

Document 2022 GW756

Book 2022 Page 756 Type 43 001 Pages 7 Date 3/14/2022 Time 12:26:27PM

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INDX ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name: Jason Arthur and Cheri Arthur Address: 3207 190th Street, Prole, IA 50229

TRANSFEREE:

Name: Macey Lynn Mitchell and Josh Dean Mitchell Address: 3207 190th Street, Prole, IA 50229

Address of Property Transferred: 3207 190th Street, Prole, Iowa 50229

Legal Description of Property: (Attach if necessary)

All that part of Parcel "F" located in the Northwest Quarter (%) of the Southwest Quarter (%) of Section Fourteen (14), Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing 38.041 acres, as shown in Plat of Survey filed in Book 2005, Page 2005 on May 4, 2005, in the Office of the Recorder of Madison County, Iowa

| 1. | Wells (check one) |
|----|---|
| | ☐ There are no known wells situated on this property. |
| | 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. |
| 2. | Solid Waste Disposal (check one) |
| | 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. |
| 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. |
| 4. | Underground Storage Tanks (check one) |
| | 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, in 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. |

☐ 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.

DNR form 542-0960 (July 18, 2012)

FILE WITH RECORDER

There are no known private burial sites on this property.

5. Private Burial Site (check one)

| 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 | | | | | |
| Information required by statements checked above should be provided here or on separate sheets attached | | | | | |
| hereto: Well located under neath wind mill South of home | | | | | |
| 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.: 515 971-5770 | | | | | |

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

| a. Solid Waste Disposal (check one) |
|--|
| 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) |
| 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. |
| Further descriptive information: |
| I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT. |
| Signature: |



TIME OF TRANSFER DETAIL

County: tburk@madisoncounty.iowa.gov

Complete Address:

3207 190th St. Prole IA 50229

Seller Name & Email: Jason & Cheri Arthur; jcj3arthur@yahoo.com

Seller Complete Address & Phone:

3207 190th St Prole IA 50229; 515.971.5770

Seller Real Estate Agent: Martha Aragon

Seller Agent Email & Phone: maragon@movewithplatinum.com; 515.306.9299

Buyer Name & Email: Macey & Joshua Mitchell; joshmitchell2316@gmail.com

Buyer Complete Address & Phone:

826 1st street, Prescott IA 50859

Buyers Real Estate Agent: Lisa Pierce Honer

Buyers Agent Email & Phone: lpierce02@hotmail.com; 515.360.6442

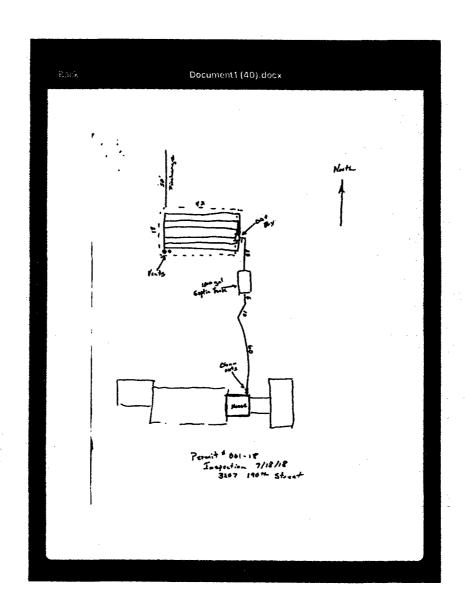


SEPTIC DRAWING

Site Address: 3207 190th St. Prole IA 50229

Seller Name & Email: Jason & Cheri Arthur; jcj3arthur@yahoo.com Seller Address & Phone: 3207 190th St Prole IA 50229; 515.971.5770

Picture:





