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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 Federal National Mortgage Association

Address 14221 Dallas Parkway Ste 11202 Dallas TX 75244
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree

Name Tiffany M Johnson

Address 117 Broadway St Apt 201 New Virginia IA 50210
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:
2495 WILLOW BEND TRL ST CHARLES, IA 50240
Number and Street or RR City, Town, or P.O. State Zip

Legal Description of Property : (Attach if necessary) See Attached

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 acknowledgement 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 acknowledgement is attached to the 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 acknowledgement with the county board of health to demolish the building within an agreed upon time period. A copy of the binding acknowledgement 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]: Foreclosed Property.
- 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:

Seller has no direct knowledge of physical property condition. Foreclosed property.

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

Signature:  Telephone Number: (515) 967-5103
(Transferor or Agent)

Parcel "E" located in the Southwest Quarter (1/4) of the Southeast Quarter (1/4) of Section Fourteen (14), Township Seventy-five (75) North Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing 6.05 acres, more or less, as shown in Plat of Survey filed in Book 2006, Page 253 on January 18, 2006, in the Office of the Recorder of Madison County, Iowa.



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

Property information

Current owner Annice Mae

Buyer _____ Realtor _____

Mailing address _____

Site Address/County 2995 Willow Bend Trail St Charles IA

Legal Description PAR E 6.05A SW SE W OF RU

No. of bedrooms 3 Last occupied? 2 yr ago Records available yes

Permit/installation date 6-6-06 Separation distances ok/ no? ???

Septic system information

Septic tank(s): size 1250 material concrete condition ok

Tank pumped? yes date 4-26-12 licensed pumper A-1-Complete

Septic/trash/processing tank: size _____ material _____ condition _____

Tank pumped? X date X licensed pumper X

Aerobic treatment unit (ATU) mfg _____ size _____

Tank pumped? _____ date _____ licensed pumper _____

Maintenance contract? _____ expiration date _____ service provider _____

Condition _____

Pump tanks/vaults: type concrete size 500gal condition ok

Distribution system: distribution box no outlets used X condition X

Header pipe(s) _____ # of lines _____ Pressure dosed? T

Secondary treatment:

length of absorption fields mound system determined by Co Records

condition of fields X determined by Hyd Logging

type of trench material PVC pipe

Size of sand filter _____ determined by _____

Vent pipes above grade? _____ discharge pipe located? _____

Effluent sample taken? _____ Results _____

Media filters: type X

Maintenance contract? X expiration date _____ service provider _____

Condition _____

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



Time of Transfer Inspection Report

Other components:

Alarms yes Working? yes disinfection X working? X

Control box Timers X inspection ports ✓

Other components _____

Overall condition of the private sewage disposal system

Report system status See attached page

Explain (attach additional pages as needed): _____

Comments: _____

Site status at conclusion of Time of Transfer inspection:

- Verify that controls are set on the appropriate mode.
- Power is on to all components.
- Revisit all components to verify lids are secure.
- Gather all tools for removal from the site.
- 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: Russ Thomas Date: 4-26-12
 Name (print): RUSS THOMAS Certificate #: 8993
 Address: 5900 SE 6th Ave P.H. IA
 Phone #: 515-265-3986

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 # 069-05 Pottery Inspection 6/6/06

2495 Willow Bend Tr.

