

Book 2010 Page 1693 Type 43 001 Pages 7 Date 7/23/2010 Time 1:06 PM Rec Amt \$.00

INDX **ANNO SCAN** CHEK

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR: Name Rachel O. Pangborn and Allan C. Pangborn								
Αc	ddre	ss 2280 Rustic Ave., Winterset, IA	50273					
		Number and Street or RR	City, Town or P.O.	State	Zip			
		SFEREE: Francis N. Sadler						
Αc	ddre	ss 310 8th St., Winterset, IA 50273	City, Town or P.O.	State	Zip			
Αc	ddre	ss of Property Transferred: Rustin Ave., Winterset, IA 50273	City, Town, or P.O.	State	Zip			
Le	egal	Description of Property: (Attach if ne	cessary) See 1 in Addendum					
_								
_	,							
	X	Ils (check one) There are no known wells situated There is a well or wells situated on stated below or set forth on an atta	this property. The type(s), local		itus are			
2.	\mathbf{x}	 Dlid 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.	Ha	zardous Wastes (check one)						
	\square	There is no known hazardous wast There is hazardous waste on this p Attachment #1, attached to this doc	roperty and information related	I thereto is provided	in			
4.	Underground Storage Tanks (check one)							
	x	There are no known underground s small farm and residential motor fue instructions.)	torage tanks on this property. el tanks, most heating oil tanks	(Note exclusions suc , cisterns and septic	ch as tanks, in			
		There is an underground storage ta substance(s) contained are listed b	ink on this property. The type(elow or on an attached separa	s), size(s) and any k te sheet, as necessa	nown ıry.			

5. F	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, a						
	necessary.					
6. F	rivate Sewage Disposal System (check one)					
[☐ There are no known private sewage disposal systems on this property.					
[
	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 sy						
being conducted. The buyer has executed a binding acknowledgment with the county board						
	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 Haz						
_	Statement.					
L	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					
L						
Г	the following exemption: The private savege disposal system has been installed within the past two years pursuant to					
	☐ The private sewage disposal system has been installed within the past two years pursuant to permit number					
	perrint number					
Info	rmation required by statements checked above should be provided here or on separate					
	ets attached hereto:					
<u>-:x:</u>	DUTY WOST PARLEY WOOT COOKER PORT.					
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS					
	FORM					
AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.						
Sign	ature: 100000 C. Porroborro Telephone No.: (515) 462-3120					
Cign	1 elephone No.: [515] 702-3120					

FILE WITH RECORDER

DNR form 542-0960 (June 26, 2009)

