

Document 2011 GW2716

Book 2011 Page 2716 Type 43 001 Pages 7 Date 10/13/2011 Time 1:19 PM

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INDX ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

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

TRA	NS	SFEROR:			
Nam	e	Bradly L. Coulter			
Addr	es	s 2231 Holliwell Bridge Rd Number and Street or RR	Winterset City, Town or P.O.	IA State	50273 Zip
TRA	NS	SFEREE:			
-		Karl S. Franzenburg			
			Ankony	14	50022
4aar	es	S 7105 NW 4th Ct Number and Street or RR	Ankeny City, Town or P.O.	IA State	50023 Zip
Address of Property Transferred:			AA/intonest	1.8	50070
2231	Н	Olliwell Bridge Rd Number and Street or RR	Winterset City, Town or P.O.	IA State	50273 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. 				
		lid Waste Disposal (check one)			
	_	There is no known solid waste dispose	• • •		
	6	There is a solid waste disposal site Attachment #1, attached to this document		mation related there	eto is provided in
3. F	la:	zardous Wastes (check one)			
1	ß	There is no known hazardous waste of	on this property.		
		There is hazardous waste on this proattached to this document.	operty and information related	thereto is provided	in Attachment #1,
4. L	Jn	derground Storage Tanks (check on	e)		
7	⊉	There are no known underground stand residential motor fuel tanks, most	orage tanks on this property. heating oil tanks, cisterns and	(Note exclusions solutions solutions) I septic tanks, in inst	uch as small farm ructions.)
E		There is an underground storage tank contained are listed below or on an at	k on this property. The type(s tached separate sheet, as nec), size(s) and any kr essary.	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	vate 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.		
	7	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.		
Sig	natu	re: 13 col Coccle Telephone No.: (5/5) 3 60-1/64		
_		(Transferor or Agent)		

EXHIBIT "A"

Parcel "D" located in the South Half (1/2) of Northeast Quarter (1/4) of Section Five (5), and in the Southwest Quarter (1/4) of the Northwest Quarter (1/4) of Section Four (4), ALL in Township Seventy-five (75) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, lowa, containing 6.83 acres, as shown in plat of Survey filed in Book 2011, Page 2631 on October 5, 2011, in the Office of the Recorder of Madison County, lowa

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a.	Sol	lid Waste Disposal (check one)
	本	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.	Ha	zardous Wastes (check one)
4,		There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.
Ø,		There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.
Fu	rther	descriptive information:
_		
_		
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sig	ınatu	
		(Transferor or Agent)





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

Property information	,
Current owner Brasley Con	elter Realtor Lowa Realty
Mailing address	Realtor Accord Freezer
Site Address/County 223/ Hollie Legal Description	vell Bridge Rd. Winterst do Moon
No. of bedrooms 3 - Last occupied?	Records available yes
	aration distances ok/ no?
Septic tank(s): size / A A A A Market	erial Consiste condition and
Tank pumped? date date Tank pumped? date da	erial Concrete condition Good -/o licensed pumper Mayor St. 7.5 material condition licensed pumper
Tank pumped? date	size licensed pumper ate service provider
Pump tanks/vaults: type	size condition
Distribution system: distribution box (header pipe(s) 2	# of lines 3 Pressure dosed?
Secondary treatment: length of absorption fields condition of fields type of trench material	
Size of sand filter	determined by
Vent pipes above grade?	determined by discharge pipe located?
Effluent sample taken?	Results
Media filters: type expiration d Condition	ate service provider
	permitted? NOI provided



Time of Transfer Inspection Report

Other	compon	ents:				•	
Alarm	as	Working	g?	disi	nfection	working?	
Contr	ol box _	·	Timers		inspection ports	3	
Other	compon	ents		·	····		
Overa							
Repor	up Br-Rjuds						
Expla	Explain (attach additional pages as needed): The tank has 2 comportment of						
						- Also nousely in	
Tank	tanh on 11-15-10- The dest. botwas opened t is in good cont. comments: the dest. botwas opened t is in good cont.						
the.	tank	(septo)	uso dest. 6	of was	tooded W/1	took water and	
Site's	no sewage came to ground lebel-on 11-15-10 The system was Site status at conclusion of Time of Transfer inspection: • Verify that controls are set on the appropriate mode. Food cond-on 10/15/10						
	•	Verify that co	ontrols are set on	the appropriate	e mode. Jood C	ond on 11/15=10.	
	•	Power is on t	o all components	.			
	•	Revisit all co	mponents to veri	fy lids are secu	ire.		
Jan	-/-	Gather all too	ols for removal fr	om the site.			
No No	1200	Verify that no	o sewage is on th	e ground surfa	ce. Mos	10 on 11-15-2010	
Using	g this wo	rksheet, write	a narrative repor	t of the inspect	ion results and a	ttach a site sketch.	
This report indicates the condition of the private sewage disposal system at the time of						the time of	
the inspection. It does not guarantee that it will continue to function satisfactorily.						ctorily.	
		Certified inspe	777 (2 100 5	M. Mas	Her in the state of the state o	Date: 11=17-2010	
	-		-//	JOH	MAYER	Gertificate #: 8979	
Addr	ress:	5-462-2	674	SEPTIC 1	FANK PUMPING		
			5 **	1509	St. Hwy. 92		
coun	ide a cop ty sanita ucted an	rian/environm	t, the narrative re ental health offic	Winterset eport and sketc e_county Reco	h to the seller ag	ent, buyer/agent, the y the inspection was	
Towa	DNR C	nsite Wastewa	iter Program				
	E. 9 th St.				4	$\rho \wedge \Lambda \rightarrow$	
Des	Moines,	IA 50319		÷	Mapo	a Back	
					•		

HousE 11-15-2010 also purpettanh 11-13-2010 soch type JOHN MAYER SEPTIC TANK PUMPING 1509 St. Hwy. 92 Winterset, IA 50273-841 Bradly coulter 2231-Holliwell Bridge Rd. Winterset, da 58273