BK: 2021 PG: 275

Recorded: 1/21/2021 at 2:41:51.0 PM

Pages 5
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**

TO BE COMPLETED BY TRANSFEROR

TRANSF	EROR:				
Name	Terry R. Cooper				
Address	Number and Street or RR	City, Town or PO	State	Zip	
TRANSF	EREE:	,		m.p	
Name	Bryan Payette				
Address	3392 265th St., Saint Charles, IA 50240 Number and Street or RR	City, Town or PO	State	Zip	
Address	s of Property Transferred:	on,, round o	State	Σiþ	
3392 265tl	n St., Saint Charles, IA 50240				
Number a	and Street or RR	City, Town or PO	State	Zìp	
Legal De	escription of Property: (Attach if necessary)				
Lots One Quarter ( Madison	(1) and Two (2) of A T Cooper Subdivision loca (¼) of Section Twenty-five (25), Township Seve County, Iowa.	ated in the East 30 acres of the North enty-five (75) North, Range Twenty-si	east Quarter (¼) of t x (26) West of the 5t	he Southeast h P.M.,	
<ol> <li>Wells (check one)         <ul> <li>There are no known wells situated on this property.</li> <li>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.</li> </ul> </li> <li>Solid Waste Disposal (check one)         <ul> <li>There is no known solid waste disposal site on this property.</li> <li>There is a solid waste disposal site on this property and information related thereto is provided in Attachment #1,</li> </ul> </li> </ol>					
	attached to this document.				
3. Hazardous Wastes (check one)  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.					
	rground Storage Tanks (check one) There are no known underground storage tank motor fuel tanks, most heating oil tanks, cister There is an underground storage tank on this pare listed below or on an attached separate sh	rns and septic tanks, in instructions.) property. The type(s), size(s) and any			

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.
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. The buyer has executed a binding acknowledgment with the county board of health to install a new 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. 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
Information required by statements checked above should be provided here or on separate sheets attached hereto:
50 yards NW well from house
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.: 515-468-6240
(Transferor Or Agent)



## **Time of Transfer Inspection Report**

Property Information			*:				
Current Owner:	Terry Coo	per					
Buyer:				Realtor:	Julie I	Egli	
Mailing Address:	· · · · · · · · · · · · · · · · · · ·	And the second s					······································
Site Address/County:	3392	265th St, Sain	t Charles/ N	fadison County			
Legal Description		· · · · · · · · · · · · · · · · · · ·			<u></u>		
No. of bedrooms:	3-	Last occu	pied:	Current	Records a	vailable:	No
Permit/ installation date:	J	Jnkown	Sepa	ration distance	s (ok/no?):	ok -	
Septic System Information	<u>on</u>		<u></u>			<del></del>	······································
Septic tank(s): Size:	125	50 M	aterial:	Concrete	Condition:	Good	
Tank pumped? XY	□N	Date:	11-4-20	Licensed pump	oer: W	/iegert	
Septic/Trash/Processing	tank: Siz	ze:	M	laterial:	C	Condition:	<u></u>
Tank pumped? □ Y	JN	Date:		Licensed pump	oer:		
Aerobic treatment unit (A	ATU) mfgr	<del>Vidid - L'angle</del>			Administration of the second s	Size	14 <i>5</i> 00
Tank pumped? □ Y i	ΠN	Date:	······································	Licensed pur	nper:		<u> </u>
Maintenance contract?					Service prov	ider:	<del></del>
Condition:				· · · · · · · · · · · · · · · · · · ·	<u>.</u>	<del></del>	<del></del>
Pump tanks/vaults: Type: Size:			Size:	Condition:			
Distribution system:	Distribution	n box	Plastic	Outlets used	2	Condition:	Good
Header pi	pe(s):	4" sdr135	No. of 1	ines: 2	Pressur	re dosed?	no
Secondary Treatment:	<u></u>	······································	***********	<del>Millians and the state of the </del>	· · · · · · · · · · · · · · · · · · ·	· Barbana	<del></del>
Length of absorption fiel	ds:	2x100'		Determined by	y: Pr	obing	
Condition of fields:	good/d	lry		Determined by	y: hyd	raulic test	<del></del>
Type of trench material:		rock and pipe			<u> </u>		<del></del>
Size of sand filter:	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Determined by	Y:		
Vent pipes above grade? □ Y □ N			Discharge pipe	e located?	DYDN	<u> </u>	
Effluent sample taken				Results:			
Media Filters: Type:	***************************************		***************************************		······		<del></del>
Maintenance contract?		N Expira	tion date:	<del>((, ), ), (</del>	Service prov	ider:	
Condition:				· Marie Colonia Coloni	•	<del>Ver-extin(innequality</del>	······································
NPDES General Permit N	Vo. 4: I	Required? [	J Y□ N	Permitted?	□Y□N	NOI provided	d:
4/2010 cmz/dao					DNR Form 54	-	

