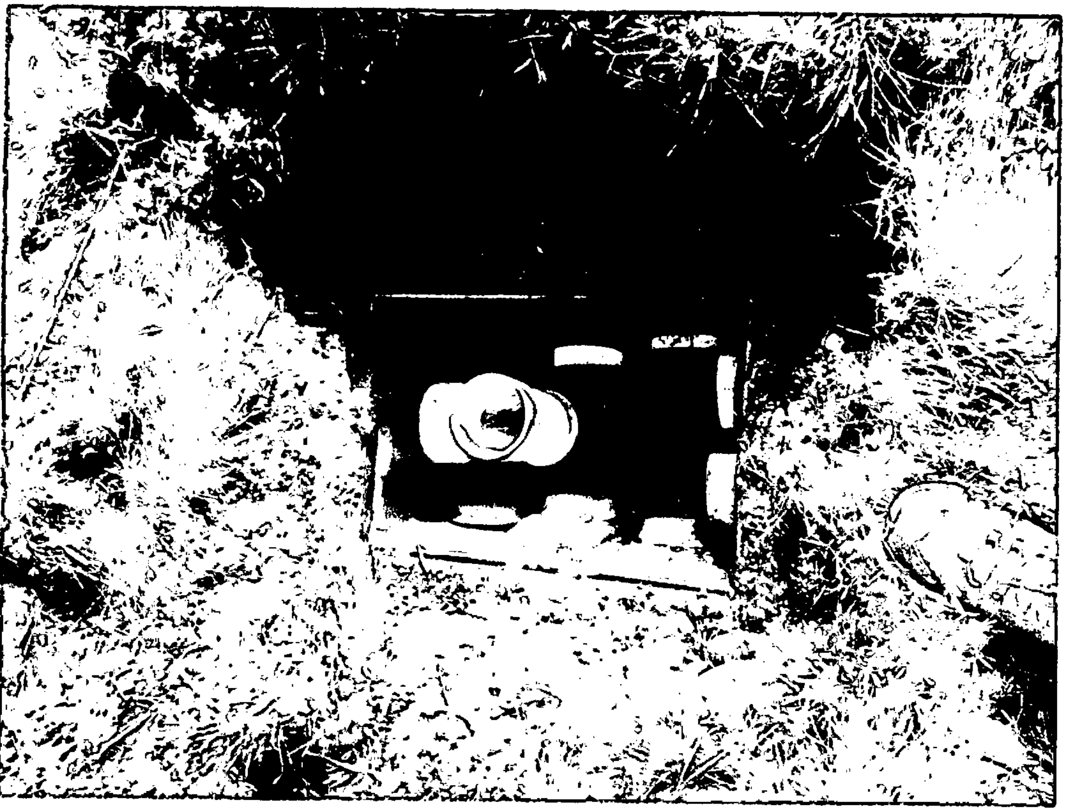
The Time of Transfer inspection report and attachments can be found at this link: https://programs.iowadnr.gov/timeoftransfer/Home/DownloadInspectionDocument?id=17353

Any questions should be directed to the Time of Transfer inspector or your county sanitarian.

Regards,

Cory Frank Onsite Wastewater Coordinator
Water Quality Bureau
NPDES Section





Permit # 1830-06
Inspection 6/9/09

2533 Oriole Ave