

Book 2012 Page 508 Type 43 001 Pages 7 Date 2/21/2012 Time 9:54 AM Rec Amt \$.00

INDX **ANNO** SCAN

CHEK

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

#### **REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT**

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR: Name Fred L. Stookey and Belinda S. Stookey  Address 351 N Meridan, Lot 91, Apache Junction, AZ 85120				
TRANSFEREE: Name Bruce Lamb and Sara Lamb				
Address 69597 295th St., Collins, IA Number and Street or RR	City, Town or P.O.	State	Zíp	
Address of Property Transferred: 2953 220th St., Winterset, IA 50273	,			
Number and Street or RR	City, Town, or P.O.	State	Zip	
Legal Description of Property: (Attach	ii necessary) <u>see i iii Addendani</u>			
stated below or set forth on an  2. Solid Waste Disposal (check one  X There is no known solid waste	ed on this property. The type(s), local attached separate sheet, as necesse) edisposal site on this property. Il site on this property and information	sary.		
<ol> <li>Hazardous Wastes (check one)</li> <li>X There is no known hazardous</li> <li>There is hazardous waste on the Attachment #1, attached to this</li> </ol>	waste on this property. this property and information related s document.	thereto is provided	in	
small farm and residential mot instructions.) There is an underground stora	eck one) und storage tanks on this property. or fuel tanks, most heating oil tanks, age tank on this property. The type(seed below or on an attached separate	cisterns and septics), size(s) and any k	tanks, in	

5.	Private Burial Site (check one)				
	X 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)				
V.	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				
	pointe nambor				
Inf	formation required by statements checked above should be provided here or on separate				
	eets attached hereto:				
	ne well South of the house 100 feet.				
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS				
	FORM				
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.				
	AND THAT THE IN CHIMATION CTATED ADOVE TO THOSE AND CONNECT.				
	$\mathcal{L}$ . $\mathcal{L}$				
c:	gnature: Delenda Stackey Telephone No.: (515) 462-3120				
OI(	gnature: Telephone No.: (515) 462-3120				

### Addendum

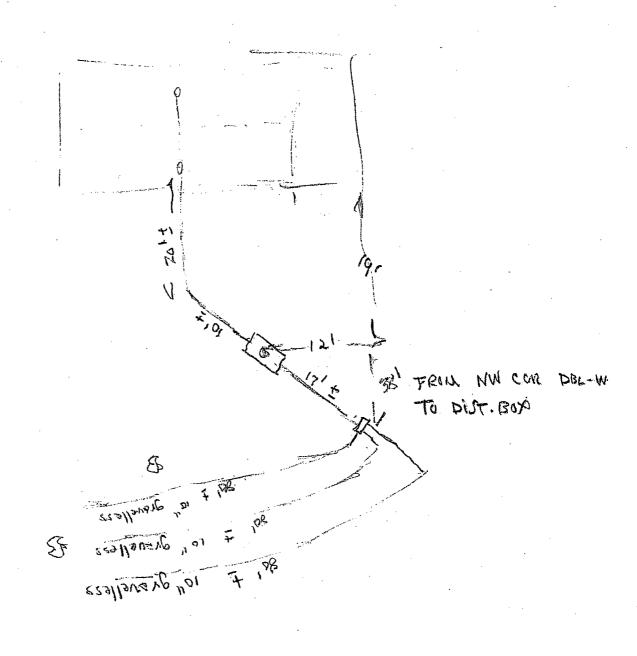
1. A parcel of land located in the Southwest Quarter (1/4) of the Southeast Quarter (1/4) of Section Thirty-two (32), Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing 5.000 acres, as shown in Plat of Survey filed in Farm Plat Book 2, Page 215 on August 24, 1990, in the Office of the Recorder of Madison County, Iowa



