

Book 2020 Page 2013 Type 43 001 Pages 8 Date 6/09/2020 Time 12:35:56PM Rec Amt \$ 00 IND

INDX **ANNO** SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

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

TRA	NSFEROR:				
Nam	e Terry L. Clark				
Addr	ress 1346 US Hwy 169 Number and Street or RR	Winterset City, Town or P.O.	IA State	50273 Zip	
TRA	NSFEREE:				
Nam	e Nancy C. Krukow				
Addr	ress 2401 Guenever Ct Number and Street or RR	Altoona City, Town or P.O.	IA State	50009 Zip	
Addr	ress of Property Transferred:				
	S US Hwy 169 Number and Street or RR	Winterset City, Town or P.O.	IA State	50273 Zip	
Rec	wn in Plat of Survey filed in Farm Plat order of Madison County, Iowa.	Book 2, Page 6, on August 2	6, 1985, in the Offic	e of the	
	Wells (check one)				
]	☐ There are no known wells situated on t ☐ There is a well or wells situated on t or set forth on an attached separate	his property. The type(s), locati	ion(s) and legal statu	us are stated below	
2. \$	Solid Waste Disposal (check one)				
[☑ There is no known solid waste dispo	sal site on this property.			
[☐ There is a solid waste disposal s Attachment #1, attached to this docu		mation related ther	eto is provided in	
3. I	Hazardous Wastes (check one)				
[There is no known hazardous waste	on this property.			
[☐ There is hazardous waste on this p attached to this document.	roperty and information related	I thereto is provided	in Attachment #1,	

4.	Underground Storage Tanks (check one)					
		There are no known underground storage tanks on this property. (Note exclusions such as small farm and residential motor fuel tanks, most heating oil tanks, cisterns and septic tanks, in instructions.)				
		There is an underground storage tank on this property. The type(s), size(s) and any known substance(s) contained are listed below or on an attached separate sheet, as necessary.				
5 .	Pri	vate Burial Site (check one)				
	团	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 permi number						
Information required by statements checked above should be provided here or on separate sheets attached hereto: WI S DAH MAN USFT SOUTH OF HILL COME A F HILL CLE, JESM WAYNG CONCITON						
I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS						
	FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.					
Sigi	natu	re: Luy L, lluk Telephone No.: (515) 386-5793 (Transferor or Agent)				



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

Property information			*
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Current owner Terry Clark			A Property of the Control of the Con
Buyer	_ Realtor	JA Re	affilial_
Mailing address			AND THE PARTY OF T
Site Address/County 1346 Houses	1 Wisters	et 7A 5027	3
Legal Description Same do Add	rese		
		· · · · · · · · · · · · · · · · · · ·	# 10 K 1 M 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A
No. of bedrooms 2 Last occupied? Still?	than Records a	vailable 420	
Permit/installation date Separation		The state of the s	• .
Permit/installation date Separation	a distances (6k/)n	107	·
of the state of th			
Septic system information	<i>}</i>		
Septic tank(s): size 1000 & Compartment material	Cement	condition Looks	ek atterio
Tonk numbed? date 2 - 12 - 127.0	licensed num	ner 12:24 57 457	5 time
Septic/trash/processing tank: size	material	condition	
Septic/trash/processing tank: size Tank pumped? date	_ licensed pum	per	
**			
Aerobic treatment unit (ATU) mfgr	**	size	
Tank pumped? date			
Maintenance contract? expiration date			
Condition			
Pump tanks/vaults: type size_		condition	
_	1 -		1. 4 nA t
Distribution system: distribution box Plostic Con	outlets used	2 condition Les	ks of the
Header pipe(s) 5-6 35	# of lines _2	Pressure dosed?	a ames
		. 1.	
Secondary treatment: length of absorption fields 2 @ 100 ft	اد بد سالاسسالاسا	I'm ford od De	,
length of absorption fields	determine	lby probed Du	7
condition of fields Look sook type of trench material paper & Rock	determined	TOY PROCE T DES	₹
type of delicit material	1912-1		-
Size of sand filter #10	determine	d by	
Size of sand filter <u>Mo</u> Vent pipes above grade?	discharge	pipe located?	*
Effluent sample taken?	Results		
-			
Media filters: type		A Committee of the Comm	
Maintenance contract? 140 expiration date			
Condition			
NIND TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		NTONT 1.1. 3	
NPDES General Permit No. 4: required? //	permitted?	NUI provided	



