

Document 2021 GW1114

Book 2021 Page 1114 Type 43 001 Pages 6 Date 3/18/2021 Time 10:58:07AM

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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 | Steven L. Van Buskirk and | SUSAN E. van Buskirk | | |
| Address | 502 10th Ave, Ackley, IA 50601 | | | |
| | Number and Street or RR | City, Town or PO | State | Zip |
| TRANSF | | | | |
| Name | Ayrin E. Hamner-Ripperger | and Thomas J. Burns | | |
| Address | 2348 Willow Bend Trail, SAINT | CHARLES, IA 50240 | | |
| | Number and Street or RR | City, Town or PO | State | Zip |
| Address | of Property Transferred: | | | |
| | ow Bend Trail, SAINT CHARLES, IA 5024 | | | |
| | and Street or RR | City, Town or PO | State | Zip |
| Legal De | escription of Property: (Attach if ne | cessary) | | |
| See attac | hed. | | | |
| | (check one) There are no known wells situated There is a well or wells situated or forth on an attached separate she | n this property. The type(s), location(s) and legal sta | atus are stated belo | w or set |
| | Waste Disposal (check one) There is no known solid waste disposal site attached to this document. | posal site on this property. e on this property and information related thereto i | is provided in Attach | nment #1, |
| | rdous Wastes (check one) There is no known hazardous was There is hazardous waste on this p this document. | te on this property. property and information related thereto is provide | ed in Attachment #1 | , attached to |
| | motor fuel tanks, most heating oil | storage tanks on this property. (Note exclusions su tanks, cisterns and septic tanks, in instructions.) tank on this property. The type(s), size(s) and any k | | |

| There are no known private burial sites 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 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 with the county board of health to install a new 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 |
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| |
| Information required by statements checked above should be provided here or on separate sheets attached hereto: |
| |
| |
| |
| |
| |
| |
| |
| 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.: 641-223-0440 |

Legal Description:

Parcel "C" located in the Northwest Quarter (¼) of the Southeast Quarter (¼) of Section Eleven (11), Township Seventyfive (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing 3.838 acres, as shown in Plat of Survey filed in Book 2005, Page 5366 on November 4, 2005, in the Office of the Recorder of Madison County, Iowa, excepting therefrom the county road right of way



Property Information

Time of Transfer Inspection Report

| Current Owner: Steven and Susan Van | Buskirk | | | | | |
|---|---------------------------------------|------------------|-------------------|--------------|--|--|
| Buyer: | I | Realtor: | Julie Egli | | | |
| Mailing Address: | | | | | | |
| Site Address/County: 2348 Willow B | Bend Trl, St Charles | s IA/ Madison (| County | | | |
| Legal Description | | | | | | |
| No. of bedrooms: 3 Last o | occupied: | Current | Records availab | le: yes | | |
| Permit/ installation date: 9-27-82 | Separat | ion distances (c | - ok/no?): | no | | |
| Septic System Information | | | | | | |
| Septic tank(s): Size: 1,000 gal | Material: C | concrete C | Condition: | poor | | |
| Tank pumped? □ Y N Date: | Lic | censed pumper: | | | | |
| Septic/Trash/Processing tank: Size: | Mate | erial: | Condition | on: | | |
| Tank pumped? ☐ Y ☐ N Date: | Lic | censed pumper: | | | | |
| Aerobic treatment unit (ATU) mfgr | | | Size | | | |
| Tank pumped? □ Y □ N Date: | I | Licensed pump | er: | | | |
| Maintenance contract? | | | | | | |
| Condition: | | | | | | |
| Pump tanks/vaults: Type: Size: Condition: | | | | | | |
| Distribution system: Distribution box | Concrete (| Outlets used | 4 Con | dition: poor | | |
| Header pipe(s): 4"sdr | No. of line | es: 4 | Pressure dose | d? no | | |
| Secondary Treatment: | | | | | | |
| Length of absorption fields: 4x80' | D | etermined by: | County ! | Мар | | |
| Condition of fields: good/dry | D | etermined by: | Hydrauli | c test | | |
| Type of trench material: rock and pip | e | | | | | |
| Size of sand filter: | D | etermined by: | - | | | |
| Vent pipes above grade? ☐ Y ☐ N | D | ischarge pipe l | ocated? | ′□N | | |
| Effluent sample taken | R | esults: | | | | |
| Media Filters: Type: | · · · · · · · · · · · · · · · · · · · | | | | | |
| Maintenance contract? ☐ Y ☐ N Ex | xpiration date: | S | ervice provider: | | | |
| Condition: | | | | | | |
| NPDES General Permit No. 4: Required? | | Permitted? | Y 🗆 N NO | provided: | | |
| 4/2010 cmz/dao | | | DNR Form 542-0191 | | | |



Des Moines IA 50319

Time of Transfer Inspection Report

| Other component | is: | | | | | | | |
|--|---|-------------------------|--------------------|-----------------------|-------------|-------------------------|--|--|
| Alarms: □Y□ | N Working: | \square Y \square N | Disinfection: | $\square Y \square N$ | Working: | \square Y \square N | | |
| Control Box: | on Ports: | | | | | | | |
| Other componen | ts: | | - | | | | | |
| Overall condition | of the private sev | vage disposal syste | em: | | | | | |
| Report system sta | Report system status: System was working properly during the Inspection | | | | | | | |
| Explain (attach a | dditional pages as | needed): | Tank is closer t | than 10 feet from | m the house | The septic | | |
| tank has been rot | through from sew | er gas. The D-box | has deteriorated f | from sewer gas, | but not rot | ted through. | | |
| Comments: | Hydraulic tes | t was good. All plu | umbing goes to the | e septic. | | | | |
| | | | | | | | | |
| Site status at con | clusion of Time of | f Transfer inspection | on: | | | | | |
| Verify that controls are set on the appropriate mode. 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 results and attach a site sketch. | | | | | | | | |
| This report indicates the condition of the private sewage disposal system at the time of the inspection. It does not guarantee that it will continue to function satisfactorily. | | | | | | | | |
| Signature of Cert | ified Inspector: | Ben Ben | duell | Date | e: 3-7-2 | <u>!</u> 1 | | |
| Name (print): | Ben Bedwe | al | | Certificate | #: 11 | 612 | | |
| Address: | 1500 N B St, Inc | lianola IA | | | | , | | |
| Phone #: 5 | 15-681-2053 | | | | | | | |
| 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 I 502 E 9th St | Disposal Program | | | | | | | |

4/2010 cmz/dao DNR Form 542-0191

/ KANG ROAD රිග් 80 දිරු PRIVEWAY