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INDXV **ANNO SCAN**

CHEK

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TR	A	US	FE	R	DR
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Name Patricia Barry, Trustee of the Survivor's Trust under the Philip and Patricia Barry Family Trust dated May 6, 1998

Address P. O. Box 49895, Los Angeles, CA 90049-0895 Number and Street or RR City, Town or P.O. State Ζiρ TRANSFEREE: Name Adam G. O'Neal and Jennifer E. O'Neal Address 1809 South 4th Avenue, Winterset, IA 50273 Address of Property Transferred: 1809 South 4th Avenue, Winterset, IA Legal Description of Property: (Attach if necessary) The West Half (1/2) of the Northeast Quarter (1/4) of the Northeast Quarter (1/4) of Section Twelve (12), AND the West 20 feet of the South 71 rods of the

Southeast Quarter (1/4) of the Southeast Quarter (1/4) of Section One (1), ALL in Township Seventy-five (75) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa

1. Wells (check one)

- X 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)

- 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. Underground Storage Tanks (check one)

- X 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					
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 re					
	permit number formation required by statements checked above should be provided here or on separate neets attached hereto:					
_						
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.					
Si	gnature: Telephone No.: (310) 385. (150)					



Realtor

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

<u>Property information</u>
Current owner Patricia Barry Buyer Realtor Madison Co - Resulty Missee
Mailing address
Site Address/County 1809-5. 4th are Mintersot, La Madison Legal Description
No. of bedrooms Last occupied? Records available
Permit/installation date 10-13-94 Separation distances ok/ no? 0
Septic system information
Septic tank(s): size 1000 gal material Plastic condition god Tank pumped? 1500 date 5-26-// licensed pumper 1500 gal size 5.7.75 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) # of lines 5 Pressure dosed?
Secondary treatment: length of absorption fields 5- 16 ft determined by Map + walking + Robing condition of fields 4-are good - 1-was uset determined by walking + Probing type of trench material Chamber
Size of sand filter determined by
Vent pipes above grade? discharge pipe located?
Effluent sample taken? Results
Media filters: type
Media filters: type Maintenance contract? expiration date service provider Condition
Condition
NPDES General Permit No. 4: required? NOI provided



Time of Transfer Inspection Report

Other components:					
Alarms Working?	disinfection working?				
	, <u></u>				
Control box Timers	inspection ports				
Other components					
Overall condition of the private sewage dispo	osal system				
Report system status yslemat 180	9-9.4 th ave Winterset da- is in good				
Cond-allaterals are taling	water-but the lateral that goes to				
Explain (attach additional pages as needed).	water but the lateral that goes to				
hay field was leaking u	rater Mot sewage-because of				
the rain in Hall I am	ayor opened deste box + adjusted the				
Comments:	ayor opened desty bot & adjusted the				
speed dials to get less wat	i to the key field lateral				
The septer takes has two com	partments & intake + vulflow baffles				
Site status at conclusion of Time of Transfer	y water goes to septentants on - 5-26-11				
	•				
Verify that controls are set on Power is on to all components	~ ~ ~				
 Power is on to all components Revisit all components to veri 					
Cathar all tools for removal for	non the site				
Verify that no savage is on the	e ground surface MALA				
verify that no sewage is on the	e ground surface no Low ago - but water from the of the inspection results and attach a site sketch.				
Heing this worksheet write a parrative repor	t of the inspection results and attach a site sketch				
Osing this worksheet, write a natrative repor	of the hispection results and attach a site sactor.				
This report indicates the condition of the private	vate sewage disposal system at the time of				
the inspection. It does not guarantee that it will continue to function satisfactorily.					
	The state of the s				
Signature of Certified inspector:	- 11 Mayer Date: 5-26-2011				
Name (print):	JOHN MAYER Certificate #: 8979				
Address:	SEPTIC TANK PUMPING				
Phone # 515-462-2624	1509 St. Hwy. 92				
Describe a second of the second of	Winterset, IA 50273-8411				
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. 9 th St.	Ba-D ==				
Des Moines, IA 50319	mapon Back -				

FROPERTY LINE 1/2 0 BASEMENT FENCE Mark 1000 day. SIED 100 FENCE