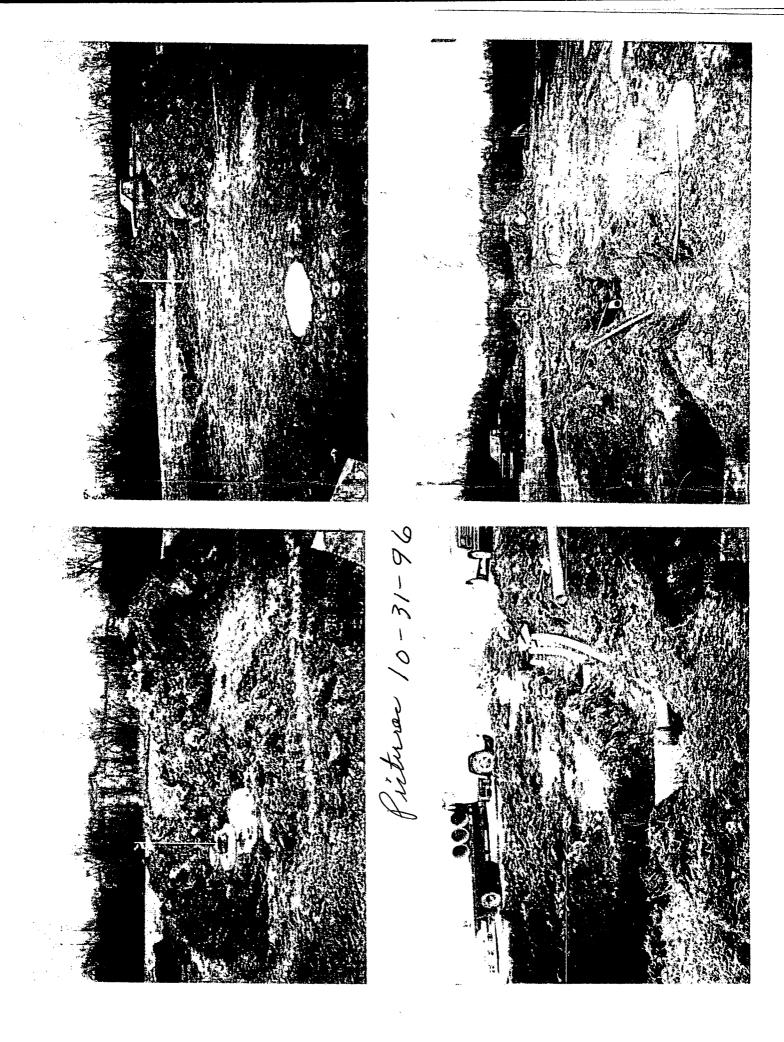
Addendum

1. That part of Parcel "B" located in the Southwest Quarter (¼) of the Southwest Quarter (¼) of Section One (1), Township Seventy-five (75) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, containing 29.18 acres, as shown in Plat of Survey filed in Book 2, Page 671 on April 17, 1996 in the Office of the Recorder of Madison County, Iowa, including Parcel "D", as shown in Plat of Survey filed in Book 2, Page 673 on April 26, 1996, in the Office of the Recorder of Madison County, Iowa



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

Property information		
Current owner allan Pana	gborn Realtor Madison Co	***.
Buyer	Realtor Madie To	Party
Mailing address	Thomas The Co	-100
Site Address/County 2280-12	uster aue	
Legal Description		
ett.		
No. of bedrooms Last occupied	1? 13 Now Records available 405	
Denvis Contable on the P + Annal	Samueline distance along	
Permit/installation date 4 pt - 1996	Separation distances ok/no? O /	
Septic system information		
Sentic tank(s): size 1250 gal	material Connector Condition Good	/
Tank pumped? You date to	material Connecte condition Good 8-18 licensed pumper Mayor 5-7	. 25
Septic/trash/processing tank: size	material condition	
Tank pumped? date	licensed pumper	
	· · · · · · · · · · · · · · · · · · ·	
Aerobic treatment unit (ATU) mfgr	sizelicensed pumper	
Tank pumped? date	licensed pumper	
Maintenance contract? expiration	on date service provider	
Condition		<u> </u>
Down to be known to the	aina ann Atainn	
rump tanks/vaults: type	size condition	
Distribution system: distribution box	Plantin outlets used 4 condition &	200
Header pipe(s)	Clastic outlets used 4 condition 9 3 # of lines 4 Pressure dosed?	20 4
Secondary treatment:	_	
length of absorption fields 100'	determined by Probling to	map
condition of fields food	determined by Probings	walking
length of absorption fields 100 condition of fields 400 type of trench material 400 conditions	lasa	d
	· ·	
Size of sand filter	determined by	
Vent pipes above grade?	discharge pipe located?	
Efficient sample taken?	Results	
Media filters: type		
Maintenance contract? expirati	ion date service provider	
Condition	•	•
		
NPDES General Permit No. 4: require	permitted? NOI provided	· .
	1. A. T	
6 2000	permitted? NOI provided	Balls
U-2UU7	· · · · · · · · · · · · · · · · · · ·	342-UI9I





6-2009

Realtor office

Time of Transfer Inspection Report

Other components:	ω
Alarms Working?	disinfection working?
Control box Timers	
Other components	
Overall condition of the private sewage dispos	al system
Report system status Septia tank	s in good cond-tanh was opened +
Explain (attach additional pages as needed):	tank bafflerwere good cond.
Alstof was good conft of	celf was probed + was dry + to
Comments: The laters light	is grovelless-twasvaterry
into field + no water	Easet surface
C'A A A A A A A A A A A A A A A A A A A	
Site status at conclusion of Time of Transfer in Verify that controls are set on the	
 Power is on to all components. 	ne appropriate mode.
	v lide one easure
Revisit all components to verify	•
Gather all tools for removal fro	-1.0 h
Verify that no sewage is on the	ground surface.
Using this worksheet, write a narrative report	of the inspection results and attach a site sketch.
This report indicates the condition of the priva	te servinge disposal system at the time of
the inspection. It does not guarantee that it wi	<u> </u>
the inspection. It does not guarantee that it will	All Collections to Interest and the state of
Signature of Certified inspector:	M. Mayer Date: 6728-10
Name (print):	MIN MAYED Gertificate #: 2979
Address:	SEPTIC TANK PURPONE
Phone # 515-462-2624	1509 St. Hwy. 92
	Winterset, IA 50273-844
Provide a copy of this report, the narrative rep	Winterset, IA 50273-8419 ort and sketch to the seller/agent, buyer/agent, the
county sanitarian/environmental health office,	county Recorder in the county the inspection was
conducted and-to;	The state of the s
	$j + \cdots$
Iowa DNR Onsite Wastewater Program	
502 E. 9 th St.	
Des Moines, IA 50319	
	Pictures on Barls =

542-0191

