



Document 2017 GW2651

Book 2017 Page 2651 Type 43 001 Pages 9

Date 8/23/2017 Time 12:33:40PM

Rec Amt \$.00

INDX
ANNO
SCAN

LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

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

TRANSFEROR:

Name Loren A. Olson

Address 10644 Sharon Circle, Urbandale, IA 50322

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name George R. Edwards II

Address 3032 Settlers Trail, Saint Charles, IA 50240

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

3032 Settlers Trail, Saint Charles, IA 50240

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) See 1 in 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:

#2 Discussed w/ Buyer

**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) 360-8047

Addendum

1. The Northeast Quarter (1/4) of the Southwest Quarter (1/4) of Section Four (4), Township Seventy-four (74) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa; Except that part of Parcel "C" located therein, as shown in Plat of Survey recorded in Book 2007, Page 1610, on April 19, 2007; and Except that part of Parcel "E" located therein, as shown in Plat of Survey recorded in Book 2014, Page 845 on April 11, 2014; and Except that part of Parcel "F" located therein, as shown in Plat of Survey recorded in Book 2014, Page 846 on April 11, 2014, all in the Office of the Recorder of Madison County, Iowa.

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: Good

Report system status: System was working properly on day of inspection

Explain (attach additional pages as needed): Secondary treatment was dry and handled test.

Comments: System was working properly on day of inspection.

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: Joe Bedwell

Date: 8-1-17

Name (print): Joe Bedwell

Certificate #: 10474

Address: 1600 West Euclid Ave #2 Indianda IA 50125

Phone #: 515-681-5885

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

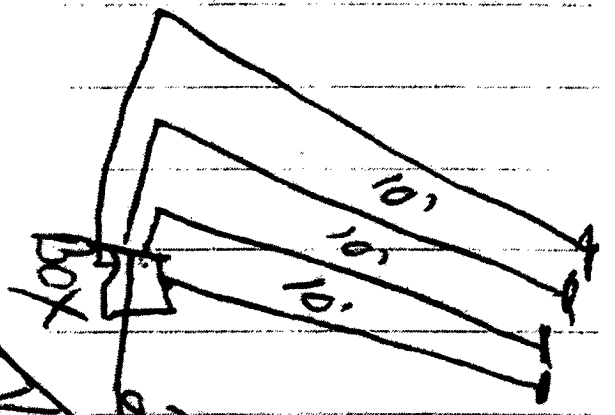
Time of Transfer Inspection Report

Property Information

Current Owner: Loren Olson
 Buyer: _____ Realtor: _____
 Mailing Address: _____
 Site Address/County: 3032 Settlers trail Saint Charles IA 50240
 Legal Description _____
 No. of bedrooms: 3 Last occupied: Current Records available: Yes
 Permit/ installation date: 10-5-98 Separation distances (ok/no?): OK

