

Book 2019 Page 3482 Type 43 001 Pages 5 Date 10/31/2019 Time 11:53:49AM Rec Amt \$.00 IND

INDX **ANNO** SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

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

| | I O DL | COMPLETED BY TICHOT LINOT | ` | | | | |
|--|---|--|-------------------------|--------------|--|--|--|
| TRANSF | EROR: | | | | | | |
| Name | Savanah R Jungman | | | | | | |
| Address | 2125 130th Street, Earlham, | IA 50072 | | | | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip | | | |
| | _ | | | | | | |
| TRANSF | | | | | | | |
| Name | Amanda Schuling | TA 60000 | | | | | |
| Address | 2125 130th Street, Earlham, | IA 50072 | | | | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip | | | |
| | of Property Transferred: 0th Street, Earlham, IA 50072 | | | | | | |
| | nber and Street or RR | City, Town or P.O. | State | Zip | | | |
| | | • | | | | | |
| Legal Des | scription of Property: (Attach | if necessary) Parcel "A" located Section 13, Township 77 North, Ra | d in the Southwest Qu | arter of the | | | |
| Southwe | st Quarter (SW ¼ SW ¼) in S | Section 13, Township 77 North, Ra | ange 28, West of the 5 | th P.M., | | | |
| Madison | County, Iowa, containing 3.7 | 9 acres, as shown in Plat of Surve | y filed in Book 2004, | Page | | | |
| 1393, on | April 1, 2004 in the Office of | f the Recorder of Madison County | , Iowa | | | | |
| 4 18/5/15 | (about ana) | | | | | | |
| | (check one) | atad on this proporty | | | | | |
| | here are no known wells situated | d on this property. The type(s), lo | cation(e) and legal etc | atus aro | | | |
| | | attached separate sheet, as nece | | itus ai c | | | |
| | Waste Disposal (check one | | osai y. | | | | |
| | There is no known solid waste disposal site on this property. | | | | | | |
| | | site on this property and informal | tion related thereto is | provided | | | |
| | Attachment #1, attached to t | · · · · | | p | | | |
| | | | | | | | |
| | nere is no known hazardous | waste on this property. | | | | | |
| There is hazardous waste on this property and information related thereto is provided in | | | | | | | |
| | tachment #1, attached to this | | | | | | |
| | ground Storage Tanks (che | | | | | | |
| | | and storage tanks on this property | . (Note exclusions su | ch as | | | |
| | | or fuel tanks, most heating oil tank | | | | | |
| | structions.) | | , [| • | | | |
| | | ge tank on this property. The type | e(s), size(s) and any k | nown | | | |
| | | ed below or on an attached separ | | | | | |

| 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 |
| lmi | armetian required by etatements absolved above about be provided bere as an apparete |
| | ormation required by statements checked above should be provided here or on separate eets attached hereto: |
| | well is located to the south of the house west of the |
| | |
| _ | idewalk |
| | |
| | |
| _ | |
| | |
| | I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM |
| | AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT. |
| | |

