BK: 2020 PG: 4396

Recorded: 11/13/2020 at 8:28:40.0 AM

Pages 6

County Recording Fee: \$0.00 Iowa E-Filing Fee: \$0.00 Combined Fee: \$0.00

Revenue Tax:

LISA SMITH RECORDER Madison County, Iowa

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

| TRANSFI Name | EROR: Nancy M. Rehard | | • | | | | |
|--|--|--------------------|-------|-------------------|--|--|--|
| | 1641 NW 92nd Street, Clive, IA 50235 | | | | | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip | | | |
| TRANSFI Name | EREE: Brandon Lamb | | | | | | |
| Address | 2362 255th Street, Peru , IA 50222 | | | | | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip | | | |
| | of Property Transferred: of Street, Clive, IA 50222 | | | | | | |
| Nun | nber and Street or RR | City, Town or P.O. | State | Zip | | | |
| Wells (check one) There are no known wells situated on this property. X There is a well or wells situated on this property. The type(s), location(s) and legal status are stated below or set forth on an attached separate sheet, as necessary. 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. 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 #4 attached to this document. | | | | | | | |
| 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, 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. | | | | tanks, in mown | | | |

| 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. |
| 3. | Private Sewage Disposal System (check one) |
| ò. | 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. Yhere 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 |
| ní | formation required by statements checked above should be provided here or on separate |
| _ | eets attached hereto: |
| | 30 ft from the house, 20 ft from the road |
| | |
| | |
| | |
| | |
| | I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT. |
| | |
| Się | gnature: Vul Sur PoA Telephone No.: (515) 318-3236 |
| | (andioroi of rigority |

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

| a. | There is a solid waste disposal site on this property, but no notice has been received from the |
|-----|--|
| | Department of Natural Resources that the site is deemed to be potentially hazardous. There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary. |
| b | Hazardous Wastes (check one) X There is hazardous waste on this property and it is being managed in accordance with |
| | Department of Natural Resources rules. |
| | There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined. |
| Fu | rther descriptive information: |
| | |
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| _ | |
| | |
| | I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT. |
| Sig | gnature: ToL Son PoA Telephone No.: (515) 318-3236 |

Addendum

1. Parcel "C". All that part of the NW1/4 of the SE1/4 of Section 20, Township 75N, Range 27W of the 5th P.M., Madison County, Iowa, more particularly described as follows: Beginning at the Center of said Section 20, thence S 8939'00" E, along the N line of the NW1/4 of the SE1/4 of said Section 20, a distance of 361.50'; thence S 0024'06" W, a distance of 361.50 feet; thence N 8939'00" W, a distance of 361.50 feet, to a point on the W line of the NW1/4 of the SE1/4 of said Section 20; thence North 0024'06" E, along the W line of the NW1/4 of the SE1/4 of said Section 20, a distance of 361.50 feet to the Point of Beginning, and containing 3.00 acres of land, more or less, including 0.52 acres of road easement.



#047-20

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

| Manager and Asia | 242-0191) | | | |
|--|--|--|--|--|
| Property information | and the second s | | | |
| | 20-3cott | | | |
| Current owner John Rehard 854 Buyer <u>Rrandon</u> Lama Mailing address | ate | | | |
| Mailing address | Realtor 2-3 | | | |
| B accet 092 | | | | |
| Site Address/Camera | Madison Go Peru IA | | | |
| Level December - 25531 | Modern C Pro Co | | | |
| Som Description - Some as address | | | | |
| No. of bedrooms 2 Last occupied? /by 20/7 Records available | | | | |
| Last occupied? / by 1 | 1/4 D | | | |
| Damis 12 sv | 14_ NOUNOS available fle | | | |
| retunionstallation date Nov 1977 Separation | dintra (2) | | | |
| Same. | distances of no? | | | |
| Septic system information | | | | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | i. Tanan salah sa | | | |
| Septic tank(s): size /ooo material G Tank pumped? //se date 7-14-2020 | | | | |
| Tank pumped? date material Septic/trash/processing tank: size rank pumped? date | condition for at this time | | | |
| Septic/trash/processing tank: size | licensed pumper _S\ 544 | | | |
| Tank pumped? | naterial condition | | | |
| | licensed pumper | | | |
| Aerobic treatment unit (ATU) mfgr Tank pumped? date Maintengace contract? expiration date Condition | | | | |
| Tank pumped? | 8178 | | | |
| Maintenance contract? | licensed pumper | | | |
| Maintenance contract? date Expiration date | SCIDER TOTAL | | | |
| | | | | |
| Primer tandentes | | | | |
| Pump tanks/vaults: type size | The state of the s | | | |
| Distribustion | CONGINGO | | | |
| | | | | |
| Header pipe(s) | otlets used 2 condition Look of this | | | |
| | of lines Pressure dosed? Time | | | |
| 7 7 7 7 9A ANGERTS 3578 8 8 | and the second | | | |
| iongth of absorption fields 2 (2) 100 /4 | andra de la companya de la companya La companya de la co | | | |
| condition of fields of at at the type of trench material | determined by such of Man | | | |
| type of trench material | determined by proke & Map determined by proke & grave | | | |
| | Julian San San San San San San San San San S | | | |
| Size of sand filter | | | | |
| Size of sand filter Vent pipes above grade? | determined by | | | |
| Vent pipes above grade? Effluent sample taken? | discharge pipe Incated? | | | |
| Effluent sample taken? Resul | ts | | | |
| | | | | |
| Media filters: type | | | | |
| Maintenance contract? expiration date | where | | | |
| Conditionexpiration date | service provider | | | |
| NPINDO C | | | | |
| - Visio General Permit No. 4: required? | milled 19 | | | |
| NPDES General Permit No. 4: required? pe | ************************************** | | | |
| | | | | |



Time of Transfer Inspection Report

| Other components: | g Armania kwa ma |
|---|---|
| Alarms Working? disinfe | ection 16 working? |
| Control box <u>No</u> Timers <u>No</u> in | espection ports |
| Other components | |
| Overall condition of the private sewage disposal system | |
| Report system status the Tenk in 20/1 Set S | , |
| Explain (attach additional pages as needed): | about 12" under ground |
| Comments: <u>OA 7-16-2020</u> Rum Water @ 3gal on 7-17-2020 Ru Water for another | min for 2 / zuhr. Wont Back 2/2 Adá Vater West awa |
| Site status at conclusion of Time of Transfer inspection: • Verify that controls are set on the appropriate if • 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 | |
| This report indicates the condition of the private sewage disp the inspection. It does not guarantee that it will continue to i | oosal system at the time of |
| Signature of Certified inspector: Name (print): Allen Akers Address: 2204175 m of Wisterset TA 50 Phone # 515-462-1015 | Date: 7-14-2020 |
| Provide a copy of this report, the narrative report and sketch county sanitarian/environmental health office, county Recorducted and to; | to the seller/agent, buyer/agent, the rder in the county the inspection was |
| Iowa DNR Onsite Wastewater Program 502 E. 9 th St. Des Moines, IA 50319 | |