

Document 2011 GW772

Book 2011 Page 772 Type 43 001 Pages 6 Date 3/24/2011 Time 12:25 PM

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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

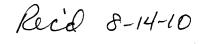
TR Na	RAN me	SFEROR: Rod Johnson and Debra Johnson								
		2106 T	10070		·					
Ad	dre	ss 2196 Terrace Ave., Winterset, IA 5	02/3							
		Number and Street or RR	City, Town or P.O.	State	Zip					
TR	AN	ISFEREE:								
		Eric Blessington and Brooke Blessing	gton							
Ad	dre	ss 602 S 2nd St., Apt. #4, Winterset, I	A 50273	DE L						
		Number and Street or RR	City, Town or P.O.	State	Zip					
ΔА	dre	ess of Property Transferred:								
		Terrace Ave., Winterset, IA 50273								
		Number and Street or RR	City, Town, or P.O.	State	Zip					
		5	Can 1 in Addad							
Le	gal	Description of Property: (Attach if nec	essary) See I in Addendum							
										
				· · · · · · · · · · · · · · · · · · ·	<u></u>					
—										
1.	We	ells (check one)								
		There are no known wells situated or	this property.							
		There is a well or wells situated on th		ition(s) and legal sta	tus are					
		stated below or set forth on an attacl								
2.	So	lid Waste Disposal (check one)	•	-						
	X									
		There is a solid waste disposal site o	n this property and informatio	n related thereto is p	provided in					
		Attachment #1, attached to this document.								
3.	Ha	Hazardous Wastes (check one)								
	X	☑ There is no known hazardous waste on this property.								
		There is hazardous waste on this property and information related thereto is provided in								
		Attachment #1, attached to this document.								
4.	Un	derground Storage Tanks (check o								
	There are no known underground storage tanks on this property. (Note exclusions s									
		small farm and residential motor fuel	tanks, most heating oil tanks	, cisterns and septic	tanks, in					
		instructions.)								
		There is an underground storage tank								
		substance(s) contained are listed bel	ow or on an attached separat	e sheet, as necessa	rγ.					

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 s heet, as
e	necessary. Private Sewage Disposal System (check one)
Ο.	 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.
	☐ This transaction does not involve the transier of any standing. ☐ There is a building served by 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 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 acknowl edgment
	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	ormation required by statements checked above should be provided here or on separate
	eets attached hereto:
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
	\sim
O:	Talanhana Na. (515) 462 0202
ыg	nature: Telephone No.: (515) 462-9292

Addendum

1. Parcel "E" located in the Southwest Quarter (1/4) of the Southwest Quarter (1/4) of Section Thirty-two (32), Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing 9.88 acres, as shown in Plat of Survey filed in Book 2007, Page 1083 on March 19, 2007, in the Office of the Recorder of Madison County, Iowa

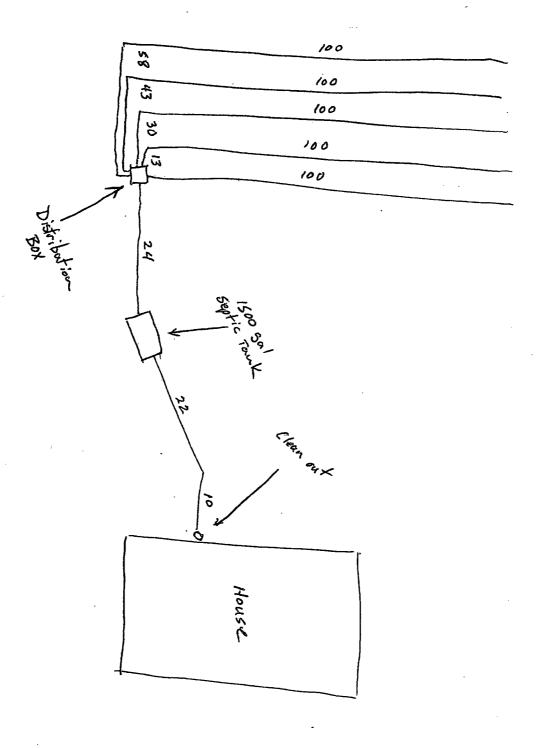




Time of Transfer Inspection Report (DNR Form 542-0191)

Property information							
Current owner Rod + Deffie Johnson Buyer Realtor Covered BridgeRealty Min Mailing address							
Mailing address							
Site Address/County 2/96 - Terrace ave, Minterset, do Madia Legal Description							
No. of bedrooms 3 Last occupied? is now Records available yes							
Permit/installation date 6-17-05 Separation distances ok/no?							
Septic system information							
Septic tank(s): size 1500 gal material Concrete condition Vary food Tank pumped? Ves_ date 8-13-10 licensed pumper Mayor 57-75 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 Plastic outlets used 5 condition food Header pipe(s) 4 # of lines 5 Pressure dosed?							
Secondary treatment: length of absorption fields 100 ft. condition of fields 400 ft. type of trench material Eq. 24 Chambon determined by co. maps probing determined by surllningt Probing							
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							

Map on Back - 3



Nouth



Time of Transfer Inspection Report

Other components	: Working?	disinfection	working?						
Alams	working:	disinicedon	, working:						
Control box	Timers	inspection po	rts						
Other components									
Overall condition of the private sewage disposal system									
Report system stat	us The concret	e septic tanks	sortnest tintake						
Explain (attach ad	ditional pages as needed):	ash is two cons	sortnest tintake						
Comments: The	destiborio g	and field took u	atent no sewage						
Site status at conclusion of Time of Transfer inspection: • Verify that controls are set on the appropriate mode.									
• Por	wer is on to all components.								
• Re	visit all components to verif	y lids are secure,							
• Gat	ther all tools for removal from	om the site. OK	. 1 19						
• ve	nry that no sewage is on the	ground surface. Mana	as 4-8-13-10						
Using this worksh	eet, write a narrative report	of the inspection results and	attach a site sketch.						
	-	ate sewage disposal system a ill continue to function satisf							
Signature of Certi	fied inspector:	M. Mayer	Date: 8-/3-10						
Name (print):	/ / 1	JOHN MAYER	Certificate #: 8979						
Address:	H62-2624	SEPTIC TANK PUMPING 1509 St. Hwy. 92	*						
1 1.01.0 11 J.J.	V	Vinterset, IA 50273-8413							
	this report, the narrative re	port and sketch to the seller/a							
county sanitarian/ conducted and to;		; county Recorder in the cau	nty-fhe inspection was						
Iowa DNR Onsite 502 E. 9 th St.	e Wastewater Program								
Des Moines, IA 5	50319	ρ	Tures on Bac						
		The state of the s	Muso on Day						