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Book 2011 Page 1411 Type 43 001 Pages 7

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

**REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED BY TRANSFEROR**

TRANSFEROR:

Name Travis Egli and Julie Egli

Address 3251 - 280th Street, St. Charles, IA 50240

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Sean Kennedy and Samantha Kennedy

Address 608 West Clanton, St. Charles, IA 50240

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

3251 - 280th Street, St. Charles, IA 50240

Number and Street or RR

City, Town, or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) See 1 in Addendum

1. Wells (check one)

- There are no known wells situated on this property.
- There is a well or wells situated on this property. The type(s), location(s) and legal status are stated below or set forth on an attached separate sheet, as necessary.

2. 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 related thereto is provided in Attachment #1, attached to this document.

3. Hazardous Wastes (check one)

- 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. Underground 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, in instructions.)
- There is an underground storage tank on this property. The type(s), size(s) and any known substance(s) contained are listed below or on an attached separate sheet, as necessary.

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 sheet, as necessary.

6. Private 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 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 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 acknowledgment 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 _____

Information required by statements checked above should be provided here or on separate sheets attached hereto:

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature: 
(Transferor or Agent)

Telephone No.: (641) 396-2899

Addendum

1. The Southeast Quarter ($\frac{1}{4}$) of the Southwest Quarter ($\frac{1}{4}$) of Section Thirty-five (35), in Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa EXCEPT Parcel "C" located in the Southeast Quarter ($\frac{1}{4}$) of the Southwest Quarter ($\frac{1}{4}$) of said Section Thirty-five (35), containing 9.992 acres, as shown in Plat of Survey filed in Book 3, Page 574 on May 9, 2000, in the Office of the Recorder of Madison County, Iowa, AND EXCEPT Parcel "D" located in the Southeast Quarter ($\frac{1}{4}$) of the Southwest Quarter ($\frac{1}{4}$) of said Section Thirty-five (35), containing 10.000 acres, as shown in Plat of Survey filed in Book 3, Page 575 on May 9, 2000, in the Office of the Recorder of Madison County, Iowa.

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

Property information

Current owner

Travis Egli

Buyer

3251 280th

Realtor

Mailing address

St. Charles, IA 50240

Site Address/County

3251 280th St. Charles IA 50240 Madison

Legal Description

No. of bedrooms 3 Last occupied? Current Records available Yes (map included)

Permit/installation date 11/30/05 Separation distances no? Permit # 063-05

Septic system information

Septic tank(s): size 1500 material Plastic condition

Tank pumped? Yes date 5/26/11 licensed pumper Yes ST237 Weigert

Septic/trash/processing tank: size NA material _____ condition

Tank pumped? _____ date NA licensed pumper

Aerobic treatment unit (ATU) mfg NA size

Tank pumped? _____ date _____ licensed pumper

Maintenance contract? _____ expiration date _____ service provider

Condition

Pump tanks/vaults: type NA size _____ condition

Distribution system: distribution box Good outlets used 6 condition good
leader pipe(s) Plastic # of lines 6 Pressure dosed?

Secondary treatment:
length of absorption fields 100' (600' total) determined by County MAP
condition of fields good - moist (rain) determined by inspection of field
type of trench material Chamber

Size of sand filter NA determined by
Vent pipes above grade? NA discharge pipe located?

Effluent sample taken? _____ Results

Media filters: type NA
Maintenance contract? _____ expiration date _____ service provider

Condition

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

Time of Transfer Inspection Report

Other components:
Alarms NA Working? _____ disinfection _____ working? _____
Control box NA Timers _____ inspection ports

Other components:

Overall condition of the private sewage disposal system

Report system status

Very good overall

Explain (attach additional pages as needed):

Comments:

Overall system very good condition. Lateral field moist at time of inspection, 3" rain days before.

Site status at conclusion of Time of Transfer inspection:

- 1 Verify that controls are set on the appropriate mode.
- 2 Power is on to all components.
- 3 Revisit all components to verify lids are secure.
- 4 Gather all tools for removal from the site.
- 5 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 private sewage disposal system at the time of the inspection. It does not guarantee that it will continue to function satisfactorily.

Signature of Certified inspector: Glen Bedwell

Date: 5-27-11

Name (print): Glen Bedwell

Certificate #: 7263

Address: 2929 Quaker St. Charles, IA 50240

Phone # 641-396-2462

Provide a copy of this report, the narrative report 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;

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

unit # 063-05 Egli Inspection 11/30/05
3251 - 280th

