

Book 2011 Page 2322 Type 43 001 Pages 6 Date 8/31/2011 Time 11:13 AM Rec Amt \$ 00

INDX **ANNO** SCAN CHEK

LISA SMITH, COUNTY RECORDER MADISON COUNTY TOWA

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

TF	RANSFEROR:							
Na	ame Randy L. Wheeler							
Ac	ddress 2051 Quarry Trl  Number and Street or RR	Winterset City, Town or P.O.	IA State	50273 Zip				
TF	RANSFEREE:							
Na	ame <u>Paula L. Yancey</u>			-				
Ad	ddress 718 47th St	West Des Moines	<u>IA</u>	50265				
	Number and Street or RR	City, Town or P.O.	State	Zip				
Ad	ddress of Property Transferred:							
<u>20</u>	051 Quarry Trl	Winterset	IA	50273				
	Number and Street or RR	City, Town or P.O.	State	Zip				
	. 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 fiazardous 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 o	one)						
	There are no known underground and residential motor fuel tanks, mo	storage tanks on this property. (Nest heating oil tanks, cisterns and se	łote exclusions s eptic tanks, in inst	uch as small farm ructions.)				
	☐ There is an underground storage ta contained are listed below or on an			nown substance(s)				

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 sheet, as necessary.					
6.	Pri	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.					
	Ø	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					
		ation required by statements checked above should be provided here or on separate sheets ed hereto:					
_							
	•						
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM					
		FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.					
		Q 1-1001 (1) 515 05 5075					
Sig	natu	Transferovor Adent)  Telephone No.: (6/3) 475-02/0					
		(Transledy or Agent)					

### **EXHIBIT "A"**

Parcel "A" located in the Northeast Quarter (1/4) of the Southeast Quarter (1/4) of Section Twenty-seven (27), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, lowa, containing 19.959 acres, as shown in Plat of Survey filed in Book 3, Page 610 on July 27, 2000, in the Office of the Recorder of Madison County, lowa.



# Realtor.

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

Property information	
Current owner Randy + Page Wheeler Buyer Realtor dawa Mailing address	Ros De Ro Mars Minter
Mailing address	June 19 Marie Marie
Site Address/County 2051 Quarry tob. Win Legal Description	
No. of bedrooms 4 Last occupied? Last occupied? Records availa	able <u>ffes</u>
Permit/installation date 10-3-2000 Separation distances ok/no?_	OK
Septic system information	
Septic tank(s): size 2009se material Concrete con Tank pumped?  Septic/trash/processing tank: size material licensed pumper date licensed pumper	condition
Aerobic treatment unit (ATU) mfgr size   Tank pumped? date licensed pumper   Maintenance contract? expiration date service pro   Condition	ovider
Pump tanks/vaults: type size condit	tion
Distribution system: distribution box Plastic outlets used 4  Header pipe(s) 3 # of lines 4 Pre	condition Josedessure dosed?
Secondary treatment:  length of absorption fields 4 100 ff. determined by 22 determined by 22 determined by 24 determined by	cantwalking & Probing
Size of sand filter determined by  Vent pipes above grade? discharge pipe lo  Effluent sample taken? Results	cated?
Media filters: type expiration date service pr	ovider
Condition	
NPDES General Permit No. 4: required? permitted?	NOI provided
	Dr. A Back

542-0191

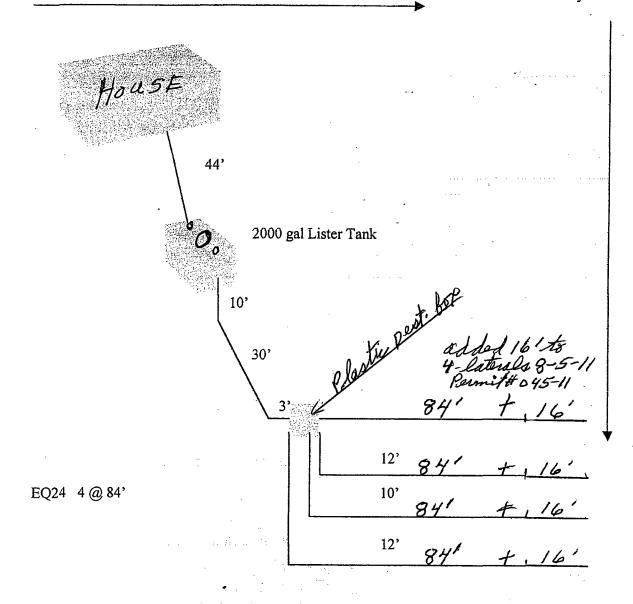
6-2009



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## Time of Transfer Inspection Report

Other components:				***
Alarms Workin	ıg?	disinfection	working?	_
Control box	Timers	inspection po	onts	
Other components				*****
Overall condition of the pri				
Report system status The Explain (attach additional p	condition of	the Private say	rage dispaya	rtem o
Explain (attach additional p	al Winterset de ages as needed):	is in good wo	elsing order io	n-8-15-
The septic tarbur	3 punpedon-8	8-10-11- MO Treet	nd in tank t	to Principality.
Comments: 2 Compar	transt tintaker	toutlow faller	er en place.	
Tark was added water	before puns	being in desti Sop	all lines in la	el t
Site status at conclusion of Verify that of	revoge was at	ground level on	-8-10-11-	
Site status at conclusion of	Time of Transfer insp	ection: Uso-all grad	inster good to se	plie
Power is on	to all components.	appropriate mode.	2-8-10-11	
A 1040 10 011	omponents to verify li			
• Gather all to	ols for removal from	the site		
Verify that i	no sewage is on the gr	the site. ound surface. Mone.	2 0	
1 miles	,		20-200	
Using this worksheet, write	a narrative report of	the inspection results and	attach a site sketch.	
This report indicates the co	ondition of the private	sewage disposal system	at the time of	-
the inspection. It does not	guarantee that it will	continue to function satis	factorily.	
n:	The same	All Marilon	0-10-2	oll
Signature of Certified insp		JOHN MAYER	Date: 8-10-2 Certificate #: 89	70
Name (print): Address:		TO TANK PUMPING	Ceruncale #: 57	4
Phone # 515-462-20	624.	509 St. Hwy. 92		
Thomas " Trust The		rset, IA 50273-8414	;	
Provide a copy of this repo			agent haverlagent th	16
county sanitarian/environt				
conducted and to;				
Iowa DNR Onsite Wastev	vater Program		ponBach	,
502 E. 9 <sup>th</sup> St.	inni i ingiaili	_	Rand	$\rightarrow$
Des Moines, IA 50319		Ma	pontaces	
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tion must be received within 24 hrs. in ad-