

Book 2010 Page 2669 Type 43 001 Pages 4 Date 10/27/2010 Time 10:51 AM

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   | SCOTT DOUGLAS HOLT  |   |                      |       |
|--|---|---|----------------------|-------|
| Address  | 5807 SE 7 <sup>th</sup> Court   | Des Moines  | _lowa                | 50315 |
|  | Number and Street or RR   | City, Town or P.O.  | State                | Zip   |
| TRANSFER   | REE:  |   |                      |       |
| Name   | RICK SCHAD & MELISSA SC   | HAD   |                      |       |
| Address  | 3381 - 140 <sup>th</sup> Street   | Cumming   | lowa                 | 50061 |
|  | Number and Street or RR   | City, Town or P.O.  | State                | Zip   |
| Address of   | Property Transferred:   |   |                      |       |
|  | 3381 - 140 <sup>th</sup> Street   | Cumming   | <u>lowa</u>          | 50061 |
|  | Number and Street or RR   | City, Town or P.O.  | State                | Zip   |
| 2. Solid V  The  The  Atta  3. Hazard  The  Atta  Atta | ted below or set forth on an attached Vaste Disposal (check one) ere is no known solid waste disposal ere is a solid waste disposal site on achment # 1, attached to this documere is no known hazardous waste or ere is hazardous waste on this proper achment # 1, attached to this documer was a Tanks (check one) | I site on this property. this property and information nent.  this property. erty and information related nent. | n related thereto is | •     |
| 4. Underg The farrinst                                 | ground Storage Tanks (check one<br>ere are no known underground stora<br>m and residential motor fuel tanks, n<br>tructions.)<br>ere is an underground storage tank o   | e)<br>age tanks on this property.(<br>nost heating oil tanks, cisten  | ns and septic tank   | s, in |
|  | ostance(s) contained are listed below   |   |                      |       |

|             | vate Burial Site (check one)  |
|-------------|---|
| $\boxtimes$ | There are no known private burial sites on this property.   |
| Ш           | 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.        |
| ri          | vate 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.                                       |
|             | There is a building served by a 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 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 acknowledgement                |
|             | 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       |
|             | acknowledgement is attached to this form.   |
|             |   |
|             | There is a building served by a private sewage disposal system on this property. The buyer has        |
|             | executed a binding acknowledgement with the county board of health to install a new private           |
|             | sewage disposal system on this property with an agreed-upon time period. A copy of the binding        |
|             | acknowledgement is provided with this form.   |
|             | There is a building served by 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 acknowledgement with the county board of health to demolish the          |
|             | building within an agreed-upon time period. A copy of the binding acknowledgement 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   |
|             |   |
|             |   |
| i           | ormation required by statements checked above should be provided here or on separate                  |
|             | ets attached hereto:  |
|             |   |
| -           |   |
| _           |   |
| ٠           |   |
| •           |   |
| •           |   |
|             |   |
| •           |   |
| _           |   |
|             |   |
| F           | REBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS   |
|             | REBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS   |
|             | FORM  |
|             | FORM  |
|             |   |
|             | FORM  ND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.                                       |
|             | FORM  ND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.                                       |
|             | FORM  |

|         | Tracking No. Date Received Date Inspected Township/Section System Compliant YesNO                      |  |  |  |  |
|---------|--|--|--|--|--|
|         | Office Use Only  |  |  |  |  |
|         | TIME OF SALE INSPECTION REPORT   |  |  |  |  |
|         | Owners Name 500 # Holf Phone # 491-9294  |  |  |  |  |
|         | Owner Address 3381 140th St  City Cumming Zip 5066(  Property Address 3381 140th St                    |  |  |  |  |
|         | City Cumming Zip 5006(   |  |  |  |  |
|         | Property Address 338/ 140th 5t   |  |  |  |  |
|         | Records and Other Data   |  |  |  |  |
| <b></b> | Record of Septic Permit Yes No Date Issued 10 / 8 /99  |  |  |  |  |
| 857 s   | Record of Septic Permit Yes No Date Issued 10 18 199  Septic Permit Number Der With No Map or protures |  |  |  |  |
| •       | Has Septic Tank been Pumped XYes $\square$ No If yes, Date $\frac{10}{12}$                             |  |  |  |  |
| ن       | Current number of bedrooms   |  |  |  |  |
| •       | Inspection Report  |  |  |  |  |
| •       | Type of Tank: Poured Concrete   Concrete Block   Plastic   Metal   Other                               |  |  |  |  |
|         | Is the Tank Lid within 12" of the surface? ★Yes □ No   |  |  |  |  |
|         | Does the Tank have risers ∜Yes □ No  |  |  |  |  |
| æ       | Tank Size 125 gallons / Two Compartments?  |  |  |  |  |
|         | Outlet Baffle? Yes 🗆 No / Effluent Filter Yes 🗆 No /   |  |  |  |  |
|         | Problems or Abnormalities: Septic outlet Lid cracked   |  |  |  |  |
|         |  |  |  |  |  |
|         | Secondary Treatment Site   |  |  |  |  |
|         | Docated Distribution Box, is it functioning properly?:   |  |  |  |  |
|         | ,  |  |  |  |  |
|         | ☐ Unknown (Not Found) Suspected:   |  |  |  |  |
| B       | □ Located Secondary Treatment; Number of Laterals: <u>9 ravel</u> 5 at 80                              |  |  |  |  |
|         | □ Surface discharge found:   |  |  |  |  |
|         | Is a Pump Unit in use? Yes Yes If Yes, is it functioning? Yes I No                                     |  |  |  |  |
|         | Problems or Abnormalities: A ARM & DUMP OK   |  |  |  |  |
|         | Froolenis of Adhormanties: A TRIVI & DUVILLE   |  |  |  |  |
|         |  |  |  |  |  |

## TIME OF SALE INSPECTION REPORT

(Page 2)

| Other Treatment Systems                                  |
|--|
| ☐ Mechanical Aerobic Unit                                |
| □ Sand Filter  |
| □ Peat Filter  |
| Is unit being properly maintained □ Yes □ No             |
| Recent effluent test results                             |
| Well Inspection  |
| Well on property   Yes No (if Yes, answer the following) |
| Are the following setback requirements adhered to?       |
| 50ft (minimum) from septic tank □ Yes □ No               |
| 100ft (minimum) from secondary treatment area ☐ Yes ☐ No |
| Note any other setback issues found:                     |
| Requirements   |
| □ No further action required at this time                |
| □ Septic system upgrade or repair required:              |
| ☐ Well plugging required:                                |
| Recommendations  |
|  |
|  |
| Inspector: Mike Signature: Mih Land Date: 10-14-10       |
| Agency or Company: HARKIN CONSTRUCTION                   |
| Address: $3311 140^{4h} St$ Phone: $360-039$             |
| Comming (STS)  |
| Map of System Attached or Diagramed on Back of This Form |