

Book 2009 Page 3633 Type 43 001 Pages 8 Date 12/01/2009 Time 1:05 PM

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:					
N	ame	Estate of Florence A. Colby		<u> </u>			
Ad	ddre	ss 2542 S.E. Leach Avenue, Des M	loines, IA 50320				
		Number and Street or RR	City, Town or P.O.	State	Zip		
		SFEREE: Jeffrey E. Hayes and Cindy S. Hay	es				
Ad	ddre	ss <u>c/o 1477 Warren Avenue, Cumn</u> Number and Street or RR	ning, IA 50061 City, Town or P.O.	State	Zip		
Αd	ddre	ss of Property Transferred:					
_		Number and Street or RR	City, Town, or P.O.	State	Zip		
) G	/ II A - 11			
Le	gal	Description of Property: (Attach if n	ecessary) See attached Exhibi	t "A."			
_							
_							
1.		lls (check one)					
		There are no known wells situated		(' / \ 11 1			
		There is a well or wells situated or			tus are		
_	C -	stated below or set forth on an atta	acned separate sneet, as nece	essary.			
۷.		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 relate 					محد المامط		
	X			ion related thereto is p	orovided		
2	Uai	in Attachment #1, attached to this	document.				
ა.		zardous Wastes (check one) There is no known hazardous was	to an this proporty				
		There is hazardous waste on this		ed thoroto is provided i	n		
	Ш		•	d thereto is provided i	[]		
4	11	Attachment #1, attached to this do					
4.	UH	derground 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, ir					
	\mathbf{x}						
	X	small farm and residential motor fu					
			uel tanks, most heating oil tank	s, cisterns and septic	tanks, in		

5.	Pri	vate Burial Site (check one)
	\mathbf{x}	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.	Pri	vate Sewage Disposal System (check one)
		There are no known private sewage disposal systems on this property.
	\mathbf{x}	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 acknowledgmen
		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
		Statement.
		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.
		This property is exempt from the private sewage disposal inspection requirements pursuant to
	_	the following exemption:
		The private sewage disposal system has been installed within the past two years pursuant to
		permit number
		nation required by statements checked above should be provided here or on separate s attached hereto:
		attached hereto.
_		
_		
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sic	ınatı	ure: Telephone No.: (515) 441-2281
OIE	mall	(Transferor or Agent)
		Gregory M. Colby, Executor of the Estate of Florence A. Colby, Deceased



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

Property information Current owner Gregory Colby Buyer N/A Realtor None Mailing address 3542 E Leady Are, NSm. Ja 50320 Site Address/County 1813 Warren Ave, Norwalk Ja 50211 Madison Ave Legal Description w/4 No. of bedrooms 3 Last occupied? Correct Records available W/A Permit/installation date 5/34/99 Separation distances 60 no? Septic system information Septic tank(s): size roca material concrete condition Good Tank pumped? Les date 16/16/09 licensed pumper Forest Septic Septic/trash/processing tank: size material condition Tank pumped? _____ date ____ licensed pumper 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 x outlets used 6 condition 6 cod Header pipe(s) # of lines Pressure dosed? Secondary treatment: length of absorption fields ______ determined by ______ determined by ______ type of trench material Size of sand filter 700 Sq FL determined by <u>Orawing</u> Vent pipes above grade? Ves discharge pipe located? Effluent sample taken? No Results No Orihards At Time of Inspection Media filters: type Rock/Said Maintenance contract? M/A expiration date service provider ______

