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Book 2011 Page 1858 Type 43 001 Pages 8

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INDX
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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 Brett M. Stewart and Melissa Stewart, husband and wife

Address 15120 GOODMAN DR. Urbandale, IA 50323

Number and State of RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Todd M. Carr and Catherine O. Carr, husband and wife

Address 3418 SILVERADO DR. Cumming, IA 50061

Number and State of RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

1440 TRISTAN CT. Van Meter, IA 50261

Number and State of RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary)

Lot 10 of Phase 1, TIMBER RIDGE ESTATES, located in the NE 1/4 of Section 29, Township 77 North, Range 26 West of the 5th P.M., Madison County, Iowa

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: Brett Steved Telephone No.: (515) 249-1521
(Transferor or Agent)

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a. Solid Waste Disposal (check one)

- There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.
- There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.

b.. Hazardous Wastes (check one)

- There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.
- There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.

Further descriptive information:

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

Signature: Reeth Sterl Telephone No.: (515) 249-1521
(Transferor or Agent)

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

Property information

Current owner

Brett Stewart

Buyer _____

Realtor _____

Mailing address

1440 Tristan Ct Winterset IA 50273

Site Address/County

SAME

Legal Description

No. of bedrooms 4

Last occupied? Current

Records available Yes

Permit/installation date 8/31/05

Separation distances no?

Septic system information

Septic tank(s): size 2000 gal

material Concrete

condition good

Tank pumped? Yes

date 5/27/11

licensed pumper Yes

Septic/trash/processing tank: size NA

material _____

condition _____

Tank pumped? _____

date _____

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 _____

size _____

condition _____

_____ NA
Distribution system: distribution box _____ outlets used _____ condition _____
_____ leader pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields NA determined by _____
condition of fields _____ determined by _____

type of trench material _____
Size of sand filter _____ determined by _____

Vent pipes above grade? _____ discharge pipe located? _____

Effluent sample taken? _____ Results _____

Media filters: type Peat
Maintenance contract? Yes expiration date 2-1-12 service provider River to River
Condition Good, water sample taken

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

Time of Transfer Inspection Report

Other components:
Alarms _____ Working? NA disinfection _____ working? _____

Control box _____ Timers _____ inspection ports _____

Other components: _____

Overall condition of the private sewage disposal system

Report system status

Good

Explain (attach additional pages as needed):

Comments:

The Madison County Sanitarian also looked at this system, the same time that I did.

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.

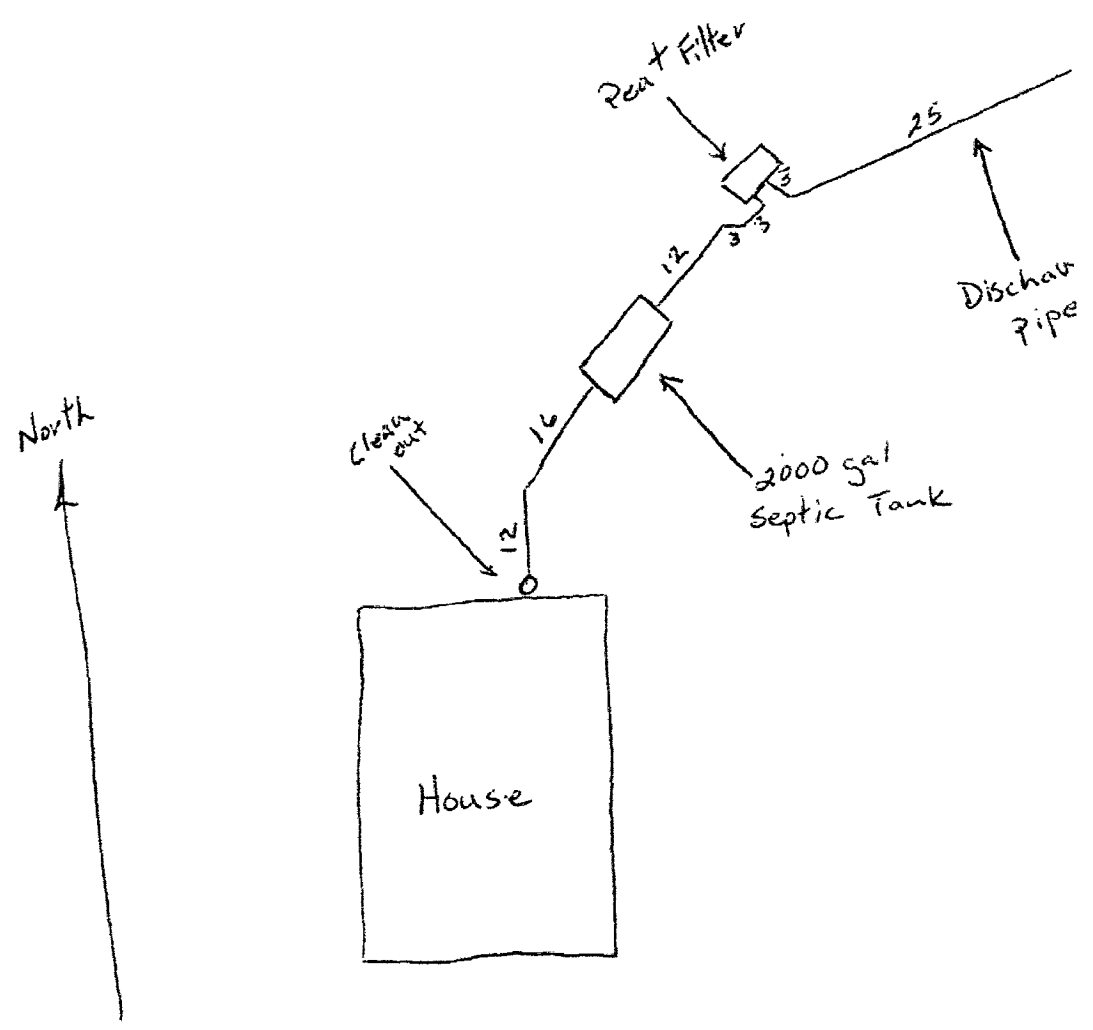
Signature of Certified inspector: Glen Bedwell Date: 7-5-11
Name (print): Glen Bedwell Certificate #: 7263

