



Document 2018 GW3725

Book 2018 Page 3725 Type 43 001 Pages 7  
Date 11/15/2018 Time 2:30:11PM  
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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

CHEK

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

**TRANSFEROR:**

Name Douglas T. Jones, Sr.

Address 2334 St Charles Road, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Cinda Whitten and James Whitten

Address 2846 260th Street, St Charles, IA 50240

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

2846 260th Street, St Charles, IA 50240

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) The East 36 acres of the Southwest Quarter (1/4)  
of the Northeast Quarter (1/4) of Section Thirty (30) in Township Seventy-five (75) North, Range  
Twenty-six (26) 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. *Septic*

**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:

Northeast of the house, one-half way down the  
driveway on the east side 5'.

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

Signature: X

(Transferor or Agent)

Telephone No.: (515) 202-3922

## GROUNDWATER HAZARD STATEMENT

### ATTACHMENT #1

#### NOTICE OF WASTE DISPOSAL SITE

**a. Solid Waste Disposal (check one)**

- ☒ There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous. *Septic*
- ☐ There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.

**b.. Hazardous Wastes (check one)**

- ☐ There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.
- ☐ There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.

Further descriptive information:

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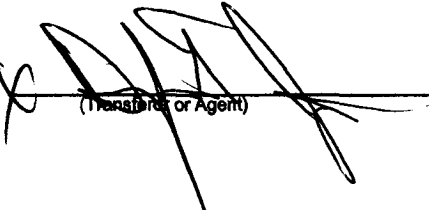
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**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM  
AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature: 

(Transferor or Agent)

Telephone No.: (515) 202-3922

FILE WITH RECORDER

DNR form 542-0960 – Attachment #1 (July 18, 2012)



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

## Property information

Current owner Douglas Doug Jones 515 777-8570  
Buyer James Cinda Whitten Realtor Platinum Realty John Daugherty  
Mailing address 1758 Pammel Park Rd Winterset

Site Address/County 2846 260th St St Charles IA 50240  
Legal Description Same as address

No. of bedrooms 5 Last occupied? still there Records available yes

Permit/installation date 07704 Separation distances ok no? 9/30/04

## Septic system information

Septic tank(s): size 2000 2 compartment material concrete condition Look ok  
Tank pumped? yes date 10/22/18 licensed pumper yes  
Septic/trash/processing tank: size            material            condition             
Tank pumped?            date            licensed pumper           

Aerobic treatment unit (ATU) mfg            size             
Tank pumped?            date            licensed pumper             
Maintenance contract?            expiration date            service provider             
Condition           

Pump tanks/vaults: type            size            condition           

Distribution system: distribution box plastic outlets used 8 condition good  
Header pipe(s)            # of lines            Pressure dosed?           

## Secondary treatment:

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

Size of sand filter 24 x 40 = 96 determined by map + permit  
Vent pipes above grade? yes discharge pipe located? yes  
Effluent sample taken? yes 10/22/18 Results C BOD5 2 TSS -1

Media filters: type             
Maintenance contract? yes expiration date 1-1-19 service provider Allen Akers  
Condition           

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



## Time of Transfer Inspection Report

Other components:

Alarms no Working? —

disinfection no working? —

Control box no

Timers no

inspection ports Clean auto set house

Other components Risers on tank

Overall condition of the private sewage disposal system

Report system status has 2 compartment tanks Risers to top of ground

Explain (attach additional pages as needed): \_\_\_\_\_

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: Allen Akers

Date: 10/22/18

Name (print): Allen Akers

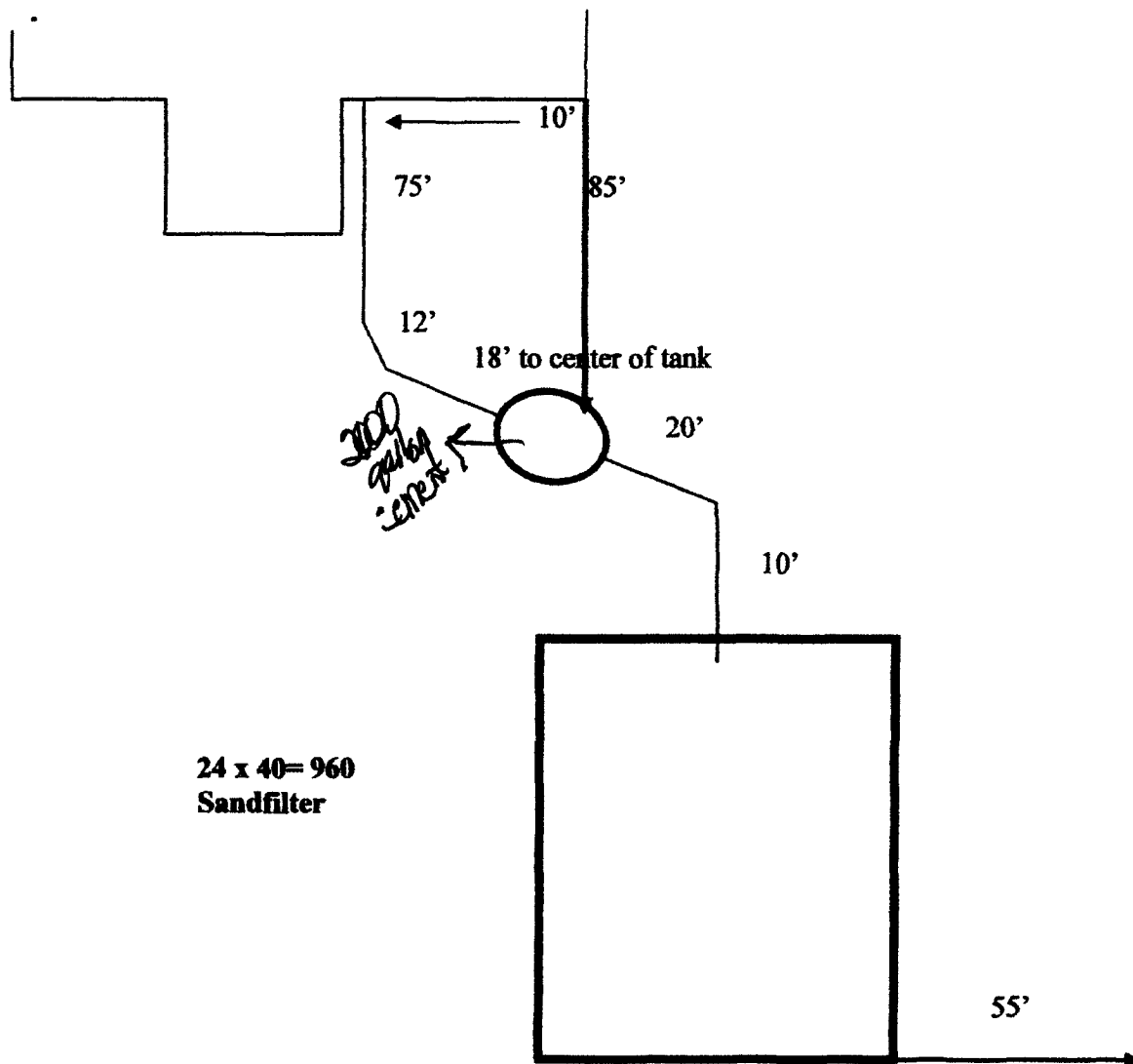
Certificate #: 203

Address: 2204 175th St Clinton IA 50213

Phone # 515/462/1015

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. 9<sup>th</sup> St.  
Des Moines, IA 50319



2846 260<sup>th</sup> St.  
 Permit # 077-04  
 9-30-04  
 Jean Thompson



# State Hygienic Laboratory

*The University of Iowa*

ALLEN AKERS  
2204 175TH CT  
WINTERSET, IA 50273-

|                       |                               |
|-----------------------|-------------------------------|
| Accession Number      | 730093                        |
| Date Sample Finalized | 2018-10-29 14:10              |
| Date Received         | 2018-10-22 14:03              |
| Sample Source         | Non-Drinking Water            |
| Project               |                               |
| Date Collected        | 2018-10-22 07:30              |
| Collection Site       | discharge                     |
| Collection Address    |                               |
| Sample Description    | SAINT CHARLES,<br>waste water |
| Client Reference      | doug jones                    |
| Collector             | akers allen                   |
| Phone                 | 515/462-1015                  |

**Note:** Upon arrival, sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

## Results of Analyses

### *BOD, Carbonaceous 5 Day, SM 5210 B*

|               |                  |
|---------------|------------------|
| Units         | mg/L             |
| Date Analyzed | 2018-10-24 08:00 |
| Analyst       | AMJ              |

|               |                  |
|---------------|------------------|
| Analyzed In   | Ankeny           |
| Date Verified | 2018-10-29 14:10 |
| Verifier      | JAE              |

| Analyte     | Result | Quant Limit |
|-------------|--------|-------------|
| CBOD, 5 Day | <2     | 2           |

### *Total Suspended Solids, USGS 1-3765-85*

|               |                  |
|---------------|------------------|
| Units         | mg/L             |
| Date Analyzed | 2018-10-23 14:00 |
| Analyst       | MLS, KAR         |

|               |                  |
|---------------|------------------|
| Analyzed In   | Ankeny           |
| Date Verified | 2018-10-24 15:01 |
| Verifier      | JAE              |

| Analyte                | Result | Quant Limit |
|------------------------|--------|-------------|
| Total Suspended Solids | <1     | 1           |

### *Description of Units used within this report*

mg/L = Milligrams per Liter

The result(s) of this report relate only to the items analyzed. This report shall not be reproduced except in full without the written approval of the laboratory.

Iowa Environmental Laboratory IDs are: Ankeny #397, Iowa City/Coralville #027, Lakeside #393.

If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500. Thank you.