BK: 2020 PG: 3641

Recorded: 9/25/2020 at 9:57:30.0 AM

Pages 7

County Recording Fee: lowa E-Filing Fee: \$0.00

Combined Fee: Revenue Tax:

LISA SMITH RECORDER Madison County, Iowa

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TRANSF Name	Howard Lee Belgarde a	BE COMPLETED BY TRANSFEROR nd Lori Ann Belgarde		
Address	3032 Clark Tower Rd, V	Vinterset, IA 50273		
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF Name Address	EREE: Diamond W Ranch, LLC 1684 170th St., Independ	C dence, Iowa 50644		
	Number and Street or RR	City, Town or P.O.	State	Zip
Address 6	of Property Transferred: rk Tower Rd., Winterset,	Iowa 50273	Jule	라
Nur	nber and Street or RR	City, Town or P.O.	State	Zip
Legal Des	scription of Property: (Atta	ach if necessary)		
Th	(check one) nere are no known wells shere is a well or wells situated below or set forth on Waste Disposal (check one) nere is no known solid wastere is a solid waste disposal trachment #1, attached to be sere is no known hazardousere is no known hazardousere is hazardous waste of eachment #1, attached to the ground Storage Tanks (dere are no known undergiall farm and residential matructions.)	ated on this property. The type(s), local an attached separate sheet, as necestone) steed disposal site on this property and information to this document. (a) Us waste on this property. In this property and information related this document. (check one) round storage tanks on this property. In this property and information related this document.	sary. on related thereto is provided in the second in the	provided in ch as tanks, in
Th	ere is an underground sto	orage tank on this property. The type(s listed below or on an attached separat	s), size(s) and any kr e sheet, as necessa	nown ry.

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 cito(s) and the cito(s)
	identifying information of the decedent(s) is stated below or on an attached separate sheet, as
_	1100033d1 y .
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 lowful sewage disposal system.
	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
	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
	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
3110	ormation required by statements checked above should be provided here or on separate eets attached hereto:
<u>On</u>	e non-working well filled 50 feet south of red shed
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Siaı	nature: Law and ha Blanche Tolophone No. (515) 250, 4202
٠.	Telephone No.: (515) 250-4203
	noward Lee Belgarde

ATTACHMENT

The North Three-Fourths (N 3/4) of Section Thirteen (13), Township Seventy-four (74) North, Range Twenty-eight (28) West of the $5^{\rm th}$ P.M., in Madison County, Iowa, **EXCEPT** the following described tracts, to-wit:

- 1. Parcel "A" located in the Southwest Quarter of the Northwest Quarter (SW 14 NW 14) of said Section Thirteen (13), containing 4.0 acres, as shown in Plat of Survey filed in Book 2001 at Page 3083 on July 16, 2001, in the Office of the Recorder of Madison County, Iowa;
- 2. A tract of land located in the Northeast Quarter of the Southeast Quarter (NE 1/8 SE 1/4) of said Section Thirteen (13), and more particularly described as follows, towit: commencing 1495 feet North and 25 feet West of the Southeast Corner of said Section Thirteen (13), and running North parallel with the West line of the County road 100 feet; thence West 50 feet; thence South parallel with the West line of said County road100 feet; thence East 50 feet to the place of beginning;
- 3. All that part of the Northwest Quarter of the Northwest Quarter (NW 4 NW 4) of said Section Thirteen (13), lying North and West of the East right-of-way line of County Highway P-71 (old U.S. Highway #169).



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

Froperty information	
Current 1/	
Current owner Howard P Lori Belgarde Mailing address Hollmutit	
Buyer Eddie Hulmuril Belgarde	
Mailing address 3037 CLACK TOWER PAGEN	
Site Add Site Add	
	2
Legal Description AS ABOVE MANISON (6	
No office / TOTAL / TOTAL (d	
No. of bedrooms / Last occupied? Otala L	-
No. of bedrooms Last occupied? * Records available \(\frac{1}{2} \) Permit/installation date \(\frac{1}{2} - 6 \frac{1}{2} \) Separation distances of \(\frac{1}{2} - 6 \frac{1}{2} \) Separation distances of \(\frac{1}{2} - 6 \frac{1}{2} \)	
Permit/installation date //2-6 4 Separation distances ok/ no?	
Septic system in 12-20-04	
The System miormation	
Septic tank(s): size 1000 94 material lowere to condition of C Septic/trash/progression to date 52770 licensed	
Tank pumped?	
Septic/trash/processing tank: size	
Tank processing tank: size	
date material condition	
Aerobic treatment unit (ATV) mfgr Tank pumped?	
Tank pumped? data	
Maintana	
Condition - Country Condition Ages	
2000	
Pemp tanks/vaults: type	
SIZE	
Distribution system: distribution box \(\sqrt{\left(\frac{1}{2}\)} \) outlets used \(\text{condition} \) \(\text{Condition} \) \(\text{Header pipe(s)} \(\sqrt{\text{# of lines}} \) \(Pressure does to	
Header nine(s) Outlets used	
Header pipe(s) outlets used condition / Secondary treatment:	
length of absorption fields 5 /00/	
type of trench material Chamben determined by County Records	
Size of sand filter	
Vent pipes above grade? Effluent sample taken? determined by discharge pipe located?	
Enthuent sample taken? Results discharge pipe located?	
Media filters: type	
Vizinterrance	
service provider	
VPDES General Permit No. 4: required? Dermitted?	
permitted? NOI provided	
INOI provided	
4/2010 Page 1 of 2	



Time of Transfer Inspection Report

Other components:				
Alarma ///c				
Alarms Working? disinfection				
disinfection /// working?				
Control box inspection ports				
Other components				
Overall condition of the private sewage disposal system				
or the private sewage disposal system				
Report system status				
Report system status See Afracife D PASES				
Evaloin formal and				
Explain (attach additional pages as needed):				
Comments: Building Has NO BASEMENT,				
- DASEMENT				
Site status at conclusion - con				
Site status at conclusion of Time of Transfer inspection:				
verify that controls are set on the appropriate and				
Power is on to all components.				
Revisit all components to verify lids are secure.				
Gather all to all C				
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.				
a site sketch.				
This report indicates the condition and the cond				
the inspection. It does not grarantee the inspection at the time of				
y vini Salurue (Orancilon satisfactorily				
Signature of Certified inspector:				
Name (print): BRIAN TINARD Date: 0-27-20				
Add Course to the Course to th				
Phone # 202 1/895 NORWAIK, 74 58211				
Droxida				
Provide a copy of this report, the narrative report and short-best				
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;				
sautanamental health office, and to;				
lowa DNR				
Private Sewage Disposal Program				
502 E. 9 th St.				
Des Moines, IA 50319				
200 HOURS, 1A 30519				

Time of Transfer Report System Status

Address: 3032 CLARK TOWER Rd Date: 8-27-20
Comments: Writerset Ty Date: 8-27-20
lechnician: Brian Rinard
All WASKE WATER From Building
PAIN NTO SONTE CON
1000 rete /2 / nouse to
TANK WITH RISERS & EFFURENT SOFTE WAS IN WOOK (EFFURENT FILTER
WAS IN WORKING (Sudition).
PLASTIC DIE TONOLON.
PLASTIC DISTINBUTION BOX WITH INLES BAFFLE
COOT 1000. All (8) [100]
TOOK WATER AT time OF the TUSPECTION
THE INSPECTION
NOT H Silvianto
THE SOUTH SUL
IN Working Condition for Time OF THESPECTION!
DIAGRAM OF SYSTEM
See

Dee County DRAWING

