



Document 2012 GW2840

Book 2012 Page 2840 Type 43 001 Pages 6

Date 9/24/2012 Time 11:03 AM

Rec Amt \$.00

INDX
ANNO
SCANLISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

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

Name William B. and Susan K. Apple

Address	4220 Parkview Drive	Urbandale	IA	50322
	Number and Street or RR	City, Town or P.O.	State	Zip

TRANSFeree:

Name David A. and Debra S. Williams

Address	8456 Willawa Drive PO Box 66	Dexter	IA	50070
	Number and Street or RR	City, Town or P.O.	State	Zip

Address of Property Transferred:

1605 170th Street	Winterset	IA	50273
Number and Street or RR	City, Town or P.O.	State	Zip

Legal Description of Property: (Attach if necessary)

Lot 1 of Apple Acres Subdivision, located in the Northwest Fractional Quarter of the Northwest Quarter of Section 7,

Township 76 North, Range 28 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)

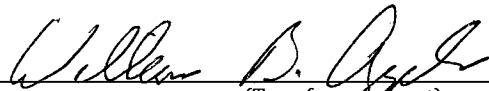
- ☐ All buildings on this property are served by a public or semi-public sewage disposal system.
- ☐ This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
- ☒ There is a building served by private sewage disposal system on this 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:

Well is located northwest of 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: _____


(Transferor or Agent)

Telephone No.: 515-371-0512



Time of Transfer Inspection Report

Property Information

Current Owner: Mr. Bill Apple&Susan Adkins
Buyer: N/A Realtor: self
Mailing Address: 1605 170 th St. Earlham Ia. 50072
Site Address/County: same as
Legal Description Madison Co. Ia.
No. of bedrooms: 3 Last occupied: currently Records available: yes
Permit/ installation date: #1904 / 11-2007 Separation distances (ok/no?): yes

Septic System Information

Septic tank(s): Size: 2000 gallon Material: concrete Condition: good working
Tank pumped? ☒ Y ☐ N Date: 11-5-2011 Licensed pumper: yes
Septic/Trash/Processing tank: Size: _____ Material: _____ Condition: _____
Tank pumped? ☐ Y ☐ N Date: _____ Licensed pumper: _____
Aerobic treatment unit (ATU) mfr _____ Size _____
Tank pumped? ☐ Y ☐ N Date: _____ Licensed pumper: _____
Maintenance contract? ☐ Y ☒ N Expiration date: _____ Service provider: _____
Condition: _____
Pump tanks/vaults: Type: _____ Size: _____ Condition: _____
Distribution system: Distribution box plastic Outlets used 4 Condition: good working
Header pipe(s): _____ No. of lines: _____ Pressure dosed? 0
Secondary Treatment:
Length of absorption fields: 300 ft 4X 75ft each Determined by: /maps/visual/digging
Condition of fields: good- maintained Determined by: probing/visual
Type of trench material: 24" plastic domes-EQ 24
Size of sand filter: 0 Determined by: _____
Vent pipes above grade? ☐ Y ☒ N Discharge pipe located? ☐ Y ☐ N
Effluent sample taken _____ Results: _____
Media Filters: Type: _____
Maintenance contract? ☐ Y ☒ N Expiration date: _____ Service provider: _____
Condition: _____



NPDES General Permit No. 4: Required? ☐ Y ☒ N Permitted? ☐ Y ☐ N NOI provided: _____

Time of Transfer Inspection Report

Other components: _____

Alarms: ☐ Y ☒ N Working: ☐ Y ☒ N Disinfection: ☐ Y ☒ N Working: ☐ Y ☒ N

Control Box: 0 Timers: 0 Inspection Ports: 0

Other components: _____

Overall condition of the private sewage disposal system:

Report system status: good working system no signs of failure no signs of ponding

Explain (attach additional pages as needed): see attached

Comments: system appears to be a good working system

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: Daryle B. Bennett II Date: 11-18-2011

