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Date 12/11/2012 Time 2:01 PM

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INDX

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SCAN

LISA SMITH, COUNTY RECORDER

MADISON COUNTY IOWA

CHEK

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

TRANSFEROR:

Name Teresa M. Hendricks

Address 2264 St. Charles Road, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name James H. Balsley, Jr. and Diane Lynn Balsley

Address 2015 Vista View Drive, Granger, IA 50109

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

2264 St. Charles Road, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) The West Two (2) Acres of the South Four (4) Acres of Lot Seven (7) of the Subdivision of the West Half (W 1/2) of the Northeast Quarter (NE 1/4) of Section Seven (7), in Township Seventy-five (75) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, as shown by Plat of Survey recorded in Deed Record 8, Page 284 on April 9, 1873, in Office of the Recorder of 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:

See: Abandoned Water Well Plugging Record attached

**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) 201-3543

Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:

Name: Teresa Hendricks City: Winterset State: IA
Address: 2264 St Charles Rd Zip: 50273 Phone: ()

2. Well (Cistern) Location:

PWSID#: _____

NW 1/4 of, SW 1/4 of, NW 1/4 of, Section 7, Twp. 75 N, Range 27 West (circle one)
County, Describe well location on property: _____

NW of House 15'

3. Description:

Well depth: <u>45</u> ft	Casing material: steel, plastic, <u>concrete</u> , clay, brick, stone (circle one)
Depth to water: <u>35</u> ft	Type of construction: drilled, driven, <u>bored</u> , dug, augered (circle one)
Casing diameter: <u>36</u> in	Check ☐ if this is a Monitoring Well Well I.D.: _____
Yr. or decade constrd.: _____	
Depth of casing: <u>45</u> ft	

Check ☐ if Cistern depth: _____ ft. diameter: _____ ft.

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). If I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner: _____ Date Plugged: 10-22-2012

If plugged by certified well contractor, complete this box:

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).

Signature of Contractor: Allen Okes Cert. No. 1023

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants to Counties cost share: ☐ YES ☐ NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to the local county agent:

or, only if no county agent is available, to:

Water Supply Section
Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611

over

RLS1042
2013 061

Assessor Real Estate

INQUIRY

PID 520100726010000 00 Tax Dist 520 000 Class R
Map# 000001107200012 GIS#

Property 9992869 DED HENDRICKS, TERESA MAE
Ownership 2264 ST CHARLES RD
 WINTERSET IA 50273

