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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Marilyn A. Melvin
Address 2840 Churchhill St., Roseville, MN 55113
140105 Friendship Lane, Chaska MN 55318
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Katy R. Kass
Address 605 Grand Street, New Virginia, IA 50210
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

2109 Warren Drive, St. Charles, IA 50273
Number and Street or RR City, Town, or P.O. State Zip

Legal Description of Property: (Attach if necessary)

See Addendum.

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:

well located west of house at bottom of hill
near property line.

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

Signature: X *Marlene A. Melver* Telephone No.: (515) 360-0751
(Transferor or Agent)

Addendum – Legal Description

A tract of land located in the Southeast Quarter (1/4) of the Northeast Quarter (1/4) of Section Thirty-six (36), Township Seventy-six (76) North, Range Twenty-six (26), West of the 5th P.M., more particularly described as follows to-wit: Commencing at the Northeast corner of said Section Thirty-six (36), thence South 0°00'00" 1,834.77 feet along the East line of said Section Thirty-six (36) to the point of beginning, thence South 90°00'00" West 414 feet, thence South 0°00'00" 315.65 feet, thence South 90°00'00" East 414 feet to the East line of Section Thirty-six (36), thence North 0°00'00" 315.65 feet to the point of beginning; containing 3.00 acres more or less including road right of way.



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

Property information

Current Owner Marilyn Melvin

Buyer _____ Realtor Heather Starr

Mailing Address 2109 Warren Ave Martinsdale, IA 5114

Site Address/County Madison

No. of Bedrooms 4 Last Occupied? Current Disposal? Y ☒ N ☐ Softener? ☒ Y ☐ N H₂O Supply? rural

Records Available Yes Permit/Installation Date 10-6-11 Installer Glen Bedwell
Permit # 043-11

Septic System Information

Septic Tank(s): Size 1500 Material Plastic Condition new

Tank Pumped? NO (NA) Date Under 2 years Licensed Pumper _____

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

Tank pumped? _____ Date _____ Licensed Pumper _____

Aerobic treatment unit (ATU) MFGR NA Size _____

Tank Pumped? _____ Date _____ Licensed Pumper _____

Maintenance Contract? _____ Expiration Date _____ Service Provider _____

Condition _____

Pump Tanks/Vaults: Type NA Size _____ Condition _____

Distribution System: Distribution Box NA Outlets Used _____ Condition _____

Header Pipe(s) _____ Number of Lines _____

Pressure Dosed? _____

Secondary Treatment

Length of Absorption Fields NA Determined by _____

Condition of Fields _____ Determined by _____

Type of Trench Material _____

Size of Sand Filter NA Determined by _____

Vent Pipes Above Grade? _____ Discharge Pipe Located? _____

Effluent Sample Taken? _____ Results _____

Media Filters: Type Ecopure Pest System

Maintenance Contract? Yes Expiration Date 10-6-12 Service Provider Bedwell

Condition New

NPDES General Permit No. 4: Required? Yes Permitted? Yes NOI submitted _____



Time of Transfer Inspection Worksheet

Other Components

Alarms NA Working? _____ Disinfection _____ Working? _____

Control Box _____ Timers _____ Inspection Ports _____

Other Components _____

Overall condition of the private sewage disposal system

Acceptable? Yes - New System Unacceptable? _____

Explain (attach additional pages as needed): Tank was not pumped - New System
Under 2 years old. New buyer will need a new maintenance
Contract when they move in and occupy the house. Madison
County paper work included with report.

Comments: _____

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.

Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.

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: Glen Bedwell

Name (print): Glen Bedwell

Date: 7-10-12

Certificate #: 7263

Address: 2924 Quaker St. Charles LA 50240

Phone #: 641-396-2462

Permit No 043-11 Name: Melvin 911 Sign Locate ☐

Date of Inspection: 10/6/11 Inspected by: Elton Root

Contractor: Glenn Bedwell

Dwelling under construction or moved in Yes ☒ No ☐

Setbacks

Meets required setbacks.

- Rural Water Yes ☒ No ☐
- Private wells/heat pump wells/suction water lines/lakes Yes ☒ No ☐
- Outside required 50-foot setback for tank Yes ☒ No ☐
- Outside required 100-foot setback for laterals Yes ☒ No ☐
- Streams/ponds (25-25 ft)-ditches (10-10 ft) Yes ☒ No ☐
- Indications of water lines under pressure Yes ☒ No ☐

Comments:

Building Sewer

- Clean outs – one right outside of house Yes ☐ No ☐
- location of cleanout inside house and set requirement Yes ☒ No ☐
- Pipe is SCH 40 and has a 4-inch diameter. Yes ☒ No ☐
- Grade – has adequate fall. Yes ☒ No ☐

Comments: Cleanout not hooked up at time of inspection will be hooked up later.

Tank

- Septic Tank Size & Manufacturer 1500 Infiltrator Concrete ☐ Plastic ☒
- Pump Tank Size & Manufacturer Concrete ☐ Plastic ☐
- Septic compartments, meet the specs for capacity. Yes ☒ No ☐
- Baffle Yes ☒ No ☐
- Inlet/Outlet tees are ok. Yes ☒ No ☐
- Effluent filter in the outlet. Yes ☒ No ☐ Manuf.
- Tank depth. 6 inches
- Risers Yes ☒ No ☐
- Lids above grade screwed on Yes ☐ No ☐ Will be ☒

Comments:

Distribution Box

- Brand Tuf-Tite Other
- Bedded in cement. Yes ☐ No ☐ Will be ☐
- Has required inlet baffle. Yes ☐ No ☐ Will be ☐
- Outlet levels –are level. Yes ☐ No ☐ Unknown ☐

Comments: Secondary treatment is Eco-Pure PBF4 peat filter

Laterals

- Distribution lines: -inch PVC pipe –
- Lateral used. Reduction? Yes ☐ No ☐
- Lateral depth. Perc depth inches
- Laterals were level. Yes ☐ No ☐
- Adequate amount of undisturbed soil between laterals. Yes ☐ No ☐
- Distance feet between laterals.

Comments:

Madison County
Office of Zoning and
Environmental Health

***Authorization to Construct a
Private On-site Wastewater
Treatment System (POWTS)***

112 N. John Wayne Drive
P.O. Box 152
Winterset, IA 50273-0152
Telephone: (515) 462-2636

Permit Number **043-11**

Date Issued: **08-01-11**

Issued to: **Marilyn Melvin**
Address: **2109 Warren Ave, Martensdale, Iowa 50161**

Legal Description: **3A E. Mid Pt Frl SE NE Section 36 Crawford Township T76N R26W**

POWTS Components Specifications: **2000 Gallon Vanderpool Concrete Tank and ECOPURE Peat system**

General Conditions:

1. System must be constructed in conformance with attached system layout, profiles, and cross-sections.
2. Structures must be constructed in conformance with 567 IAC Chapter 69 and the Madison County Environmental Health Regulations.
3. Permit shall be null and void if system is not constructed within one year of permit issuance. The Environmental Health Officer must approve any request for extension of permit.
4. The Environmental Health Officer must approve any design modifications to the permitted system prior to construction.
5. Once constructed, all system components must be uncovered for inspection and the system must be approved before it can be put into operation. Notice for inspection must be received with 24 hours in advance (8 a.m. through 4:30 p.m., Monday - Friday). If weather necessitates the need to cover the system components, then the system owner or contractor must notify and follow the procedures given by the Environmental Health Officer.

Special Conditions:


***Environmental Health Officer
Madison County
Office of Zoning and Environmental Health***

Permit # 043-11

Inspection 10/6/11

2109 Warren Ave.