Time of Transfer Inspection Report

Other components: Alarms Working?	disinfection 120	working?
Control box Timers	iespection ports_	I hizer no tout
Other components Dox 20 plastia +	Coment 23p	and Dials + tee
Overall condition of the private sewage disposal syst	i <mark>em</mark>	Antage of a particle of the second
Report system status for Greent 2 Con	reportment tou	k 1000 gal
Explain (attach additional pages as needed):		makan alika Mujaka i
Comments:		CONTROL TO A PROPERTY OF THE
		Side Linguistic Serve
City to the state of the state		A STATE OF S
 Verify that controls are set on the apple of Power is on to all components. Revisit all components to verify lids Gather all tools for removal from the Verify that no sewage is on the ground Using this worksheet, write a narrative report of the This report indicates the condition of the private set the inspection. It does not guarantee that it will content to the private set the inspection. 	propriate mode. are secure. e site. nd surface. e inspection results and att wage disposal system at t ntinue to function satisfac	tach a site sketch.
Signature of Certified inspector: Cll. C. Name (print): Allen Akers Address: 2204 175 to of white Phone # 515.462-1018	csetIA soz	Date: <u>15-12-2</u> 5 Certificate #: <u>1023</u> 73
Provide a copy of this report, the narrative report a county sanitarian/environmental health office, cour conducted and to;	nd sketch to the seller/agonty Recorder in the count	ent, buyer/agent, the y the inspection was
Iowa DNR Onsite Wastewater Program		V Friedrich
502 E. 9 th St.	$C_{\rm cons} = 0.000$	13. T
Des Moines, IA 50319		tere

Permit #80 1346 Hyw9 100 1

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

Current owner <u>Terry</u> Clark Buyer	Realtor	TA RO- WILL
Mailing address		A REPORT OF THE
	169	
Site Address/County 1346 Hogy 2	Winterset.	ZA 50273
Legal Description Same do A	1ddress	
No. of bedrooms 2 Last occupied? St.	and the December of the	hat we was all the same
# 860	Ze Coca Accords avana	be get
Permit/installation dateSepara	ation dictances APAno?	្រុមស្រីស្រីស្រែក ស្រុក
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Septic system information	j	
aka	rent	
Septic tank(s): size 1000 & Compartin	ial Censent con	dition Looks of at
Tank pumped? date	20 licensed pumper c	100 ST 455 Tu
Septic/trash/processing tank: size	material	condition
Tank pumped? date	licensed pumper _	
·	•	
Aerobic treatment unit (ATU) mfgr date	 si	Z8
Tank pumped? date	licensed pumper_	
Maintenance contract? expiration dat		
Condition		
Pump tanks/vaults: types	ira rond	itica
-	L	
Distribution system: distribution box Plastic	Communication 2	condition Lasks of
Header pipe(s) Seh 3	35 # of lines 2 P	ressure dosed? // Zo
\$ 300 J.S. 34 A. C.		
Secondary treatment:	1.	The state of the s
length of absorption fields 2 @ . 100 f	determined by	probed Dung
condition of fields keeks of	determined by	probed Dung
type of trench material peper t Rock	/	4
·		and the second second
Size of sand filter <u>Ro</u> Vent pipes above grade?	determined by	located?
Vent pipes above grade?	discharge pipe	located?
Effluent sample taken?	_ Results	
M. Jin Elbanos town		and the second second
Media filters: type expiration d	nta	muny didau
vimuenance contract <i>i mec</i> expiration d	accscrvice	DIOVIGET



Time of Transfer Inspection Report

Other components: Alarms Working?	disinfection Mo	######################################
Control box 20 Timers Other components D Box 20 plantia of	Cament 2 3 ps	I hizer on tous and Dials + tee
Overall condition of the private sewage disposal sys	stem	A CONTRACTOR OF THE STATE OF TH
Report system status fee Coment 2 Co	reportment las	de 1000 gal
Explain (attach additional pages as needed):		
Comments:		CONTROL OF MAN DO FEE
		Alia de publica des el como de la
 Verify that controls are set on the ap Power is on to all components. Revisit all components to verify lide Gather all tools for removal from the Verify that no sewage is on the ground this worksheet, write a narrative report of the 	s are secure. s site. und surface.	A Comment of the second of the
This report indicates the condition of the private so the inspection. It does not guarantee that it will co	ewage disposal system at to ontinue to function satisfac	he time of torily.
Signature of Certified inspector: Qll. (Name (print): Allen Akers Address: 220 4 175 c. et winter Phone # 515.462-1015		Date: <u>3-12-2</u> 020 Certificate #: <u>102</u> 3 73
Provide a copy of this report, the narrative report county sanitarian/environmental health office, cou conducted and to;		
Iowa DNR Onsite Wastewater Program 502 E. 9 th St. Des Moines, IA 50319	Edward Communication	ing the second of the second o

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Permit #

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