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INDX ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

| TRANSF | EROR: | | | | | | | | |
|-------------------------|---|------------------------------|-------|-------|--|--|--|--|--|
| Name | Paul Bentley and Melissa Bentley | | | | | | | | |
| | | | | | | | | | |
| Address | 2989 200 th Trail, Prole, IA 50229 | | | | | | | | |
| | Number and Street or RR | City, Town or P.O. | | State | | | | | |
| | | | | | | | | | |
| TRANSF | TEREE: | | | | | | | | |
| Name | Tanner Speer and Nicole S | anner Speer and Nicole Speer | | | | | | | |
| | | | | | | | | | |
| Address | 2788 State Highway 92, Winterset, IA 50273 | | | | | | | | |
| | Number and Street or RR | City, Town or P.O. | | State | | | | | |
| | | Zip | | | | | | | |
| | of Property Transferred: | | | | | | | | |
| 2989 20 | 0th Trail, Prole, IA 50229 | | | | | | | | |
| Number and Street or RR | | City, Town or P.O. | State | Zip | | | | | |

Legal Description of Property: (Attach if necessary)

The Southwest Quarter (¼) of the Northeast Quarter (¼) of the Southeast Quarter (¼) Section Twenty (20), Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa; AND a tract of land located in the West Half (½) of the Southeast Quarter (¼) of said Section Twenty (20), more particularly described as follows: Beginning at the Northeast corner of the Southwest Quarter (¼) of the Southeast Quarter (¼) of said Section Twenty (20), thence along the East line of the Northwest Quarter (¼) of the Southeast Quarter (¼) of said Section Twenty (20), North 00°00' 46.0 feet, thence South 34°24' West 57.8 feet, thence South 01°19' West, 610.6 feet to the centerline of a County Road, thence along said centerline North 77°45' East, 47.8 feet, thence along the East line of the Southwest Quarter (¼) of the Southeast Quarter (¼) of said Section Twenty (20), North 00°00' 602.00 feet to the point of beginning, said parcel contains 0.569 acres,

| 1. Wells (check one) |
|---|
| There are no known wells situated on this property. |
| <u>x</u> There is a well or wells situated on this property. The type(s), location(s) and legal statu |
| are stated below or set forth on an attached separate sheet, as necessary. |
| 2. Solid Waste Disposal (check one) |
| x There is no known solid waste disposal site on this property. |
| There is a solid waste disposal site on this property and information related thereto is |
| provided in Attachment #1, attached to this document. |
| 3. Hazardous Wastes (check one) |
| x There is no known hazardous waste on this property. |
| There is hazardous waste on this property and information related thereto is provided in |
| Attachment #1, attached to this document. |
| 4. Underground Storage Tanks (check one) |
| x 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. 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. 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. |
| <u>x</u> 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 of |
| 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 |
| |
| Information required by statements checked above should be provided here or on separate |
| sheets attached hereto: There is one (1) active well approximately 700 southeast of the |
| residence located on the property. |
| |

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature: _______ Telephone No.: (515) 444-7483



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

| Property information |
|---|
| Current owner Melissa Joul Bentley- |
| Buyer Janner and Micale Speet Realtor |
| Mailing address 2989 - 200 + A FROIL ProtetA 56229 |
| Site Address/County 2989-200th trail Prode IA 50229. |
| Legal Description |
| No. of bedrooms 3 Last occupied? UPRZW Records available 455 |
| Permit/installation date 5-5-94 Separation distances ok/no? |
| Septic system information Lister ton K. |
| A 24 |
| Septic tank(s): size 1000 material concut condition Goed |
| Tank primped? date |
| Septic/trash/processing tank: size material condition Tank pumped? date licensed pumper |
| Tank pumped? date licensed pumper |
| A sub-line Associated APTIND sub- |
| Aerobic treatment unit (ATU) mfgr size |
| Tank pumped? date licensed pumper |
| Maintenance contract? expiration date service provider |
| Condition |
| Pump tanks/vaults: type condition |
| |
| Distribution system: distribution box 45 outlets used 4 condition Gotel |
| Header pipe(s) # of lines Pressure dosed? |
| - |
| Secondary treatment: length of absorption fields 99 determined by Vous Hochstell |
| length of absorption fields 79 determined by Vova Hochstoff |
| condition of fields God' determined by // |
| type of trench material Grands |
| 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 |



Time of Transfer Inspection Report

| Other compo | onents: Working | ng? | disin | fection | working? | _ |
|----------------------------|------------------|----------------------------------|-----------------|--------------------|-----------------------|---|
| Control box | , | Timers | | inspection por | ts | |
| Other compo | onents | | | | | |
| Overall cond | ition of the pri | vate sewage disposal | system | | · | |
| Report system | n status | | | | | |
| Explain (atta | ch additional p | ages as néeded); | | | | |
| Comments: _ | | | T-11-1 | | | _ |
| Site status at | conclusion of | Time of Transfer ins | pection: | | | - |
| 6 | Verify that c | ontrols are set on the | appropriate | mode. | | |
| 0 | Power is on t | o all components. | | | | |
| 9 | Revisit all co | mponents to verify f | ids are secure | . | | |
| • | Gather all too | ds for removal from | the site. | | | |
| e | Verify that ne | sewage is on the gr | round surface | • | | |
| Using this wo | orksheet, write | a narrative report of | the inspection | n results and a | ttach a site sketch. | |
| | | dition of the private water will | | | | |
| Signature of (| Certified inspec | tor Illi | Jacker | - | Date: 7-30-20 | 1 |
| ~ | Ceraldi | | 22700 | | Certificate #: 8479 | 7 |
| Address // | 3175hore | Stud tour | 7 TH | | Ortificato II. CZF F. | |
| Phone # 515 | | 94 | | MO. T 1.00 . 20172 | | |
| | i i | | | | | |
| Provide a con | v of this report | , the narrative report | t and sketch to | o the seller/age | ent, buyer/agent, the | |
| county sanitar | rian/environme | ntal health office, co | unty Recorde | er in the county | y the inspection was | |
| conducted and | | | • | | | |
| 502 E. 9 th St. | nsite Wastewat | er Program | | | | |
| D - 34-1 7 | TA 50210 | | | | | |