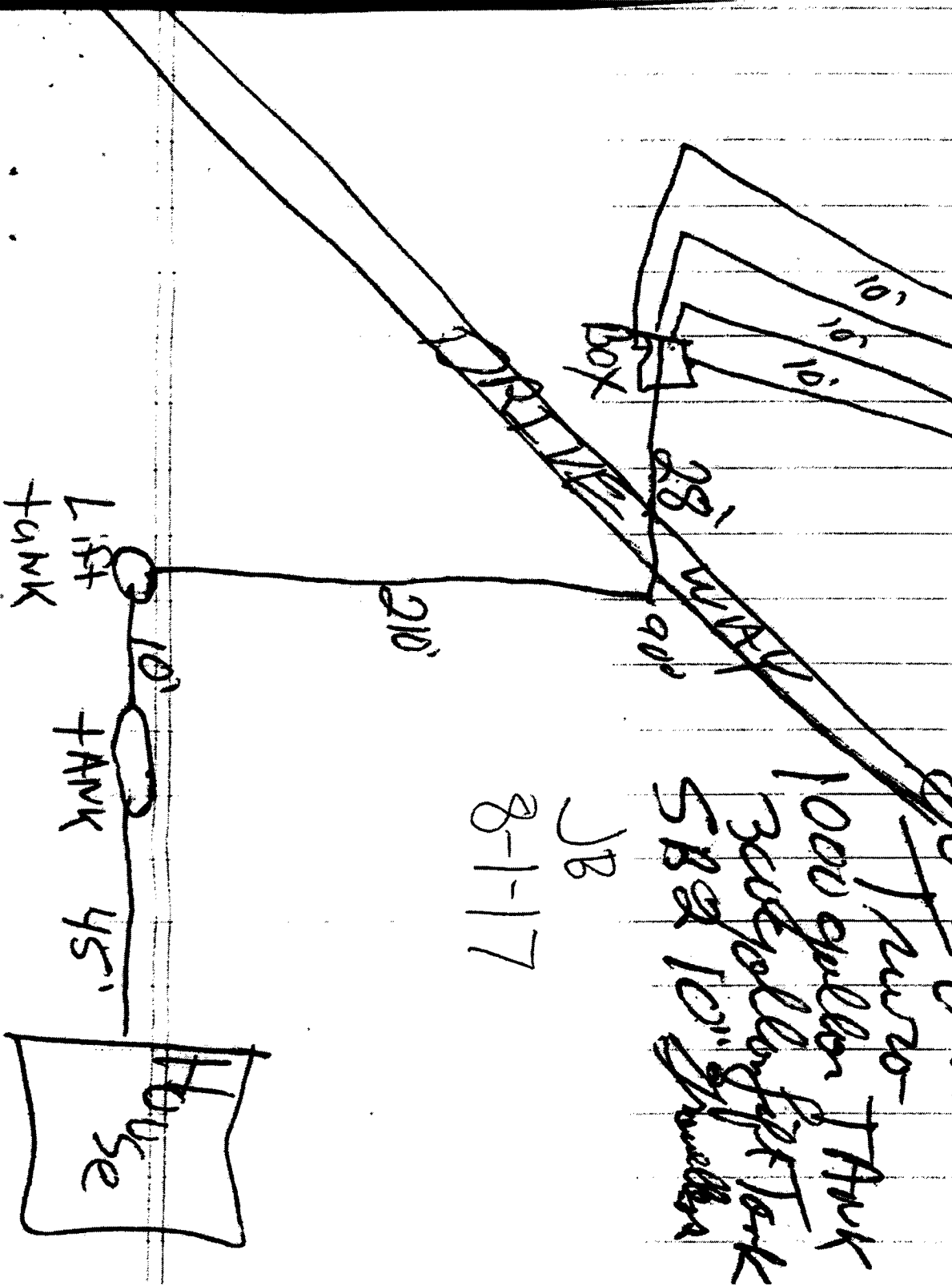
Septic System Information

Septic tank(s): Size: 1000+300 gal Material: Concrete Condition: good
 Tank pumped? ☒ Y ☐ N Date: 7-27-17 Licensed pumper: ST-237
 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: _____ Size: _____ Condition: _____
 Distribution system: Distribution box Plastic Outlets used 4 Condition: good
 Header pipe(s): _____ No. of lines: 4 Pressure dosed? to Box
 Secondary Treatment:
 Length of absorption fields: 4 @ 100' Determined by: Probe, map
 Condition of fields: good Determined by: hydraulic test
 Type of trench material: SB2
 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: _____



1000 gallon Tank
 300 gallon lift tank
 500 10" diameter
 JB

8-1-17



Time of Transfer Inspection Report

Other components:

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Control Box: _____ Timers: _____ Inspection Ports: _____

Other components: _____

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Date: 8-1-17

Name (print): Joe Bedwell

Certificate #: 10474

Address: 1600 West Euclid Ave #2 Indianola IA 50125

Phone #: 515-681-5835

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

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 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: _____ Size: _____ Condition: _____
 Distribution system: Distribution box Plastic Outlets used 4 Condition: good
 Header pipe(s): _____ No. of lines: 4 Pressure dosed? to Box
 Secondary Treatment:
 Length of absorption fields: 4 @ 100' Determined by: Probe, map
 Condition of fields: good Determined by: hydraulic test
 Type of trench material: SB2
 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: _____

Brown Allen
 12000-
 10000 gallons Tank
 3000 gallon lift tank
 500 10" diameter

JB

8-1-17

