

Book 2019 Page 2534 Type 43 001 Pages 5 Date 8/15/2019 Time 1:43:08PM Rec Amt \$ .00

INDX ANNO SCAN CHEK

LISA SMITH, COUNTY RECORDER MADISON COUNTY TOWA

## **REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT**

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR: Name Tiffany A. Coil and Aaron M. Coil							
	Number and Street or RR	City, Town or P.O.	State	Zip			
TRANSFI Name Address	Derrick H. Hauschildt and Kaitlyn		State	Zip			
	of Property Transferred: 50th Street, Dexter, Iowa 50070						
Nun	nber and Street or RR	City, Town or P.O.	State	Zip			
2. Solid V  X Th  Sta  2. Solid V  X Th  in  3. Hazar  X Th  Th	(check one) nere are no known wells situated on the ated below or set forth on an attack Waste Disposal (check one) nere is no known solid waste disponere is a solid waste disponere is a solid waste disposal site of Attachment #1, attached to this do dous Wastes (check one) nere is no known hazardous waste on this protachment #1, attached to this docuted in the interest of the interest in the in	nis property. The type(s), local ned separate sheet, as necessed as lite on this property. In this property and information ocument.  On this property. Separate and information of the property and information related.	sary. n related thereto is pr	ovided			
4. Under <u>X</u> The service instance in the service	rground Storage Tanks (check of the are no known underground storage farm and residential motor fuel structions.) There is an underground storage tanabstance(s) contained are listed be	n <b>e)</b> orage tanks on this property. ( tanks, most heating oil tanks, ak on this property. The type(s	cisterns and septic ta s), size(s) and any kno	anks, in own			

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
6	necessary.  Private Sewage Disposal System (check one)
Ο.	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
lni	formation required by statements checked above should be provided here or on separate
	eets attached hereto:
	ne active water well is located 40 feet east of the dwelling house.
_	
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Si	gnature:
	Tiffany A. Coil



## MAILED TO MADISON CO. ENVIRONMENTAL HEALTH ON AUGUST 5TH 2019

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

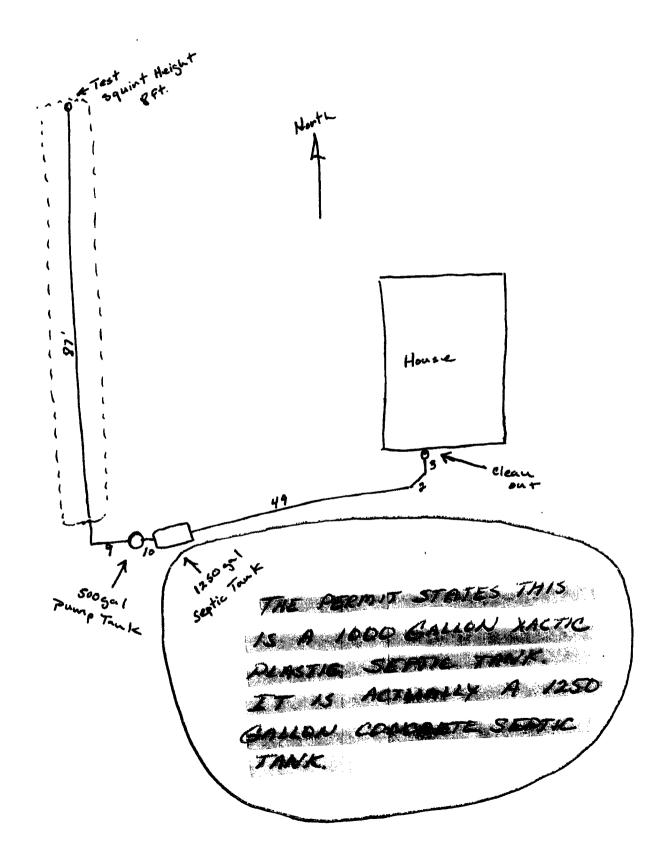
Property information				
Current Owner TIFFA	NY COIL			
Current Owner TIFFA Buyer DERRICK MA	USCHILDT	Realtor		
Mailing Address 1068	150TH DEXTE	ER, IA. SOL	70	
Site Address/County	8 150TH .	DEXTER, TA	50070	
No. of Bedrooms <u>3</u> Last (				
Records Available 15 Pe	ermit/Installation Dat	e <u>2006</u> In	astaller Goll6H7	LY CONST.
Septic System Information Septic Tank(s): Size /25 Tank Pumped? /ES.	Date 7-31	al ONCRETE 2017 Licensed	Condition Ga	OB SERVICE
Septic/Trash/Processing Tanl	k: Size	Material	Condition	
Tank pumped?	Date	Licensed	Pumper	
Aerobic treatment unit (ATU Tank Pumped?Maintenance Contract?Condition	Expiration Date	Licensed te	Size Pumper Service Provider	
Pump Ttanks/Vaults: Type 2	PLASTIC Siz	e_500	Condition GOOD	731-2019
Distribution System: Distrib	ution Box Header Pipe(s) Pressure Dosed?	Nur	Condition	
Secondary Treatment	ر لايد مس		PROBE-	
Length of Absorption Fields	_86	Determined	by <u>ASBUILT MA</u>	AP FROM C'OU
Condition of Fields	GOOD	Determined l	DY HYDRAULIC	LOAD TEST
Secondary Treatment Length of Absorption Fields Condition of Fields Type of Trench Material	RESSURIZED 4	LATERAL /GR	AVEL MOUN	D SYSTEM
Size of Sand Filter		Determined	by	
ze of Sand Filter Determined by  ent Pipes Above Grade? Discharge Pipe Located?				
Effluent Sample Taken?		Results		
Media Filters: Type				
Media Filters: Type Maintenance Contract? Condition	Expiration Da	ite	Service Provider	
Condition			-	
NPDES General Permit No. 4	,		NOI submitt	ed



Time of Transfer Inspection Worksheet

Other Components
Alarms VES Working? VES Disinfection NA Working?  Control Box NA Timers NA Inspection Ports NO
Control Box <u>NA</u> Timers <u>NA</u> Inspection Ports <u>NO</u>
Other Components
Overall condition of the private sewage disposal system
Acceptable? Unacceptable?
Explain (attach additional pages as needed):  SYSTEM IS IN GODD WORKING CONDITION AT THE  TIME OF INSPECTION - PUMP AMP DRAW GOOD - SEPTIC TANK &
TIME OF INSPECTION - PUMP AMP DRAW GOOD - SEPTIC TANK &
PUMP VAULT WERE PUMPED-ALARM IS FUNCTION ING - SQUIRT HEIGHT + 2 FEFT - MOUND TOE WAS DRY AFTER HYDRAULIC LOAD TES
Comments:
Site status at conclusion of Time of Transfer 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.
Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.
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: Jon Cornisk Date: Aug 2-2019
Name (print): Jon Cornigh Certificate #: 2007
Address: 1020 1307H DEXTER, IA. 50070
Phone # 575 - 249 - 9483

## Permit # 103-06 Buckland At grade Manuel Inspection 10/10/06



MADISON COUNTY AS BUILT MAP