

Book 2019 Page 3879 Type 43 001 Pages 7 Date 12/06/2019 Time 1:24:29PM

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

IRANSE						
Name Paul S. Knesevitch and Susan L. Knesevitch						
Address	1710 Merriam Court, Winterset, IA 50273					
	Number and Street or RR	City, Town or P.O.	State	Zip		
TRANSF	EREE:					
Name	Kenneth Kroska and Janelle	e Kroska				
Address	18173 580th Street, Fonda,	, IA 50540				
	Number and Street or RR	City, Town or P.O.	State	Zip		
	of Property Transferred: rriam Court, Winterset, IA 5	0273				
Nun	nber and Street or RR	City, Town or P.O.	State	Zip		
$\frac{X}{X} \text{ TI}$ sta  2. Solid	ated below or set forth on an <b>Waste Disposal (check on</b> e	d on this property. The type(s), lo attached separate sheet, as nec		atus are		
TI		Il site on this property and informa	ation related thereto is	provided		
	3. Hazardous Wastes (check one)					
<ul> <li>X There is no known hazardous waste on this property.</li> <li>There is hazardous waste on this property and information related thereto is provided in Attachment #1, attached to this document.</li> </ul>						
	ground Storage Tanks (ch	•				
sn in:	nall farm and residential mot structions.)	und storage tanks on this property or fuel tanks, most heating oil tan	ks, cisterns and septic	tanks, in		
		age tank on this property. The typ ted below or on an attached sepa				

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.	
Int	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
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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.
Się	gnature: Susan & Krusevskin Telephone No.: 719-482-6023

Loan Number: 428580033

#### Note to SELLER:

This form does NOT need to be completed if all questions on the 1099-S CERTIFICATION FORM are answered "True or Yes". If the property involves a 1031 Tax Deferred Exchange, PLEASE COMPLETE THIS FORM.

#### AVAILA BANK 1099-S INPUT FORM

SUBJECT PROPERTY INFORMATION					
STREET ADDRESS					
1710 Merriam Court					
CITY	STATE		ZIP		
Winterset	IA		50273		
TRANSACTION DATA					
SALES PRICE		CLOSING DATE			
\$352,000.00		12/6/2019			

#### SELLER INFORMATION - PLEASE PRINT CLEARLY

This info is needed for reporting purposes, specifically, the IRS 1099-S Proceeds from Real Estate Transactions

You are required by law to provide AVAILA BANK with your correct taxpayer identification number, if you do not provide us with your correct taxpayer identification number, you may be subject to civil or criminal penalties imposed by law.

SELLER'S LAST NAME  KNESEVI + Ch	FIRSTNAME	M.S	
SHLLER'S FORWARDING STREET ADDRESS  6950 STAGECOACH	Drive unit	1005	
West Des Moines	FOW A	50266	
SELLER'S SOCIAL SECURITY NUMBER	OR	SELLER'S TAX IDENTIFICATION NUMBER	
Under penalties of perjury, I certify that	I am a U.S. person or U.S	. resident alien and the number shown on this statement is r	my
correct taxpayer identification number.			•
lal s. h		12.4.19	
Seller's Signature		Date Signed	

AVAILA BANK
200 N Main St
Pocahontas, IA 50574
PHONE: 712-332-3322 FAX: 712-335-4603







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

Property information 10-Unit
Current owner Pavid & CAROI MERIAM  Buyer Pavi & Susqui KNESE VITCH Realtor Sarail Cowman  Mailing address 1710 MERIONICT WINTERED FA 50273
Site Address/County Same AS Adve / MAPISON (ULL) Legal Description AS A35-NACT
No. of bedrooms Z Last occupied? fresent Records available yes
Permittinstallation date 8-12-97 Separation distances ok/no? ok
Septic system information
Septic tank(s): size 1000 9.11 material Concrete condition of Tank pumped? Yes date 8-1-18 licensed pumper Condition Septic/trash/processing tank: size material condition Tank pumped? date licensed pumper
Aerobic treatment unit (APU) mfgr size  Tank pumped? date licensed pumper  Maintenance contract? expiration date service provider  Condition
Pump tanks/vaults: type size condition
Distribution system: distribution box $\frac{\sqrt{PS}}{\text{Header pipe(s)}}$ outlets used $\frac{\sqrt{PS}}{\text{outlets used}}$ condition $\frac{\sqrt{PS}}{\text{outlets used}}$ Pressure dosed?
Secondary treatment:  length of absorption fields  condition of fields  ok - f.2/  type of trench material  length of absorption fields  ok - f.2/  determined by fooding f Hydralic  type of trench material
Size of sand filter determined by Vent pipes above grade? discharge pipe located? Effluent sample taken? Results
Media filters: type  Maintenance contract? expiration date service provider  Condition
NPDES General Permit No. 4: required? permitted? NOI provided
Page 1 of 2

4/2010



# Time of Transfer Inspection Report

Other components: Alarms	Working?		disinfection 107	working?
Control box		-	grand and the first state of the	
Other components		Timers	inspection por	
Overall condition of	the private se			
Report system status	<u> ي حرک</u> ،	AHACHED		The second secon
Explain (attach addi	tional pages as	s needed):		
Comments: LATA	als Loca	te in t	41/ 9/053	Y AREA
<ul><li>Powe</li><li>Revis</li><li>Gathe</li><li>Verif</li></ul>	y that controls or is on to all co sit all compone or all tools for y that no sewa	are set on the appropriate omponents. ents to verify lids are removal from the singe is on the ground	e secure. le. surface.	
Using this workshee This report indicates the inspection. It do Signature of Certific Name (print): Address: Phone #	the condition	of the private seway	ge disposal system at ue to function satisfa	t the time of
Provide a copy of th the person ordering t	is report, the n	narrative report and s	sketch to the seller/ag	gent, buyer/agent or
Iowa DNR Private Sewage Disp 502 E. 9 <sup>th</sup> St. Des Moines, IA 503	_			

### **Time of Transfer Report System Status**

Address: 1710 Mernam Cr	Date:	8-8-18
Comments: Winterset 50273	Technician: Br	ian Rinard
AU WASTEWATER From House Affect To	BRAN	12000
Sopre System 1,000 gal Concrete & Por	ngaatmen	+ sopre
TANE WITH BAFFES WAS IN WORKING COND	lition f	PLASTIC
PISTINGUTION WITH BATHE AND Speed Lev	•	
4) 90 Rock layerals withey All too		
the time of the INSpection.		
THIS IS NOT A qualantee		
THIS CERTIFIES THAT THE SOFTE	54510	m
WAS IN WORKING louds from	•	
time of the INSPECTION		

DIAGRAM OF SYSTEM

SOR County. DRAWING

, 14 Huff-- 8/12/97-Merriam CT Winterset 1710