Name (print): Daryle Bennett II Certificate #: 1438

Address: 2460 337 th st. Perry, Iowa 50220

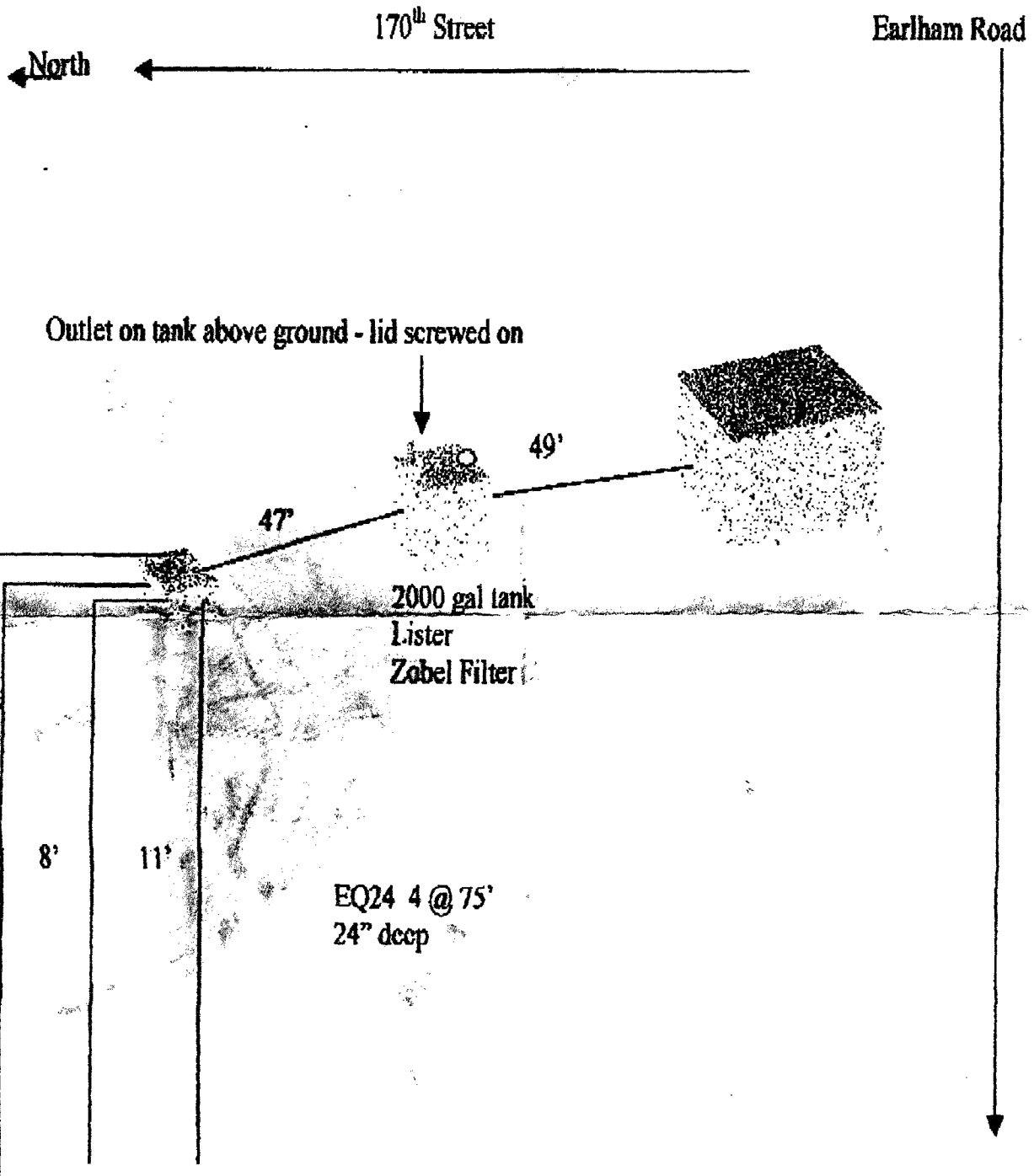
Phone #: 515-339-5718

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office in the county the inspection was conducted, the county recorder and to:

Iowa DNR Onsite Wastewater Program

Time of Transfer report for 1605 170 th St. Earlham Ia 50072

I was originally contacted by home owner at above address located in Madison Co. Ia. to pump system, while on site homeowner informed me that they were intending on selling and they would need TOT inspection. While pumping we only found 1 clean out located over the effluent end of tank and it did have lid and did have effluent screen which we cleaned at time of pumping. The baffle was in place and looked good. The homeowner and I dug up inlet side and installed riser and pumped 1st compartment. The baffle was in place and in good shape. I then called Madison Co. health Dept. and they faxed me a correct map of the system. I went back out to site inspected finished basement and found everything did enter system under floor and out to system. We then used map and located and dug up D box only 8" under sod it was plastic appeared to be level and near new. It did have a 4" pvc splash tee and they did use 4 speedlevelers which when tested were set correctly. We then incorporated water from garden hose for up to 15 mins. and all laterals took water at same rate with no signs of backflow. We then walked laterals and measured maps were found to be correct. While digging for D box we did dig up end of 1st lateral and found 24" plastic chamber as stated by county map. No signs of boiling or failure were found. I believe this system to be functioning properly at this time. We then backfilled and resecured all lids and inspection ports picked up tools and completed inspection this also concludes my report which was prepared by DJ Bennett II w/ DJ Services



William b. Apple & Susan K Adkins
Permit No. 1904

1605 170th St.