Sonte

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

Property information	
Current owner Med + Belina	La Stookey Realtor Madison Cookealty
Mailing address	incanor of any and the fearing
	Af Minterset, da 53273 Madiso
No. of bedrooms 2 Last occupied? is 1	
Permit/installation date act = 5, 1990 Separati	ion distances ok/ no?
Septic system information	
Aerobic treatment unit (ATU) mfgr Tank pumped? date	licensed pumper May S. T. 7.5 material condition licensed pumper size licensed pumper service provider
Pump tanks/vaults: type size	
	to outlets used 3 condition fair.  # of lines 3 Pressure dosed?
Secondary treatment: length of absorption fields 3 at 80' condition of fields for d type of trench material 10" gravella	determined by walking of Profing
Size of sand filter	determined by
Fiffuent sample taken?	discharge pipe located? Results
Endent sample taken!	i i i i i i i i i i i i i i i i i i i
Media filters: type expiration date Condition	service provider
NPDES General Permit No. 4: required?	permitted? NOI provided
6-2009	Mapon Backs 542-0191





## **Time of Transfer Inspection Report**

	Other components:
	Alarms Working? disinfection working?
	Control box inspection ports
•	Other components
	Overall condition of the private sewage disposal system
	Report system status The septin system at 2953-220 elft.
4	Winterset ta is in good Explain (attach additional pages as needed) working order the septio tarkwas
87	sened + Pumped on 10-5-11 + tank has 2 comportine Int
in	Comments outflow faffles ore in place - flare age no cracks in
sej	ntis tark- also dest, box was opened + all laterals are taking wat
0	sowaso to hound be so an- 10-11
	Site status at conclusion of Time of Transfer inspection: A paywater goes to tarkon  Verify that controls are set on the appropriate modely water goes to tarkon
	Verify that controls are set on the appropriate model which you want of the set of the s
	Power is on to all components.  Revisit all components to verify lids are secure.  Revisit all components to verify lids are secure.
	Revisit all components to verify lids are secure. Ver state to the fore
	Gather all tools for removal from the site was a result with the site of the s
1	• Verify that no sewage is on the ground surface. Hone
1	787
1	Wising 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:     Signature of Certified inspector:   Ship   Mayer   Date:   15-5-70      Name (print):   JOHN MAYER   Certificate #-0979
	Name (print): JOHN MAYER Certificate #:8979  Address: SEPTIC TANK PUMPING
	Phone # 5/5-4/6 2-2/6 2 4 1509 St. Hwy. 92
	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 <sup>th</sup> St. Des Moines, IA 50319  O'n tures on Back =
	502 E. 9 <sup>th</sup> St.
	Des Moines, IA 50319 Distures on Baris



#### MADISON COUNTY BOARD OF HEALTH

COURT HOUSE
WINTERSET, 10WA 50273

FHONE 515-462-2636

Jerry K. Trevillyan Sanitarian

# SEPTIC SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION

PERMIT NO. 1273	PERMIT ISSUED: <u>9/18/90</u> FEE PAID: <u>9/18/90</u>
APPLICANT: Fred Stookey	TELEPHONE NO. 462-4166
OCT - 5 1990	St. Charles, Iowa 50240
	TELEPHONE:
	Winterset, Iowa 50273
	SECTION: 32 TOWNSHIP: CRAWFORD
	NUMBER OF: BEDROOMS: 2
	PERCOLATION TEST MUST STOOLS: 2
The state of the s	BE TAKEN AND APPROVED SHOWERS: 1
	PRIOR TO ISSUANCE OF  THE CENTAGE DISPOSAL  TUBS: 1
	THE SEWAGE DISPOSAL
The state of the s	PERMITLAVATORIES:_2
And the second s	Darrel Woods for: SINKS: 1
	9/17/90 BY: Vance & Hochstetler, Winterset
	N. 2.: 20 MIN./IN. 3.: 18.5 MIN./IN.
WERNGE WINTING NO. OF LATE	ERALS REQ.: 3 LENGTH OF LATERALS: 92 FT. EA.
CONTRACTOR: Huff Const.	TELEPHONE NO. 462-3569
OCT - 5 1990	Winterset, Iowa 50273
	REQUIRED/STATE APPROVED
	ON 4 BDR. 1250 GALLON 5 BDR.1500 GALLON
	DUNTY TREASURER - RETURN FEE WITH APPLICATION
	FT. LATERALS
	JBLE SAND FILTERS - MULTI-FLO SYSTEMS \$15.00
	GRAVELLESS 8 INCH: 10 INCH:
	nation is correct to the best of my knowledge and I agree dance with the rules and regulations of the Madison County al Resources, Chapter 69. I further acknowledge that the ispection and approval can be made by the local Health

put into operation until approyed.