

Document 2019 GW2465

Book 2019 Page 2465 Type 43 001 Pages 5 Date 8/09/2019 Time 2:30:35PM

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	Larry D. Dey and Kathleen A. Dey							
Address	207 Rimrock, West Des Moines, IA 50265							
	Number and Street or RR	City, Town or P.O.	State	Zip				
TRANSF	EDEE:							
Name								
Address 2102 6th Avenue SW, Altoona, IA 5009								
/ ludi C33								
	Number and Street or RR	City, Town or P.O.	State	Zip				
Address	of Property Transferred:							
	lham Road, Winterset, IA 50273							
Nur	nber and Street or RR Ci	ty, 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.								
\overline{X} There is a well or wells situated on this property. The type(s), location(s) and legal status are								
	ated below or set forth on an attache	d separate sheet, as necessary.						
	Waste Disposal (check one)							
\underline{X} There is no known solid waste disposal site on this property.								
	nere is a solid waste disposal site on		ted thereto is p	provided				
	Attachment #1, attached to this docu	ument.						
	dous Wastes (check one)	n this property						
	X There is no known hazardous waste on this property. There is hazardous waste on this property and information related thereto is provided in							
	·	•	to is brovided i	.13				
Attachment #1, attached to this document. 4. Underground Storage Tanks (check one)								
			exclusions sur	ch as				
	X 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.)							
	nere is an underground storage tank	on this property. The type(s), size	e(s) and any kr	nown				
	ibstance(s) contained are listed below		• •					

5.	Private Burial Site (check one)				
	X 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.				
	X 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				
Inf	formation required by statements checked above should be provided here or an concrete				
	formation required by statements checked above should be provided here or on separate eets attached hereto:				
	0 yards straight north of the home. The white top of the well is visable form the front yard of the				
10	o yards straight north of the nome. The write top of the wen is visable form the front yard of the				
res	sidence.				
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM				
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.				
	IIII III III OIIIII OIII OIII ED ADOTE IO IIIOE AID OOMILOT.				
Sic	gnature: Telephone No.: (515) 724-3009				
٠٠٤	(Transferor or Agent)				

Addendum

1. The Northeast Quarter (1/4) of the Northeast Quarter (1/4) of Section Thirteen (13), Township Seventy-six (76) North, Range Twenty-nine (29) West of the 5th P.M., Madison County, Iowa, including Parcel "C" located therein, as shown in Plat of Survey filed in Book 2003, Page 6420 on October 23, 2003, in the Office of the Recorder of Madison County, Iowa, EXCEPT Parcel "A" located therein, containing 6.00 acres, as shown in Plat of Survey filed in Book 2, Page 498 on August 24, 1994, in the Office of the Recorder of Madison County, Iowa; AND Parcel "A" located in the Southeast Quarter (1/4) of the Southeast Quarter (1/4) of Section Twelve (12), Township Seventy-six North, Range Twenty-nine (29) West of the 5th P.M., Madison County, Iowa, containing 3.25 acres, more or less, as shown in Plat of Survey filed in Book 2, Page 408 on July 26, 1993, in the Office of the Recorder of Madison County, Iowa.



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

Property information Current owner_ Realtor Hot Putt Buyer Mailing address Site Address/County Legal Description_ No. of bedrooms __ Last occupied? Current Records available 423 Permit/installation date 10-3-44 Separation distances @ no? Septic system information Septic tank(s): size 1500 material 0 105+10 condition 600 Tank pumped? 1925 date 6-24-19 licensed pumper Wiegert ___ material __ condition Septic/trash/processing tank: size_ __ date_ licensed pumper Tank pumped? Acrobic treatment unit (ATU) mfgr______ Tank pumped?_____ date______ licensed pumper Tank pumped? _____ date __ date _____expiration date ___ Maintenance contract? ____ service provider Condition Pump tanks/vaults: type _____ size ____ condition Distribution system: distribution box $\frac{y \cdot e}{y \cdot s \cdot dr \cdot l \cdot 27}$ outlets used $\frac{y \cdot e}{y \cdot s \cdot dr \cdot l \cdot 27}$ condition $\frac{e}{e}$ Cracked Header pipe(s) $\frac{y \cdot s \cdot dr \cdot l \cdot 27}{4}$ of lines $\frac{y \cdot e}{dr \cdot l \cdot 27}$ outlets used Secondary treatment: length of absorption fields 4×70 condition of fields 9000/ dry type of trench material determined by Sunty determined by Nydraulic type of trench material Size of sand filter determined by Vent pipes above grade? discharge pipe located? Results Effluent sample taken? Media filters: type Maintenance contract? expiration date service provider Condition NPDES General Permit No. 4: required? _____ permitted? _____ NOI provided ____

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Time of Transfer Inspection Report

Alarms	g: Working?	diabata at	
Control box	Timers	disinfectioninspection po	working?
Other components	i		
Overall condition	of the private sewage disposal s	ystem	
Report system stat			g at Inspection
Explain (attach ad	ditional pages as needed): Ta	in the good, the	igalraulia
Comments: D-	-Box is crucked as	` `	des, One
VePoReGaVe	clusion of Time of Transfer inspectify that controls are set on the awer is on to all components. Evisit all components to verify lice that all tools for removal from the growing that no sewage is on the growing that the sewage is on the growing the sewage is on the growing that the sewage is on the growing the sewage is on the growing that the sewage is on the growing the sewage is on the growing that the sewage is on the growing the growing the sewage is on the growing the sewage is on the growing th	ppropriate mode. is are secure. he site. und surface.	3 askersk s 124 a 2 4 2 2
This report indica	heet, write a narrative report of the street the condition of the private stoes not guarantee that it will continue that it will be a subject to the	ewage disposal system	at the time of
Signature of Cert Name (print): Address: 110 15	Ben Bed well CNG+NS+, Unit		Date: 5-24-19 Certificate#: 11012
	f this report, the narrative reporting the inspection, the county sar		
Iowa DNR Private Sewage I 502 E. 9 th St. Des Moines, IA	Disposal Program 50319		

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