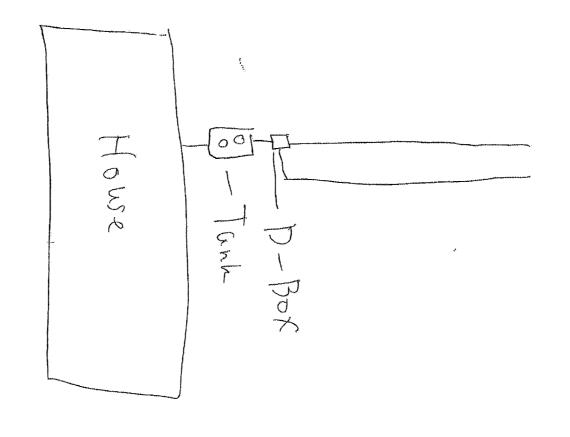


Des Moines IA 50319

## **Time of Transfer Inspection Report**

Other components:							
Alarms: □Y□N	Working: □Y□N	N Disinfection:	$\square Y \square N$	Working:	$\Box$ Y $\Box$ N		
Control Box:	Timers:	Inspection Ports:					
Other components:				····			
Overall condition of the	ne private sewage dispos	al system:			······································		
Report system status: System was working properly during the Inspection							
Explain (attach addition	onal pages as needed):	Tank is in good	l condition. D-l	oox is in goo	od condition.		
Hydraulic test was goo	od. All plumbing goes to	the septic. Lateral field	was dry.				
Comments:	, 4- M		· · · · · · · · · · · · · · · · · · ·				
				······································			
Site status at conclusion	on of Time of Transfer in	spection:		······································	***************************************		
<ul> <li>Verify that controls are set on the appropriate mode.</li> <li>Power is on to all components.</li> <li>Revisit all components to verify lids are secure.</li> <li>Gather all tools for removal from the site.</li> <li>Verify that no sewage is on the ground surface.</li> </ul>							
Using this worksheet,	write a narrative report o	of the inspection results a	nd attach a site	sketch.			
This report indicates the not guarantee that it will	ne condition of the private all continue to function s	te sewage disposal systen atisfactorily.	n at the time of	the inspect	ion. It does		
Signature of Certified	Inspector:	brend 1	Date	: 11-1	0-20		
Name (print):	Ben Bedwell		Certificate #	<i>t</i> : 1	11612		
Address: 1500	N B St, Indianola		<del>*                                    </del>		<u> </u>		
Phone #: 515-	-681-2053	· · · · · · · · · · · · · · · · · · ·			The second section and the second section and the second section secti		
Provide a copy of this cordering the inspection	report, the narrative report, the county sanitarian/e	ort and sketch to the selle nvironmental health offic	r/agent, buyer/age and to:	agent or the	pérson		
Iowa DNR	1 m						
Private Sewage Dispos 502 E 9 <sup>th</sup> St	ai Program						

4/2010 cmz/dao DNR Form 542-0191



Drive

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