Signature: Acue La Juguer Telephone No.: 515-979-9055

542-0191



Time of Transfer Inspection Report

Property Information

| Current Owner: | Savar | oah and Patri | ck Jungman | | | | | |
|--|---|---------------|--------------|---------------------------------|----------|-------------|---|---------------------------------------|
| Buyer: Tra | avis and Amar | da Schuling | | Realt | or: | Ashlee l | Knickerbocker | |
| Mailing Address: | *************************************** | | | | | | | |
| Site Address/Cour | nty: 212 | 5 130th St E | arlham | | | | | |
| Legal Description | | | | | | | | |
| No. of bedrooms: | 4 | Las | t occupied: | C | urrent | Records | available: | yes |
| Permit/ installation | n date: | 4-7-04 | | Separation d | istances | (ok/no?): | ok | |
| Septic System Inf | ormation | | | | | | *************************************** | |
| Septic tank(s): | Size: | 1500 | Material: | pla | astic | Condition: | good | |
| Tank pumped? | XYUN | Date: | 10-1-1 | 9 License | d pumpe | r: | Wiegert | |
| Septic/Trash/Proc | essing tank: | Size: | | Material: | | (| Condition: | |
| Tank pumped? | \square Y \square N | Date: | | License | d pumpe | er: | · · · · · · · · · · · · · · · · · · · | |
| Aerobic treatment | unit (ATU) n | ıfgr | | | | | Size | |
| Tank pumped? | $\square Y \square N$ | Date: | | Licen | ised pum | per: | | |
| Maintenance cont | ract? | Y 🗆 N | Expiration d | ate: | | Service pro | vider: | |
| Condition: | | | | | | | | |
| Pump tanks/vaults | : Type: | | S | lize: | | Conditi | on: | · · · · · · · · · · · · · · · · · · · |
| Distribution system | m: Distri | bution box | yes | S Outle | ts used | 4 | Condition: | good |
| He | eader pipe(s): | 4 | "sdr135 No | o. of lines: | 4 | Pressu | re dosed? | no |
| Secondary Treatm | nent: | | | | | | | |
| Length of absorption fields: 4x100' | | | Deterr | nined by | : c | ounty map | | |
| Condition of field | s: ge | ood/dry | | Deterr | nined by | : h | ydraulic test | |
| Type of trench ma | iterial: | 36" Ch | ambers | | | | | |
| Size of sand filter | | | | Deterr | nined by | | | |
| Vent pipes above grade? ☐ Y ☐ N | | | Discha | Discharge pipe located? ☐ Y ☐ N | | | | |
| Effluent sample ta | ken | | | Result | s: | | | |
| Media Filters: | Туре: | | | | | | ***** | |
| Maintenance contract? ☐ Y ☐ N Expiration date: | | | ate: | Service provider: | | | | |
| Condition: | | | | | | | | |
| NPDES General F | Permit No. 4: | Require | ed? □ Y□ | N Perm | itted? [| ∃ Y ⊡ N | NOI provided | i: · |

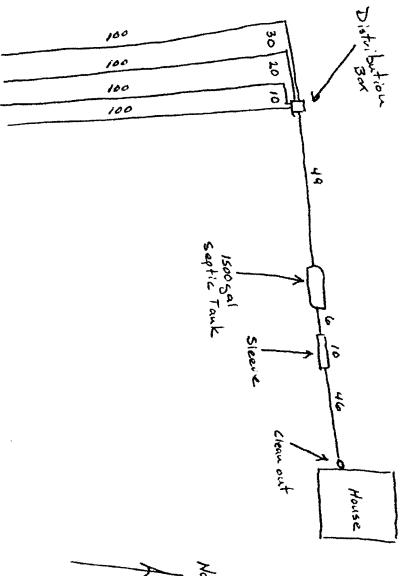
4/2010 cmz/dao DNR Form 542-0191



Time of Transfer Inspection Report

| Other components: | | | | | | | | |
|--|---|---------------------------------------|---------------------------------------|-------------------|---------------|---|--|--|
| Alarms: $\square Y \square N$ | Working: \square Y | \square N | Disinfection: | \Box Y \Box N | Working: | \square Y \square N | | |
| Control Box: | Timers | Timers: | | Inspection Ports: | | | | |
| Other components: | | , , , , , , , , , , , , , , , , , , , | | | | | | |
| Overall condition of the | private sewage di | sposal system | | | | | | |
| Report system status: | Report system status: System working properly at Inspection | | | | | | | |
| Explain (attach addition | al pages as needed | l): A | All plumbing go | es to septic. Ta | ank is in goo | od condition, | | |
| but plastic baffle has fallen over. D-box good. Hydraulic test good. Lateral field dry. | | | | | | | | |
| Comments: | | | | | | | | |
| | | | | | | | | |
| Site status at conclusion | of Time of Trans | fer 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 not guarantee that it will | | | | n at the time o | f the inspec | tion. It does | | |
| Signature of Certified In | nspector: Bw | holl | | Date | e: | 10-23-19 | | |
| Name (print): | Ben Bedwell | | | Certificate | #: | 11612 | | |
| Address: 1106 | N 6th st unit 42, I | ndianola IA | · · · · · · · · · · · · · · · · · · · | ~ | | | | |
| Phone #: 515-6 | 681-2053 | , , , , , , , , , , , , , , , , , , , | | | | ##./*********************************** | | |
| Provide a copy of this r ordering the inspection, | | | | | agent or the | e person | | |
| Iowa DNR | | | | | | | | |
| Private Sewage Disposal Program | | | | | | | | |
| 502 E 9th St | | | | | | | | |

Des Moines IA 50319



North