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DNR form 542-0960 (Sept. 1, 2010)

Rec Amt \$.00

INDX LANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

	NSFEROR: e Nathan Mitchell					
Addr	ess 2214 Kippy Lane, Winterset, Iowa 5	0273				
	Number and Street or RR	City, Town or P.O.	State	Zip		
	NSFEREE: e Jack R. Johnson					
Addr	ess 1968 200th Street, Winterset, Iowa 5	City, Town or P.O.	State	Zip		
	ess of Property Transferred: Kippy Lane, Winterset, Iowa 50273		·			
	Number and Street or RR	City, Town, or P.O.	State	Zip		
2. So	There is a well or wells situated on to stated below or set forth on an attacolid Waste Disposal (check one) There is no known solid waste disposal	this property. The type(s), local ched separate sheet, as neces osal site on this property.	sar y.			
	Attachment #1, attached to this doc		on related thereto is	provided in		
	azardous Wastes (check one) There is no known hazardous waste on this property.					
	There is hazardous waste on this pr Attachment #1, attached to this doc	operty and information related cument.	thereto is provided	in		
4. U	nderground Storage Tanks (check o	•				
X	 There are no known underground si small farm and residential motor fue instructions.) 					

FILE WITH RECORDER

5.	Pri	vate 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 s heet, as			
6	Dri	necessary. vate Sewage Disposal System (check one)			
☐ All buildings on this property are served by a public or semi-public sewage disposal system (check one)					
	П	This transaction does not involve the transfer of any building.			
	IX	There is a building served by private sewage disposal system on this property or a building			
	[28	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 acknowledgm ent 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			
Inf	orm	nation required by statements checked above should be provided here or on separate			
sh	eets	attached hereto:			
Or	ie (1) inactive well is located near the stream, approximately in the center of the north end of the property.			
_					
		LUEDERY REGUARE THAT LUAVE REVIEWED THE INOTRHOTIONS FOR THE			
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM			
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.			
Sic	gnat	Telephone No.: (563) 329-0380			
	•	(Transferor or Agent)			

515-462-3015 Kaltor



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

Property information	
Current owner <u>Mathem</u>	Mitchell
Buyer	Realtor Madison Co Realty, Wints
Mailing address	
Site Address/County 2214	Kippy Sana Wintersoftas madis
Legal Description	
No. of bedrooms 2 Last occupi	ed? Her Records available Hes
Permit/installation date 8-30-0	Z Separation distances old no? & K
Septic system information	
Tank pumped? date Septic/trash/processing tank: size	material Concrete condition Good /-ID licensed pumper Assign St. 75 material condition licensed pumper
Aerobic treatment unit (ATU) mfgr Tank pumped? date Maintenance contract? expira Condition	size licensed pumper ation date service provider
Pump tanks/vaults: type	size condition
Distribution system: distribution box Header pipe(s)	Plastic outlets used 5 condition good 4 # of lines 5 Pressure dosed?
Secondary treatment: length of absorption fields 80 condition of fields 900 type of trench material Chemnel	determined by man't Profing determined by walking & Robing
Size of sand filter	
Vent pipes above grade?	discharge pipe located?
Effluent sample taken?	Results
Media filters: type expir Condition	ation dateservice provider
NPDES General Permit No. 4: requi	ired? permitted? NOI provided



Time of Transfer Inspection Report

Working?	disinfection	working?
Timers		-
•	* 	
us Septio tasks wa	a pumped on 11-	1-10- Tarkis
liftonal naves as needed	till the	T. J. L. S. T. A. J.
to for 12 for for	a year-so later	talllanes was
regueter goes to se	fin in good conde	tall lines took water
usion of Time of Transfer inspirity that controls are set on the	ection:	
ver is on to all components.	·	
her all tools for romanni from		
ify that no sewage is on the gro	ound surface Mone	on 11-4-2010
et, write a narrative report of t	he inspection results and a	tach a site sketch.
es the condition of the private:	sewage disposal system at i	the time of
loes not guarantee that it will c	ontinue to function satisfac	ctorily.
	mayer	Date: 11-4-2010
		Certificate #:8979
02-2624	1509 St. Hwy. 92	
this report, the narrative report	and sketch to the seller/age	t buyer/agent the
nvironmental health office, co	unty-Recorder-in-the count	yethe inspection was
Wastewater Program		up on Back >
319	m	A on Darch 1
	Timers Timers Of the private sewage disposal as Septic table was larged to table was ditional pages as needed: If the private sewage disposal as set on the series on to all components. It is not to all components are set on the series on the graph of the condition of the private set, write a narrative report of the set, write a narrative report of the condition of the private set on the graph of the condition of the private set. SEFFERENCE TO	Working?