NPDES General Permit No. 4: required? MA permitted? NOI provided _____

Condition



1813 Warren Ave, Norwalk 50211

Time of Transfer Inspection Report

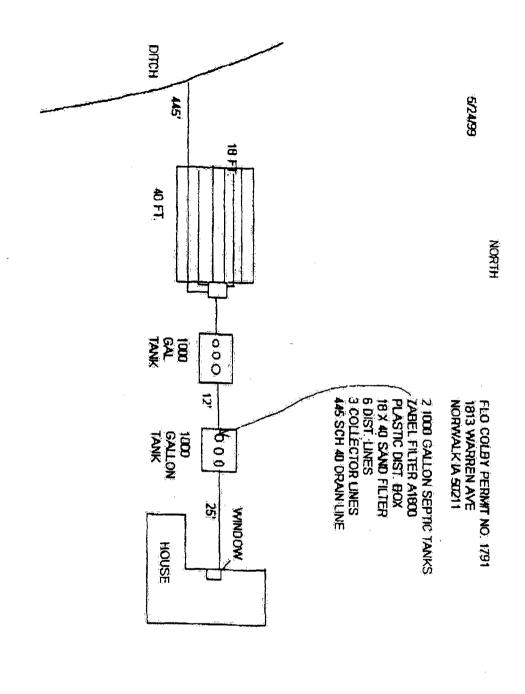
Other components:				Ť .
Alarms	Working?	· -	disinfection	working?
Control box	Tir	ners	inspection po	rts
Other components				The state of the s
Overall condition o	t the private sewag	e disposal syste	<u>m</u>	
Report system statu	is System I	s In Good	Working Order A	H Timest Inspection
Explain (attach add	itional pages as ne	eded):		
Comments:	See Ahadal			
VeriPowRevGath	usion of Time of Tify that controls are ver is on to all components her all tools for ren ify that no sewage	ransfer inspections are set on the appropriate of the appropriate of the appropriate of the appropriate of the set of the	opriate mode. e secure. ite.	
Using this workshe	et, write a narrativ	e report of the in	rspection results and	attach a site sketch.
•			ige disposal system (nue to function satis	
Address: /-	ied inspector: (hright) 0. hot 192 -745-5299	Anton to	5031	Date: <u>LO /16/09</u> Certificate #: <u>8 /8 2</u>
	environmental heal			agent, buyer/agent, the unty the inspection was
Iowa DNR Onsite 502 E. 9 th St. Des Moines, IA 5	Wastewater Progr	am	÷	

DNR Time of Transfer Report System Status

Address: 1813 Warren	Ar Norwall In	Date: 10/16/09
Comments:	Technician	Cirklen
Scotic Tanks Tanks with	Are Q 1003l EChest File Day	2 Capartnet BeHell
Buth Seption	Tanke Where Cleaned	Ad F. Hor Cleaned
Sand Files L	es Hydric Testes	And Took
		·
		and the second s

DIAGRAM OF SYSTEM





Madison Co. EH & Zon 515-462-5002 >> 5159640704

2009-10-07 12:40

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a.			posai (cnec	•				
,							been received from the	1e
/						emed to be poten		
							eemed to be potentiall	У
							of the site(s) is stated	
	bel	low or on a	an attached s	separate she	et, as necess	ary.		
b			stes (check					
	□ Th	ere is haza	ardous waste	e on this prop	perty and it is	being managed in	accordance with	
	De	epartment	of Natural Re	esources rule	es.			
	□ Th	ere is haza	ardous waste	on this prop	erty and the	appropriate respor	ise or remediation acti	ons,
	or	the need t	herefore, hav	ve not yet be	en determine	d.		
Fur	ther de	escriptive in	nformation:	-				
		,						
							· · · · · · · · · · · · · · · · · · ·	
				a ur s	***			
							· · · · · · · · · · · · · · · · · · ·	
								
		ΙH	EREBY DEC	CLARE THA		VIEWED THE INS	TRUCTIONS FOR TH	IS
			T TAHT GNA	HE INFORM	ATION STAT	TED ABOVE IS TE	RUE AND CORRECT.	
			//	- I				
		1	<i>! </i>					
Sia	nature:		Flictersh	u olku	<u></u>	Telephone No.	(515) 441-2281	
- 3			seror of Agent)					_
		Gregory M.	Colby, Executor	of the Estate of FI	ence A. Colby, D	Deceased		

Exhibit "A" to Real Estate Transfer – Groundwater Hazard Statement

Parcel "D" located in the Fractional Northeast Quarter (1/4) of the Northeast Quarter (1/4) of Section Thirteen (13), Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing 3.00 acres as shown in Plat of Survey filed in Book 2009, Page 3463 on November 16, 2009, in the office of the Recorder of Madison County, Iowa.