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

| Property information | | | | | | |
|---|--|--|--|--|--|--|
| Current Owner Jason & Cheri Arthur; jcj3arthur@yah | oo.com | | | | | |
| Buyer Macey & Joshua Mitchell; Re | ealtor Martha Aragon | | | | | |
| Buyer Macey & Joshua Mitchell; Realtor Martha Aragon Mailing Address 3207 190th St Prole IA 50229; 515.971.5770 | | | | | | |
| | | | | | | |
| Site Address/County 3207 190th St. Prole IA 50229 tburk@madisoncounty.iowa.gov | | | | | | |
| No. of Bedrooms 2 Last Occupied? Curre Separ | ration distances ok? Yes | | | | | |
| Records Available YES Permit/Installation Date 7/1 | 18/18 | | | | | |
| Septic System Information | | | | | | |
| Sentic Tank(s): Size 1500 gal Material Co | oncrete Condition Working | | | | | |
| Septic Tank(s): Size 1500 gal Material Co Tank Pumped? YES Date 1/18/22 Septic/Trash/Processing Tank: Size Ma | Licensed Pumper Forest Septic | | | | | |
| Septic/Trash/Processing Tank: Size Ma | terial Condition | | | | | |
| Tank pumped? Date | Licensed Pumper | | | | | |
| | | | | | | |
| Aerobic treatment unit (ATU) MFGR Tank Pumped? Date Maintenance Contract? Expiration Date | Size | | | | | |
| Tank Pumped? Date | Licensed Pumper | | | | | |
| Maintenance Contract? Expiration Date Condition | Service Provider | | | | | |
| Pump Tanks/Vaults: Type Size | Condition | | | | | |
| Division of Division District | de VIII de la Companya de VIII de la Companya de la | | | | | |
| Distribution System: Distribution Box Plastic Ou | tlets Used 0 Condition Working | | | | | |
| Pressure Dosed? | Number of Lines | | | | | |
| Tressure Doseu: | | | | | | |
| Secondary Treatment | | | | | | |
| Length of Absorption Fields | Determined by | | | | | |
| Condition of Fields | Determined by | | | | | |
| Type of Trench Material | | | | | | |
| Gin 6 Gan. 1 Eillean 196 v 426 | Determined by County record/probe | | | | | |
| Size of Sand Filter 18ft x 42ft Vent Pipes Above Grade? YES | Determined by County record/probe | | | | | |
| vent Pipes Above Grade? IES | Discharge Pipe Located? YES Results Awaiting results | | | | | |
| Effluent Sample Taken? YES | Results Awaiting results | | | | | |
| Media Filters: Type | | | | | | |
| Media Filters: Type Expiration Date | Service Provider | | | | | |
| Condition | | | | | | |
| | | | | | | |
| NPDES General Permit No. 4: Required? P | Permitted? NOI submitted | | | | | |

4/2010



Time of Transfer Inspection Worksheet

| Other Componer | <u>nts</u> | | |
|---|---|--|-----------------------------------|
| Alarms | Working? | Disinfection | Working? |
| Control Box | Time | ers Inspection | Ports |
| Other Componer | nts | | |
| Overall condition | n of the private sewage | disposal system | |
| Report of system | status | | |
| All waste water Plastic distribut | ion box in working cond | ed): tic. 1500 gal concrete tank with l lition. Hydraulic load tested the probed dry and clean. Located o | 18ft x 42ft sand filter with 350 |
| Site status at con | clusion of Time of Tran | asfer inspection: | |
| Power is orRevisit all ofGather all t | controls are set on the and to all components. components to verify lide ools for removal from the ools exage is on the gro | ls are secure. he site. | |
| Using this works | sheet, write a narrative re | eport of the inspection results an | nd attach a site sketch. |
| • | | e private sewage disposal system o function satisfactorily. | at the time of the inspection. It |
| Signature of Cer | | le Roger | Date: 1/18/2022 |
| Noma (mainte) | ick Rogers | | Certficate #: 9597 |
| Name (print): Ri | 52nd Ave, Des Moines, I | A 50212 | |

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