

Book 2022 Page 132 Type 43 001 Pages 6 Date 1/12/2022 Time 2:06:52PM

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 TRANSFEROR:

Name	Josh Wandrey and Nicole Wandrey			
Address	3263 Iowa 92	Prole	IA	50229
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF	EREE:			
Name	Sherry R. Sheridan and Brittany R.	Smith		
Address	3315 144th Court	Cumming	IA IA	50061
	Number and Street or RR	City, Town or P.O.	State	Zip
Address	of Property Transferred:			
3315 144th	Court	Cumming	<u>IA</u>	50061
Nur	nber and Street or RR	City, Town or P.O.	State	Zip
2. Solid The standard of the s	ated below or set forth on a Waste Disposal (check or nere is no known solid waste disposal Attachment #1, attached to dous Wastes (check one) nere is no known hazardous here is hazardous waste on tachment #1, attached to the ground Storage Tanks (c	ted on this property. The type(s), local attached separate sheet, as necesine) te disposal site on this property, and site on this property and information this document.  Is waste on this property. It this property and information related his document.  The type(s), local separate sheet, as waste on this property.  The type(s), local separate sheet and information related his document.  The type(s), local separate sheet, as necessary and information related his document.	on related thereto is	s provided d in
b—'sn		ound storage tanks on this property. otor fuel tanks, most heating oil tanks		
TI	nere is an underground stor	rage tank on this property. The type sted below or on an attached separa		

5. <u>Private Burial Site (check one)</u>	
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	
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 modification	ane
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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 acknowledgmen	
with the county board of health to conduct a certified inspection of the private sewage dispo	
system at the earliest practicable time and to be responsible for any required modifications to	O
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 h	ias
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	ı to
which the sewage disposal system is connected will be demolished without being occupied.	
buyer has executed a binding acknowledgment with the county board of health to demolish	
building within an agreed upon time period. A copy of the binding acknowledgment is provid	ed
with this form. [Exemption #9]	Ju
This property is exempt from the private sewage disposal inspection requirements pursuant	fo
	w
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 t	.0
permit number	
Information required by statements checked above should be provided here or on separate	
sheets attached hereto:	
See tollowing pages	
010	
I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM	
AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.	
Signature:	
(ransferor or Agent)	•
Micol De Jane 24	
1400	

### **GROUNDWATER HAZARD STATEMENT**

#### ATTACHMENT #1

#### NOTICE OF WASTE DISPOSAL SITE

a. Solid Waste Disposal (check one)	
Department of Natural Resources that the s  There is a solid waste disposal site on this	property which has been deemed to be potentially sources. The location(s) of the site(s) is stated
b Hazardous Wastes (check one)	
There is hazardous waste on this property a Department of Natural Resources rules.	and it is being managed in accordance with
There is hazardous waste on this property a or the need therefore, have not yet been de	and the appropriate response or remediation actions, termined.
Further descriptive information:	
	WED THE INSTRUCTIONS FOR THIS FORM TED ABOVE IS TRUE AND CORRECT.
Signature:	Telephone No.: (515) 779-7831



## **Time of Transfer Inspection Report**

Property Information	
Current Owner: Nicole Wandrey	•
Buyer: Realtor: Nicole Wandr	ey
Mailing Address:	
Site Address/County: 3315 144th Court, Cumming IA/ Madison County	
Legal Description	
No. of bedrooms: 5 Last occupied: current Records available	e: yes
Permit/ installation date: 11-8-16 Separation distances (ok/no?): ok	ng (fight) (The design from a set of the section of
Septic System Information	
Septic tank(s): Size: 1750 gal Material: concrete Condition:	good
Tank pumped?	
Septic/Trash/Processing tank: Size: Material: Condition	n:
Tank pumped?	200 100 100 100 100 100 100 100 100 100
Aerobic treatment unit (ATU) mfgr Size	**************************************
Tank pumped? □ Y □ N Date: Licensed pumper:	
Maintenance contract? □ Y □ N Expiration date: Service provider:	Page 10 Page 1
Condition:	
Pump tanks/vaults: Type: Size: Condition:	
Distribution system: Distribution box Plastic Outlets used 5 Cond	ition: good
Header pipe(s): 4"sch40 No. of lines: 5 Pressure dosed	l? no
Secondary Treatment:	**************************************
Length of absorption fields: 5x100' Determined by: County R	ecords
Condition of fields: good/dry Determined by: Hydraulic t	est
Type of trench material: 36" chambers	
Size of sand filter: Determined by:	
Vent pipes above grade? ☐ Y ☐ N Discharge pipe located? ☐ Y	ΠN
Effluent sample taken Results:	
Media Filters: Type:	
Maintenance contract? ☐ Y ☐ N Expiration date: Service provider:	
Condition:	
NPDES General Permit No. 4: Required?	provided:

4/2010 cmz/dao DNR Form 542-0191



Des Moines IA 50319

# Time of Transfer Inspection Report

Other con	mponents:						
Alarms:	$\square$ Y $\square$ N	Working:	$\square$ Y $\square$ N	Disinfection:	$\square$ Y $\square$ N	Working:	$\square$ Y $\square$ N
Control Box:		Γ	Timers: Inspection		on Ports:		
Other cor	nponents:			and the same of th	-		•
Overall c	ondition of th	e private sew	age disposal sy	stem:		N'	
Report sy	stem status:	The sys	stem was worki	ng properly during th	ne Inspection		
Explain (	attach additio	nal pages as i	needed):	The tank was in	good condition	n. The D-box	x was in
good con	dition. The hy	ydraulic test v	vas good. Latera	al field was dry. All	plumbing goes	s to the septi	c.
Commen	ts:	7					
Site status	s at conclusio	n of Time of	Transfer inspec	tion:			
<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	s worksheet,	write a narrati	ive report of the	inspection results a	nd attach a site	e 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 Certified	Inspector:	Bur Beel	Ų	Date	e: 11-3	30-21
Name (pr	int):	Ben Bedwell			Certificate	#:	11612
Address:	1500	N B Street,	Indianola IA		-	**************************************	
Phone #:	515-	681-2053					
				d sketch to the seller onmental health office		agent or the	person
Iowa DNI	₹						
	wage Dispos	al Program					
502 E 9 <sup>th</sup> St							

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