Address: 2924 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

Permit # 043-05 Stewart Inspection 8/31/05
1440 Tristan Ct.



File Number: 11010228

Certification For No Information Reporting On The Sale Or Exchange Of A Principal Residence

Part I. Seller Information:

1. Name: Brett M. Stewart
2. Address or Legal Description (including city, state and ZIP code) of residence being sold or exchanged:
1440 TRISTAN CT. Van Meter IA 50261
3. Taxpayer Identification Number (TIN): [REDACTED]

Part II: Seller Assurances:

Check "True" or "False" for Assurances (1) through (4)

- | | | |
|----------------------------------|-------|---|
| <input checked="" type="radio"/> | False | (1) I owned and used the residence as my principal residence for periods aggregating 2 years or more during the 5-year period ending on the date of the sale or exchange (closing date) of the residence. |
| <input checked="" type="radio"/> | False | (2) I have not sold or exchanged another principal residence during the 2-year period ending on the date of the sale or exchange (closing date of subject property) of the residence (not taking into account any sale or exchange before May 7, 1997). |
| <input checked="" type="radio"/> | False | (3) No portion of the residence has been used for business or rental purposes by me (or my spouse if I am Married) after May 6, 1997. |
| <input checked="" type="radio"/> | False | (4) At least one of the following three statements applies:
The Sale or exchange is of the entire residence for \$250,000 or less.
Or
I am married, the sale or exchange is of the entire residence for \$500,000 or less, and the gain on the sale or exchange of the entire residence is \$250,000 or less.
Or
I am married, the sale or exchange is of the entire residence for \$500,000 or less, and
(a) I intend to file a joint return for the year of the sale or exchange;
(b) My spouse also used the residence as his or her principal residence for periods aggregating 2 years or more during the 5-year period ending on the date of the sale or exchange of the residence (closing date of subject property),
And
(c) my spouse also has not sold or exchanged another principal residence during the 2-year period ending on the date of the sale or exchange of the residence (closing date of subject property) (not taking into account any sale or exchange before May 7, 1997). |
| <input checked="" type="radio"/> | False | N/A (5) If my basis in the residence is determined by reference to the basis in the hands of a person who acquired the residence in an exchange to which section 1031 of the Internal Revenue Code applied, the exchange to which section 1031 applied occurred more than 5 years prior to the date I sold or exchanged the residence. |

Part III: Seller Certification:

Under penalties of perjury, I certify that all the above information is true as of the end of the day of the sale or exchange.

Brett M. Stewart
Seller Brett M. Stewart

7-6-11
Date

Melissa Stewart
Seller Melissa Stewart

7-6-11
Date