

Book 2020 Page 1747 Type 43 001 Pages 5 Date 5/20/2020 Time 12:21:42PM 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

<b>TRANSF</b>								
Name	Franklin Eugene Wade, Jr.							
Address	2632 State Highway 92, V							
	Number and Street or RR	City, Town or P.O.	State	Zip				
TRANSF	EREE:							
Name	Troy William Brenning							
Address	2632 State Highway 92, Winterset, IA 50273							
	Number and Street or RR	City, Town or P.O.	State	Zip				
	of Property Transferred: te Highway 92, Winterset,	IA 50273						
Nu	mber and Street or RR	City, Town or P.O.	State	Zip				
<u></u> T		tuated on this property. ted on this property. The type(s), lo an attached separate sheet, as nece		us are				
2. Solid	Waste Disposal (check of there is no known solid was	<b>ne)</b> te disposal site on this property. sal site on this property and informa	•	rovided				
3. Hazar	rdous Wastes (check one here is no known hazardou	<b>)</b> is waste on this property. n this property and information relat	ed thereto is provided in	1				
4. Unde1 s ir1	rground Storage Tanks (or here are no known undergound mall farm and residential manustructions.) There is an underground sto		ks, cisterns and septic to e(s), size(s) and any kn	anks, in own				

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.
	<ul> <li>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.</li> <li>There is a building served by private sewage disposal system on this property. Weather or</li> </ul>
	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 (Notes for exempti
	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
	pormit riumbol
	formation required by statements checked above should be provided here or on separate eets attached hereto:
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Si	gnature: Telephone No.: 5/5-401-23 8 /



4/2010

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

roperty information 26-UNIO
urrent owner Norris  uyer Realtor Holort Dust  Iailing address
uyer Realtor Holert Dust
failing address
ite Address/County 2632 Hwy 92, Winterset IH/Madison egal Description
o. of bedrooms H Last occupied? 3 months Records available
ermit/installation date 6-8-16 Separation distances 6kg no?
eptic system information
eptic tank(s): size 1500/500 material Contrete condition 9000  ank pumped? No date Vess than 2000 material condition  eptic/trash/processing tank: size material condition  ank pumped? date licensed pumper
erobic treatment unit (ATU) mfgr size ank pumped? date licensed pumper Izintenance contract? expiration date service provider ondition
ump tanks/vaults: type Concrete size 500 condition 9000
istribution system: distribution box N O outlets used condition Header pipe(s) # of lines Pressure dosed?
determined by Map  mondition of fields 4000 determined by Inspection  mondition of fields 4000 determined by
ize of sand filter determined by
ent pipes above grade? discharge pipe located? ffluent sample taken? Results
Triuent sample taken? Kesuits
ledia filters: type
PDES General Permit No. 4: required? permitted? NOI provided
Page 1 of ?

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542-0191



## Time of Transfer Inspection Report

Other components: Alarms <u>Yr S</u> Working? <u>Yr S</u>	disinfection	working?	-
Control box Timers	inspection ports _	<u>ye,</u>	
Other components			
Overall condition of the private sewage disposal syste	<del></del>		
Report system status System Work	ing properly	at Imp	ection
Explain (attach additional pages as needed): † and	n yord pu	imps and	·
Comments: Plantine all your	to septic		-
<ul> <li>Site status at conclusion of Time of Transfer inspection</li> <li>Verify that controls are set on the appropriate Power is on to all components.</li> <li>Revisit all components to verify lids at Gather all tools for removal from the set Verify that no sewage is on the ground</li> <li>Using this worksheet, write a narrative report of the interest of the set of the</li></ul>	opriate mode. re secure. ite. I surface.	ch a site sketch.	
This report indicates the condition of the private sewe the inspection. It does not guarantee that it will continue that it will be a substitute that it will be a substi	nue to function satisfacto	rily.	
Signature of Certified inspector: Two Technology Name (print): Pen Pedwell Address: 1100 North Count 42 Phone # 515-681-2053	, Indiania,	Pate: 11-28-1, Pate: 11612 TH 50125	8 - -
Provide a copy of this report, the narrative report and the person ordering the inspection, the county sanitari			
Iowa DNR Private Sewage Disposal Program 502 E. 9 <sup>th</sup> St. Des Moines, IA 50319			

Permit # 030-16 Inspection 6/8/16 North 2632 Shorte Husy 92 House 09 9