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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name MICHAEL MAYHEW

Address 2331 - 290th Street Peru Iowa 50222
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name BENJAMIN W. MEYER

Address 785 West Street North Truro Iowa 50257
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:
785 West Street North Truro Iowa 50257
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) _____
LONG LEGAL - see attached

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 a 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 a 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 acknowledgement 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 acknowledgement is attached to this form.
☐ There is a building served by private sewage disposal system on this property. The buyer has executed a binding acknowledgement with the county board of health to install a new private sewage disposal system on this property with an agreed-upon time period. A copy of the binding acknowledgement 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 acknowledgement with the county board of health to demolish the building within an agreed-upon time period. A copy of the binding acknowledgement 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:

**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.: (425) 220-0652

LEGAL DESCRIPTION

The North Half (1/2) of the Northeast Quarter (1/4) of the Northeast Quarter (1/4) AND the North 81.5 feet of the South 651.5 feet of the East 301.5 feet of the South Half of the Northeast Quarter (1/4) of the Northeast Quarter (1/4), ALL in Section Sixteen (16), Township Seventy-four (74) North, Range Twenty-six (26) West of the 5th P.M., Town of Truro, Madison County, Iowa.

Time Of Transfer

2-19-16 to Kate

Summary of web form submission:

2-19-16 Printed Drawing

Email Address

char@charklisares.com

Case Number

3613405

60417

Order Form

Mike + Shannon
Mayhew

3-1-11 Did TOT (see attached).

3-5-16 emailed report →

Contact Person

| First & Last Name: Shannon Mayhew | Phone Number (numbers only): (425)
220-0605

About the Seller Agent or Realtor

① | First & Last Name: Char Klisares Email (info@forestseptic.com if no email):
char@charklisares.com | Phone (numbers only): (515)314-5667

About the Home

② | Address of Inspection: 785 N West St | City: Truro State: IA Zip: 50257 |
County: Madison | Age of Septic System: | Number of Bed Rooms: 3 | Occupied:
yes | Water Service: yes Type: rural | Legal Description: | Township Name: |
Section Number: |

③ DNR

Mailing Address

Owner's First & Last Name(s): Michael & Shannon Mayhew | Owner's Mailing
Address: 785 N West St | City: Truro State: IA Zip: 50257 | Phone: (425)220-0605
| Email: shanmayhew@gmail.com ④

About the Buyer Agent or Realtor

| Full Name : Name | Email: name@mail.com | Office Phone (000)000-0000 |

About the Buyer

| Name(s): Buyer Name(s) | Phone 000 000 0000 | Email: name@email.com |
Address: 1111 Street | City: City State: IA Zip: 00000 | Closing Date: | Any
Comments or Questions?

Pl Ready



Time of Transfer Inspection Report

Property Information

Current Owner: Shannon Mayhew
Buyer: _____ Realtor: Char Klisares
Mailing Address: 785 N West St. Truro, Ia 50257
Site Address/County: same madison county
Legal Description As Abstract

No. of bedrooms: 3 Last occupied: occupied Records available: ☒ Y ☐ N
Permit/ installation date: #2036/11-5-01 Separation distances (ok/no?): OK

Septic System Information

Septic tank(s): Size: 1,250 gal Material: Concrete/Poly Condition: OK
Tank pumped? ☒ Y ☐ N Date: 3-2-16 Licensed pumper: Forest Septic
Septic/Trash/Processing tank: Size: _____ Material: _____ Condition: _____
Tank pumped? ☐ Y ☐ N Date: _____ Licensed pumper: _____
Aerobic treatment unit (ATU) mfg: _____ Size: _____
Tank pumped? ☐ Y ☐ N Date: _____ Licensed pumper: _____
Maintenance contract? ☐ Y ☐ N Expiration date: _____ Service provider: _____
Condition: _____
Pump tanks/vaults: Type: Concrete/Poly Size: _____ Condition: _____
Distribution system: Distribution box yes Outlets used 5 Condition: OK
Header pipe(s): OK No. of lines: 5 Pressure dosed? NO

Secondary Treatment:

Length of absorption fields: 5 75' laterals Determined by: drawing
Condition of fields: "wet" Determined by: Hydraulic Test and Probing
Type of trench material: chamber
Size of sand filter: _____ 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: _____ Timers: _____ Inspection Ports: _____

Other components: _____

Overall condition of the private sewage disposal system:

Report system status: Laterals probed very wet and show

Explain (attach additional pages as needed): signs of surfacing.

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 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: Tory Forest Date: 3-2-16

Name (print): Tory Forest Certificate #: 10762

Address: PO Box 219, Indianola, IA 50125

Phone #: 515-360-7847

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office and to:

Iowa DNR
Private Sewage Disposal Program
502 E 9th St
Des Moines IA 50319

DNR Time of Transfer Report System Status

Address: 785 N West St. Date: 3-2-16

Technician Tory Forest

All waste water from house drains to septic system ☒ Yes ☐ No

Remarks:

The tank is a ☐ Poly ☒ Concrete 1,250 gallon tank. In good condition ☒ Yes ☐ No

Remarks:

The distribution box is in good condition ☒ Yes ☐ No ☐ None

Remarks:

The laterals are in good condition. ☐ Yes ☐ No ☐ None

Remarks:

~~NOTE~~ 3-out of the 5 laterals were taking water. The laterals probed wet and there were signs of possible surfacing

This is not a guarantee!

☐ This certifies that the septic system was in good working condition at the time of the inspection.

☒ This certifies the condition of the septic system at the time of the inspection.

785 N, West St. Truro 50257

Permit # 2036

Bryan Nelson

North
↓

