

Document 2012 GW425

Book 2012 Page 425 Type 43 001 Pages 5 Date 2/13/2012 Time 11:48 AM Rec Amt \$ 00 INI

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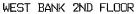
LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

## REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR	o o i rei e incerei	
TRANSFEROR:		
Name Don Bieghler and Emily Bieghler	· · · · · · · · · · · · · · · · · · ·	
722 GF Day to File Laws Aut IA 60001		
Address 733 SE Ponds Edge Lane, Ankeny, IA 50021		····
Number and Street or RR City, Town or P.O.	State	Zip
TRANSFEREE:		
Name Dale J. Hikes and Glynic Hendrickson	•	
Address 3231 260th Street, St. Charles, IA 50240		
Number and Street or RR City, Town or P.O.	State	Zip
Address of Property Transferred:		
3231 260th Street, St. Charles, IA 50240		
Number and Street or RR City, Town, or P.O.	State	Zip
Legal Description of Property: (Attach if necessary) Parcel "A", located in t	he Northeast Quarter (	1/4) of the
Southwest Quarter (1/4) of Section Twenty-three (23), Township Seventy-five (7) West of the 5th P.M., Madison County, Iowa, containing 7.317 acres, as shown i		
2001 Page 4794 on October 24, 2001 at 1:26 P.M. in the Office of the Recorder of		
2001 Fage 4774 On October 24, 2001 at 1.20 F.W. In the Office of the Recorder of	of Madison County, to	wa.
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), local	ation(s) and legal sta	tus are
stated below or set forth on an attached separate sheet, as neces		
2. Solid-Waste Disposal (check one)	<b>,</b>	
There is no known solid waste disposal site on this property.		
☐ There is a solid waste disposal site on this property and informatio	n related thereto is p	provided in
Attachment #1, attached to this document.	•	
3. Hazardous Wastes (check one)		
☐ There is hazardous waste on this property and information related	thereto is provided i	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 suc	ch 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	s), size(s) and any ki	nown
substance(s) contained are listed below or on an attached separa	te sneet, as necessa	aıy.

5.		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)
٠.		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
		ation required by statements checked above should be provided here or on separate attached hereto:
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		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sig	ınatı	m. 1. Read 0 6.1 471 901 -







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

<u>Property information</u>
Current owner Don Bieghler  Buyer Realtor Kathy Swanson Rema
Mailing address
Site Address/County 323/-2604ct-Acharlanda 50240 Maddeon Legal Description
No. of bedrooms 3 Last occupied? Last occupied? Records available 160
Permit/installation date 2002 Separation distances ok/no? 0 K
Septic system information
Septic tank(s): size 1008 gal material Constate condition 950 gal material Constate condition 950 gal material condition 950 gal material licensed pumper 950 gal material condition 1 gal material 2 gal
Aerobic treatment unit (ATU) mfgr size  Tank pumped? date licensed pumper  Maintenance contract? expiration date service provider  Condition
Pump tanks/vaults: type Plastio size 300 gol condition good
Distribution system: distribution box Plasticoutlets used condition food Header pipe(s) # of lines Pressure dosed?
Secondary treatment:  length of absorption fields 100 ft  condition of fields food determined by working fooding  type of trench material characters  type of trench material characters
Size of sand filter determined by
Vent pipes above grade? discharge pipe located?
Effluent sample taken? Results
Media filters: type
NPDES General Permit No. 4: required? permitted? NOI provided

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## Time of Transfer Inspection Report

Other components:	**************************************		
Alarms Working? Hes	disinfection working?		
Control box for Timers	inspection ports <u>yes</u>		
Other components			
Overall condition of the private sewage disposal systematics and several conditions of the private sewage disposal systematics.	<u>rem</u>		
Report system status The sentio sys	tem of 3231-26 outct.		
Explain (attach additional pages as needed):	is order on - 10-29/1 as two comportments tistake of		
to the fill and the state of th	· · · · · · · · · · · · · · · · · · ·		
Plantano CHallant allow	e pump task is plastic + the clo		
water also the latitud field we Site status at conclusion of Time of Transfer inspection	and aut more was to men &		
Site status at conclusion of Time of Transfer inspection.  Verify that controls are set on the appropriate the status at conclusion of Time of Transfer inspection.	on: copriate mode. Level-also old gray		
Power is on to all components.  Revisit all components to verify lids a	To the transfer of the transfe		
و و و مستور المسترين			
• Verify that no sewage is on the ground	d surface More		
Using this worksheet, write a narrative report of the i			
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:	May Date: 10-29-2011		
Name (print):  Address:	Certificate # 2979		
Dhana # 616-1112 21 211	TACK PUMPING		
	9 St. Hwy. 92		
Winterse Provide a copy of this report, the narrative report and	i sketch to the seller/agent, buyer/agent, the		
county sanitarian/environmental health office, county conducted and to;	y Recorder in the county the inspection was		
Iowa DNR Onsite Wastewater Program			
502 E. 9 <sup>th</sup> St.	Map on Back		
Des Moines, IA 50319	1110 por 100 m		

