

Document 2012 GW1319

Book 2012 Page 1319 Type 43 001 Pages 6 Date 5/03/2012 Time 3:51 PM Rec Amt \$.00 IND

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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

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

TO BE COMPLETED BY TRANSFEROR

TR Na	RANSFEROR: ame C.A. Good, Jr. and Teresa Good			
ΔА	Idress 1579 190th Street, Winterset, IA	A 50273		
лu	Number and Street or RR	City, Town or P.O.	State	Zip
	RANSFEREE: ame_Stephen F. Dryden and Patricia L.	. Dryden		
Ad	Idress 33446 Waterberry Circle, Waul	kee, IA 50263 City, Town or P.O.	State	Zip
Ad M	ddress of Property Transferred: ladison County			
	Number and Street or RR	City, Town, or P.O.	State	Zip
1.	Wells (check one)  ☐ There are no known wells situated  X There is a well or wells situated o stated below or set forth on an at	n this property. The type(s), loca		atus are
2.	Solid Waste Disposal (c heck one)	tached separate sheet, as neces	sary.	
	☑ There is no known solid waste dis			
	<ul> <li>There is a solid waste disposal sit</li> <li>Attachment #1, attached to this d</li> </ul>	• • •	n related thereto is	provided in
3.	Hazardous Wastes (check one)	ocument.		
	☑ There is no known hazardous was	ste on this property.		
	☐ There is hazardous waste on this		thereto is provided	in
	Attachment #1, attached to this d			
4.	<ul> <li>Underground Storage Tanks (chec</li> <li>☑ There are no known underground small farm and residential motor instructions.)</li> </ul>	storage tanks on this property.		
	☐ There is an underground storage substance(s) contained are listed			

5.		vate 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.	Priv	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.
	<b>X</b>	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 ack nowledgment 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 ack nowledgment 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 sattached hereto: Well is west of Garage in circle
Ð	N	ve Noxt to Xenia, water
		2NO Well BOARD DIRECTLY North Of HOUSE
-	7~	2NO WELL BOYRD DIRECTLY NOTTY OF MOUSE
1	<u> 30</u>	KED IN BY WOOD COTTAI
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sig	gnati	ure: <u>CAHMM</u> Telephone No.: ( <u>641) 344 63</u> 56

## EXHIBIT "A"

Parcel "F" located in the West Half (W½) of the Southeast Quarter (SE¼) of Section Thirteen (13), Township Seventy-six (76) North, Range Twenty-nine (29) West of the 5th P.M., Madison County, Iowa, containing 3.73 acres, as shown in Plat of Survey filed in Book 2009, Page 3227 on October 28, 2009, in the Office of the Recorder of Madison County, Iowa; AND Parcel "M" located in the Northwest Quarter (NW¼) of the Southeast Quarter (SE¼) of said Section Thirteen (13), containing 1.00 acres, as shown in Plat of Survey filed in Book 2010, Page 1039 on May 6, 2010, in the Office of the Recorder of Madison County, Iowa.



Realtor

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

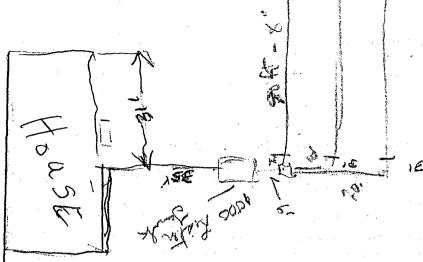
<u>Property information</u>
Current owner Co A. Good  Buyer Realtor Musison Co Rosetty
Mailing address
Mailing address
Site Address/County 1579-190.dft Winterset, da50273
Legal Description
No. of bedrooms 2 Last occupied? Last occupied? Last occupied? Records available
Permit/installation date 5-29-97 Separation distances ok/no? 0 /
Septic system information
Soptio 0 jotolii ilitorii attori
Septic tank(s): size / 000 material Concreto condition for from Tank pumped? you date 8 / 1 - 09 licensed pumper March 5. 175  Septic/trash/processing tank: size material condition  Tank pumped? date licensed pumper
Tank pumped: date neclised pumper
Aerobic treatment unit (ATU) mfgr size  Tank pumped? date licensed pumper  Maintenance contract? expiration date service provider  Condition
Pump tanks/vaults: type size condition
Distribution system: distribution box Plastic outlets used 7 condition Good Header pipe(s) 3 # of lines 7 Pressure dosed?
Secondary treatment:  length of absorption fields 90 ft determined by 19 Records frobing determined by unalking & probing type of trench material 8" fresuelless
Size of sand filter determined by
Vent pipes above grade? discharge pipe located?
Tefficent comple telep?
Effluent sample taken? Results
Media filters: type  Maintenance contract? expiration date service provider  Condition
NPDES General Permit No. 4: required? permitted? NOI provided



Time of Transfer Inspection Report

Alarms Working?	disinfection working?
Control box Timer	inspection ports
Other components	
Overall condition of the private sewage d	lisposal system
Report system status <u>The septi</u>	esystemat 1579-190 toft
Explain (attach additional pages as neede	d): Winterset to 50273-on-4-20
is in good working Cond	- of la septistanhavas openety
Comments: Pumped tinspe	sted on 8-11-09 for time of Transfe
	-20-12 the lateril was looked at
ell elanists work march of	islawas in good lando
Site status at conclusion of Time of Trans	spruater gres to septice system on a ster inspection. 4-20-12
Verify that controls are se	et on the appropriate mode.
Power is on to all compor	nents.
Revisit all components to	verify lids are secure.
	•
Gather all tools for remov	val from the site.
Gather all tools for remove Verify that no sewage is of	on the ground surface. Mono 4-2
Gather all tools for remove Verify that no sewage is of	on the ground surface. Mono 4-20-201-
Gather all tools for remove Verify that no sewage is of Using this worksheet, write a narrative result.	on the ground surface. Mono 4-20-201= eport of the inspection results and attach a site sketch.
Using this workshoot, write a narrative re	on the ground surface. Mono 4-20-201-
This report indicates the condition of the	ral from the site.  on the ground surface. Mono 425-201-  eport of the inspection results and attach a site sketch.
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1607 Permit 1579-190th Street



5/20 Rm.

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