

Book 2009 Page 2887 Type 43 001 Pages 5 Date 9/17/2009 Time 11:17 AM

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

		SFEROR: Union State Bank						
۸.	Idro	ss 201 W. Court, P.O. 110, Winte	erset IA 50273					
ΑC	uu e:	Number and Street or RR	City, Town or P.O.	State	Zip			
		<b>SFEREE:</b> Eric D. Wedemeyer and Tara J. '	Wedemeyer					
Αc	ddre	ss 1572 280th Street, Adair, IA 5	City, Town or P.O.	State	Zip			
Αc 1:	ddre	ss of Property Transferred: Hogback Bridge Road, Winterset, Number and Street or RR	, IA 50273					
	-	Number and Street or RR	City, Town, or P.O.	State	Zip			
N	orthore 5th	east Quarter (1/4) of Section Three (3) P.M., Madison County, Iowa, conta	f necessary) Parcel "A" located in the Township Seventy-six (76) North, Raining 4.083 acres, as shown in Plat of State Recorder of Madison County, Iowa	nge Twenty-eight (28 Jurvey filed in Book	3) West of			
1.	We	ils (check one)	· · · · · · · · · · · · · · · · · · ·					
	□ <b>X</b>		ted on this property. on this property. The type(s), locat attached separate sheet, as necess		atus are			
2.		lid Waste Disposal (check one)		•				
	X  	<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, attached to this document.</li> </ul>						
3.	Ha	zardous Wastes (check one)						
	<b>x</b>	There is no known hazardous w There is hazardous waste on th Attachment #1, attached to this	is property and information related t	hereto is provided	in			
4.	Un	derground Storage Tanks (che						
	x							
		There is an underground storag	e tank on this property. The type(s) ed below or on an attached separate					

ŧ

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
6.	Private Sewage Disposal System (check one)  There are no known private sewage disposal systems on this property.  There is a private sewage disposal system on this property. 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 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. When the inspection is completed, an amended Groundwater Hazard Statement shall be recorded with the certified inspection and shall include the document numbers of both the real estate transfer document and the original Groundwater Hazard
	<ul> <li>Statement.</li> <li>There is a 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.</li> <li>This property is exempt from the private sewage disposal inspection requirements pursuant to</li> </ul>
	the following exemption:  The private sewage disposal system has been installed within the past two years pursuant to permit number.
sh	formation required by statements checked above should be provided here or on separate eets attached hereto: nere is one (1) active well approximately 20 feet due southwest of the residence.
-	
Sid	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM  AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.  Telephone No.: (515) 462-2161
	(Transgeror or Agent)



Poc

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

Property information
Current owner Amion Its Bank Buyer Levin Wederneyer Realtor Madrion to Realty Mailing address
Buyer Gala Wodomadon Realtor Madrin En Realtry
Mailing address
Site Address/County 1651- Hogbach Bidge Rd Muslison Legal Description
No. of bedrooms 2 Last occupied? 2- yray Records available yas
Permit/installation date 11/25/06 Separation distances ok/ no?
Septic system information
Septic tank(s): size
Aerobic treatment unit (ATU) mfgr size  Tank pumped? date licensed pumper  Maintenance contract? expiration date service provider  Condition
Pump tanks/vaults: type size condition
Distribution system: distribution box plastic outlets used 3 condition for definition Header pipe(s) 4 pressure dosed?
Secondary treatment:  length of absorption fields for determined by many for the fields determined by type of trench material for the fields determined by the fields deter
Size of sand filter determined by  Vent pipes above grade? discharge pipe located?  Effluent sample taken? Results
Media filters: type  Maintenance contract? expiration date service provider  Condition
NPDES General Permit No. 4: required? permitted? NOI provided



## **Time of Transfer Inspection Report**

Other components:									
Alarms	Working?	disinfection	working?						
Control box	Timers	inspection por	ts						
Other components									
	of the private sewage disposal								
Report system status <u>fystem is only 3 ys. old.</u>									
	litional pages as needed):	•							
Comments:	allin goo	dworking .	order						
<ul> <li>Veri</li> <li>Pow</li> <li>Rev</li> <li>Gatl</li> </ul>	usion of Time of Transfer inspirity that controls are set on the ver is on to all components. This is all components to verify little all tools for removal from	ids are secure.							
• Ver	ify that no sewage is on the gr	round surface. Morco							
Using this workshe	eet, write a narrative report of	the inspection results and a	attach a site sketch.						
the inspection. It d	es the condition of the private loes not guarantee that it will	continue to function satisfa	ctorily.						
Signature of Certif Name (print): Address: Phone # 515-40	SEPTIC 1509 Winterse	HN MAYER TANA PURE ING 9 St. Hwy. 92 ot, IA 50273-8411	Date: <u>9-8-09</u> Certificate #:8979						
Provide a copy of t	this report, the marrative report environmental health office, co	t and sketch to the seller/ag	gent, buyer/agent, the ty the inspection was						
Iowa DNR Onsite 502 E. 9 <sup>th</sup> St.	Wastewater Program								

542-0191

Des Moines, IA 50319

100/2000 Permit # 153-06 1651 Hogback Bridge Rd. completed approximately 10 /2 X 11/25/06 3064