

Book 2020 Page 1670 Type 43 001 Pages 5 Date 5/15/2020 Time 12:22:49PM Rec Amt \$.00

INDX **ANNO SCAN**

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

	TO BE	E COMPLETED BY TRANSFEROR	•					
TRANSF								
Name	Norma Mae Koons							
Address	2736 Pioneer Ave., Peru, IA 50222							
	Number and Street or RR	City, Town or P.O.	State	Zip				
TRANSF	EREE:							
Name	Shane Dupes and Leilani D	upes						
Address	2813 Millstream Ave., Peru, IA 50222							
	Number and Street or RR	City, Town or P.O.	State	Zip				
	of Property Transferred:	2						
	Ilstream Ave., Peru, IA 5022	City, Town or P.O.	State	Zip				
140	Tipe: and Supplier INC	OILY, TOWN OF F.O.	Guale	Z-ip				
<u>X</u> T		nated on this property. ed on this property. The type(s), loon attached separate sheet, as neces		ıs are				
	Waste Disposal (check on		oary.					
		e disposal site on this property.						
		al site on this property and informati	on related thereto is pr	ovided				
	Attachment #1, attached to dous Wastes (check one)	this document.						
	nere is no known hazardous	waste on this property.						
		this property and information related	d thereto is provided in	ť				
	tachment #1, attached to thi							
	ground Storage Tanks (ch							
sr		ound storage tanks on this property. tor fuel tanks, most heating oil tanks						
		age tank on this property. The type	(s), size(s) and any kno	own				

substance(s) contained are listed below or on an attached separate sheet, as necessary.

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
2	necessary. Private Sawage Disposal System (check one)
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
	ormation required by statements checked above should be provided here or on separate eets attached hereto:
<u>)n</u>	e well south of the house
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sig	nature: Dela Diane Sheldol Telephone No.: (515) 689-0188

FILE WITH RECORDER



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

Property information

Current owner NORMA KOON'S
Buyer Shade Plaigni Dupes Realtor Sarah Comman! Mailing address 2813 Millstream, EAST Peru TA 50222
Mailing address 2813 Millstreen FAST Port TA 50722
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Site Address/County SAME A ABOVE MACISON CO
Legal Description AS ABSTIACT
2 uki
No. of bedrooms 2 Last occupied? 200 Records available 105
Permit/installation date <u>079/04</u> Separation distances ok/no? <u>0</u>
Septic system information
South tould be sim IFAA a a / 11 Abda a da 100 da
Septic tank(s): size 1500 9A material ONCILIE condition of Tank pumped? 125 date 11-13-17 licensed pumper ountry Siche Sop The Septic/trash/processing tank: size material condition
Sentic/track/processing tends, sing
Tank pumped? date licensed pumper
Tank pumped? date licensed pumper
Aerobic treatment unit (ATU) mfgr size
Aerobic treatment unit (ATU) mfgr size licensed number
Tank pumped? date licensed pumper Maintenance contract? expiration date service provider
Condition
Pump tanks/vaults: type size condition
Distribution system: distribution box outlets used condition
Header pipe(s) # of lines Pressure dosed?
Secondary treatment:
length of absorption fields 1/00 determined by County Decords condition of fields 0/2 Dex determined by Problem P Hydralic
type of trench material Chamber Test
Size of sand filter determined by
Vent pipes above grade? discharge pipe located?
Effluent sample taken? Results
100,000
Media filters: type
Maintenance contract?expiration date service provider
Condition
NPDES General Permit No. 4: required? NOI provided
Page 1 of 2 4/2010 542-0191



Time of Transfer Inspection Report

Other components:
Alarms Working? disinfection working?
Control box inspection ports
Other components
Overall condition of the private sewage disposal system
Report system status See AHACHEO JAGES
Explain (attach additional pages as needed):
Comments: House HAS US Full BASOMENT TO FULLY Check WASTEWATER PLUMBING DISTRIBUTION BOX IS MARKED WITH A 4" White PUC GIPE
prisition pox 15 printer in with 14 4 white for fige
 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: Date: $\frac{3-16-2020}{Name (print): Distance #: 8805}$ Address: $\frac{10.80420}{202-4895}$ Phone # $\frac{202-4895}{202-4895}$
Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office, and to;
Iowa DNR Private Sewage Disposal Program 502 E. 9 th St. Des Moines, IA 50319

Time of Transfer Report System Status

Address:	2813	M.11 57	lam	Date:	3-16-2020
Comments:	EAST P	eru, IA	50222	Technician: Br	ian Rinard
ALL	. WASTEWA	TER From	House	Appears	70
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	Chamber	•			
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/ 	·	NBT A GU		,	
THIS CER	ettifies THA				SIN
	Conditions				_
7				7	

DIAGRAM OF SYSTEM

See County Records