Location 2264 Street ST CHARLES RD City WINTERSET

Recorded COT 2008 2502 8/12/2008 2502 2008/08/12

Documents REC 133 377

Misc Exempt Code

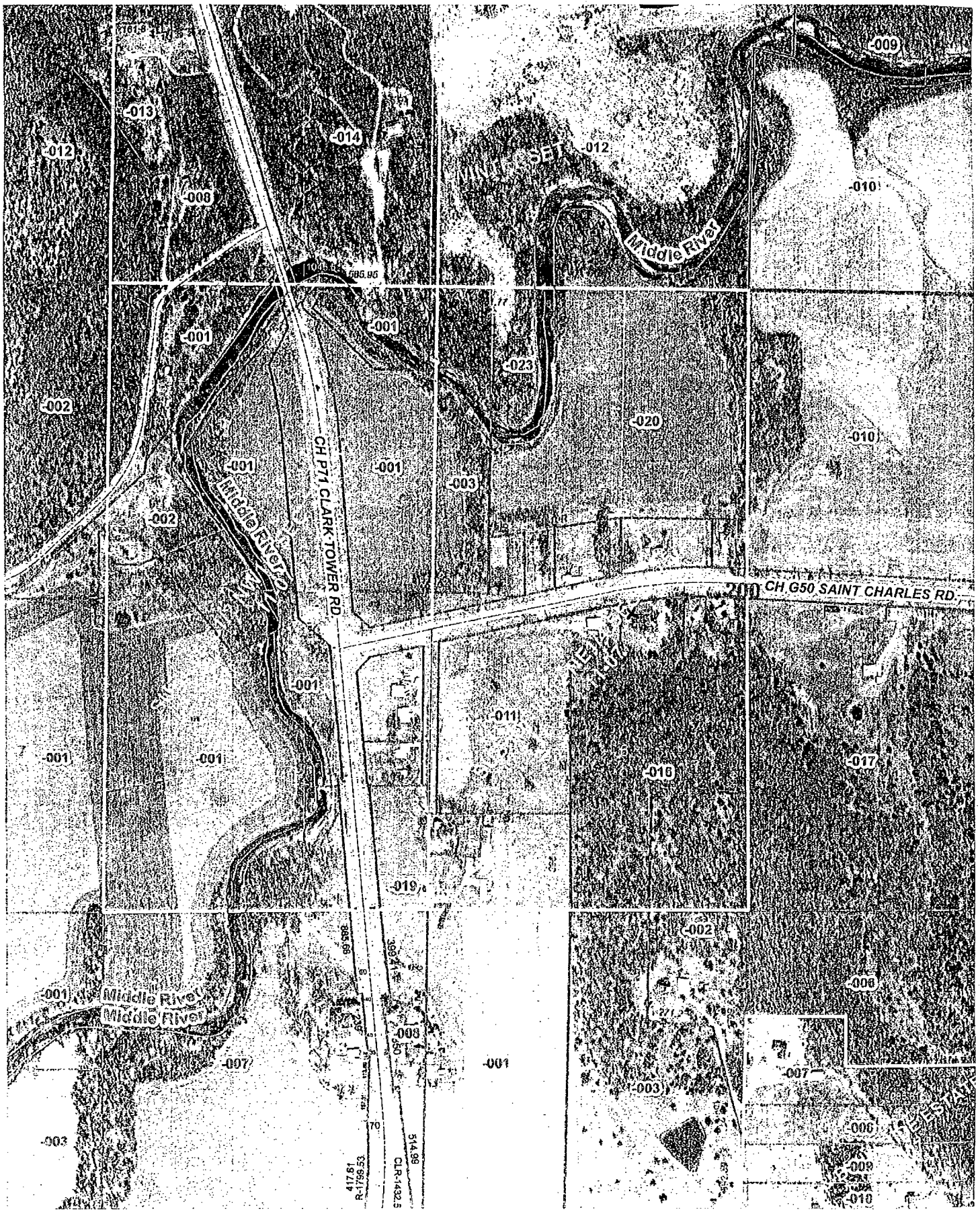
Sec-Twp-Rng 007 075 027 Cty-Adn-Blk 00007 Vln
 Title

Legal Desc W 2A S OF ROAD LOT 7 /NE SW NE

Applications Typ 1 H Ovr Amt Typ 2 Ovr Amt

 Typ 3 Ovr Amt Typ 4 Ovr Amt

F3=Exit F10=Ownership F12=Prev F13=Rec Doc F15=Legal F16=Notes
F17=IE F18=TaxHist F19=Applc F22=ViewImage F23=Indexing





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

Property information

Current owner Teresa Hendricks
Buyer _____ Realtor _____
Mailing address 2264 St Charles Rd. Winterset IA 50273
Site Address/County 2264 St Charles Rd. Winterset IA 50273 Madison
Legal Description _____

No. of bedrooms 4 Last occupied? still in Oct 12-12 Records available _____

Permit/installation date 1998 Separation distances ok/no? _____
Permit # 1679

Septic system information

Septic tank(s): size 500 gal material Plastic condition good
Tank pumped? 10-11-12 date 10-11-12 licensed pumper John Maffei
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

Aerobic treatment unit (ATU) mfg Clear Stream size _____
Tank pumped? yes date 10-11-12 licensed pumper _____
Maintenance contract? yes expiration date 12-13 service provider Allen AKers
Condition good

Pump tanks/vaults: type _____ size _____ condition _____

Distribution system: distribution box _____ outlets used _____ condition _____
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:

length of absorption fields _____ determined by 1
condition of fields _____ determined by _____
type of trench material _____

Size of sand filter Free Access 5ft 12ft determined by Probing 5ft x 12ft
Vent pipes above grade? _____ discharge pipe located? yes in Ditch
Effluent sample taken? yes Oct 8-12 Results North West of House

Media filters: type _____
Maintenance contract? yes expiration date 12-12 service provider Allen AKers
Condition good

NPDES General Permit No. 4: required? yes permitted? _____ NOI provided _____



Time of Transfer Inspection Report

Other components:

Alarms Working Working? ☒ disinfection _____ working? _____

Control box _____ Timers _____ inspection ports At Grade

Other components Sand filter

Overall condition of the private sewage disposal system

Report system status Everything Look ok & Working

Explain (attach additional pages as needed): _____

Comments: plastic 500 tank ^{pvc tank} CleanShower + Sand filter

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: Allen Peters Date: 10-11-12
Name (print): Allen Peters Certificate #: _____
Address: 2209 175th Winterset IA 50273
Phone #: 515-462-1015 - 515-468-0091

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

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

