

Document 2020 GW794

Book 2020 Page 794 Type 43 001 Pages 6 Date 3/16/2020 Time 2:14:09PM 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

TRANSF				
Name Address	Mark L. Bence and Patrici 2908 Quail Ridge Trail, W			
71001000	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF	CDEC.			
Name	Kyle Johnson			
Address	1604 50th Avenue, St. Cha	arles IA 50240		
71001000	Number and Street or RR	City, Town or P.O.	State	Zip
	of Property Transferred: ail Ridge Trail, Winterset, I	A 50273		
Nui	mber and Street or RR	City, Town or P.O.	State	Zip
$\mathbf{\overline{x}}^{T}$		uated on this property. ed on this property. The type(s), lo in attached separate sheet, as nece		itus are
2. Solid <u>X</u> T	Waste Disposal (check or here is no known solid wast	ne) te disposal site on this property. sal site on this property and informat	·	provided
	dous Wastes (check one)			
<u>X</u> T	here is no known hazardou	s waste on this property. I this property and information relate	ed thereto is provided i	in
	rground Storage Tanks (c			
sr		ound storage tanks on this property otor fuel tanks, most heating oil tank		
T	here is an underground sto	rage tank on this property. The type sted below or on an attached separ		

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.
	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
	permit number
Inf	ormation required by statements checked above should be provided here or on separate
	and affected barets.
(one well located approximately 100 feet North of
	the house.
_	rie nouse,
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
	\mathbf{m} (\mathbf{A} \mathbf{A}
Sic	nature:
€	(Transferor of Agent)

#008-20



Time of Transfer Inspection Report

542-0191

32-Crawford

P	ro	perty	<u>Information</u>

Current Owner:	Ma	rk Bence							
Buyer:	- 1 Fa	Aricia		· · · · · · · · · · · · · · · · · · ·	Realtor:				
Mailing Address:				<u> </u>					
Site Address/Cour	nty:	2912 Quail I	Ridge Tr	, Winters	et/ Madison Co	ounty			
Legal Description									
No. of bedrooms:	3	La	st occupie	ed:	Current		Records a	available:	yes
Permit/ installation	date:	4-23-09)	Sepa	ration distance	s (ok	/no?):	ok	
Septic System Info	ormation -								
Septic tank(s):	Size:	1500	Mate	erial:	concrete	Co	ndition:	go	od
Tank pumped?	¥ A □ N	Date:	1-	21-20	Licensed pum	per:		Wiegert	
Septic/Trash/Proce	essing tank:	Size:	·····	M	laterial:		(Condition:	
Tank pumped?	\square Y \square N	Date:	· · · · · · · · · · · · · · · · · · ·		Licensed pum	per:		, , , , , , , , , , , , , , , , , , ,	
Aerobic treatment	unit (ATU)	mfgr					4	Size	
Tank pumped?	\square Y \square N	Date:			Licensed pu	mpe	•		
Maintenance contr	act?	YUN	Expirati	on date:		Se	rvice prov	vider:	
Condition:	,					_			
Pump tanks/vaults	: Type:			Size:			Condition	on:	
Distribution system	n: Dist	ribution box		yes	Outlets used	i	5	Condition	good
Не	ader pipe(s)	:	4"sch40	No. of	lines:	5	Pressu	re dosed?	no
Secondary Treatm	ent:			_					
Length of absorpti	on fields:	5	x100'		Determined l	by:	C	ounty Map	
Condition of fields	S :	good/dry			Determined b	эу:	Н	ydraulic test	
Type of trench ma	terial:	24" Cl	hambers						
Size of sand filter:	•				Determined l	by:	•		
Vent pipes above	grade?	□Y□N	· · · · · · · · · · · · · · · · · · ·		Discharge pi	pe lo	cated?	□ Y □ N	l
Effluent sample ta	ken	•			Results:				
Media Filters:	Туре:				-				
Maintenance contr	ract?] Y □ N	Expirati	on date:		Se	rvice pro	vider:	
Condition:						_			
		···		*					

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NPDES	General	Permit	Nο	4.
INI DIG	Conciai	I CHIDIL	TIVU.	T .

Required?	$Y \square$	

Permitted? ☐ Y ☐ N

NOI provided:



Time of Transfer Inspection Report

Other components:					
Alarms: ☐ Y ☐ N	Working: $\square Y \square N$	Disinfection:	$\square Y \square N$	Working:	\square Y \square N
Control Box:	Timers:	Inspection	on Ports:		
Other components:					
Overall condition of th	e private sewage disposal syst	tem:			
Report system status:					
Explain (attach additio	nal pages as needed):	Tank good. D-b	ox good. Hydi	raulic test go	ood.
All plumbing goes to s	eptic.	T) // // // // // // // // // // // // //	-		
Comments:	Name of the Associated Association and the Ass				
Site status at conclusio	n of Time of Transfer inspect	ion:			
	ols are set on the appropriate mo	de.			
 Power is on to al Revisit all comp 	Il components. onents to verify lids are secure.				
Gather all tools f	for removal from the site.				
 Verify that no se 	wage is on the ground surface.				
Using this worksheet, v	write a narrative report of the	inspection results a	nd attach a site	sketch.	
	ne condition of the private sew ill continue to function satisfa		n at the time of	f the inspect	ion. It does
Signature of Certified	Inspector: Bu Bed	ul)	Date) :	2-10-20
Name (print):	Ben Bedwell		Certificate	#:	11612
Address: 1500	0 N B St, Indianola				
Phone #: 515-	-681-2053				
Provide a conv of this	report the parrative report and	d skatah ta tha salla	rlagant busar	lagant or the	norson

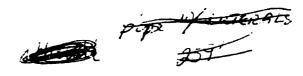
Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office and to:

Iowa DNR Private Sewage Disposal Program 502 E 9th St Des Moines IA 50319 4/2010 cmz/dao DNR Form 542-0191

وغمر، سعفلق ١٠ > North 1 ft 18 ser

Ken Simmwell

Permit # 015-09 2912 Quail Ridge Trl.





Recyclable

The Grease Trap Cleaners
A Division of
WIEGERT DISPOSAL INC. P.O. Box 344 1-800-728-4908 Martensdale, IA 50160

der No. Id To _		Becino		_ Date _\	- 21	<u>- 20</u>	
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ASH C	CHARGE	C O.D	SALESMAN		REC	ON AC	CT.
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