

Book 2012 Page 1953 Type 43 001 Pages 7 Date 7/03/2012 Time 1:53 PM

Rec Amt \$ .00

INDX ANNO **SCAN** 

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

RFAI	FSTATE '	TRANSFER.	<ul> <li>GROUNDWAT</li> </ul>	FR HAZARD	STATEMENT

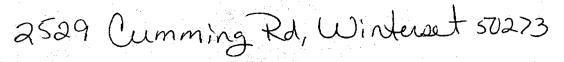
	TO BE	E COMPLETED BY TRANSFEROR	•		
<b>TRANSF</b>	EROR:		•		
Name	Dana A. Conrad and Veda	A. Conrad			
Address 2529 Cumming Rd., Winterset, IA 50273					
	Number and Street or RR	City, Town or P.O.	State	Zip	
TRANSF	EREE:				
Name	William H. Moody	Revocable Trust			
Address	905 54th St., West Des Mo				
, , , , , , , , , , , , , , , , , , , ,	Number and Street or RR	City, Town or P.O.	State	Zip	
	Number and Street of KK	Gity, Town of F.O.	State	Ζιρ	
Address	of Property Transferred:				
	mming Rd., Winterset, IA 50	)273			
Nur	nber and Street or RR	City, Town or P.O.	State	Zip	
Legal De	scription of Property: (Attach	n if necessary) Parcel "K" located in of Section Three (3), Township Section	n the Southwest Quar	ter (SW	
1/4) of th	e Southeast Quarter (SE 1/4	) of Section Three (3), Township Se	eventy-six (76) North,	Range	
		.M., Madison County, Iowa, as show			
Book 3,	Page 376 on January 12, 199	9, in the Office of the Recorder of N	Madison County, lowa	<b>1.</b>	
	(check one)				
	nere are no known wells situ				
		ed on this property. The type(s), loc		tus are	
		n attached separate sheet, as neces	ssary.		
	Waste Disposal (check on				
		e disposal site on this property.			
		al site on this property and informati	on related thereto is p	rovided	
	Attachment #1, attached to	this document.			
	dous Wastes (check one)				
	nere is no known hazardous				
		this property and information related	a tnereto is provided i	n	
	tachment #1, attached to the				
	ground Storage Tanks (ch	<u> -</u>	(Nata avalvalana avv	-1	
		ound storage tanks on this property.			
		tor fuel tanks, most heating oil tanks	s, disterns and septic	tanks, in	
	structions.)	age tank on this property. The time	(a) size(a) and smale	2011/2	
		age tank on this property. The type			
SU	ibstance(s) contained are lis	ited below or on an attached separa	ate sheet, as necessa	ry.	

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)
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 which has or is required by law to
	have a sewage disposal system.
	X 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
Inf	formation required by statements checked above should be provided here or on separate
sh	eets attached hereto:
_	
	LUEDEDV DEGLADE THAT LUAVE DEVIEWED THE WOTDUGTIONS FOR THE CO.
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
٥.	gnature: Clans (
216	gnature: Telephone No.: 9/3 953 96 75



Time of Transfer Inspection Report Ortact: Trans Walker-462-464/

Property Information	
Current Owner: JANA & Veda CONRAC!	
Buyer: N/A Realtor: TRENA Walker - JA K	
Mailing Address: 2529 Comming RD Winterset 79 50273	
Site Address/County: 2529 Cuming Rd - MAdison Co.	
Legal Description A3 ABSTRACT.	
No. of bedrooms: 3 Last occupied: Pusert. Records available: Yes	
Permit installation date: 1780 Separation distances (ok/no?): 0 10	
Septic System Information	
Septic tank(s): Size: 1500 94/10 Material: CONCLETE Condition: 0k	·
Tank pumped? N Date: 4-23-12 Licensed pumper: +OCOST Sopric	
Septic/Trash/Processing tank: Size: Material: Condition:	
Tank pumped? YN Date: Licensed pumper:	
Aerobic treatment unit (ATU) mfgr Size	
Tank pumped? YN Date: Licensed pumper:	
Maintenance contract? N Expiration date: Service provider:	
Condition:	
Pump tanks/vaults: Type: Size: Condition:	
Distribution system: Distribution box $425$ Outlets used 6 Condition: 0	
Header pipe(s): No. of lines: Pressure dosed?	<u> </u>
Secondary Treatment:	
Length of absorption fields: Determined by:	
Condition of fields: Determined by:	
Type of trench material:	nis
Size of sand filter: 28 x 45 Determined by: COUNTY Record	
Vent pipes above grade? YIN ONE Discharge pipe located? YN N	
Effluent sample taken 125 Results: See WFA KeSVITS	
Media Filters: Type:	er (Mr. Mayer e
Maintenance contract? N Expiration date: Service provider:	
Condition:	
NPDES General Permit No. 4: Required? YN Permitted? YN NOI provided:	0191
4/2010 cmz/dao	





## Time of Transfer Inspection Report

Other components:			aliku dia Mangalakaan kas	433 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Alarms: YN Working:	□ Y □ N	Disinfection: Y	N Working:	N Y T
Control Box: Ti	mers:	Inspection Por	ts:	
Other components:				
Overall condition of the private sews	ige disposal system:			
Report system status: 500	NOTES.			
Explain (attach additional pages as n	eeded):			
Comments:				
Site status at conclusion of Time of	Transfer inspection:			
<ul> <li>Verify that controls are set on the Power is on to all components.</li> <li>Revisit all components to verify</li> <li>Gather all tools for removal from Verify that no sewage is on the</li> </ul>	y lids are secure. om the site. ground surface.			
Using this worksheet, write a narrat	ive report of the ins	pection results and at	tach a site sketch.	
This report indicates the condition of not guarantee that it will continue to	of the private sewage function satisfactor	e disposal system at t rily.		ection. It does
Signature of Certified Inspector:	Do 12		Date: 4	- <u>25-17</u>
Name (print): Brian	KINHAG	<b>C</b>	ertificate #:	1808
Address: <u>A.O. BUK</u>	( 219	INDIANO	14 JA	50/25
Phone #: 1 208-38	63			
Provide a copy of this report, the na ordering the inspection, the county	arrative report and si sanitarian/environm	ketch to the seller/agnental health office ar	ent, buyer/agent or id to:	the person
Iowa DNR				
Private Sewage Disposal Program 502 E 9 <sup>th</sup> St				
Des Moines IA 50319				rakila Teknis

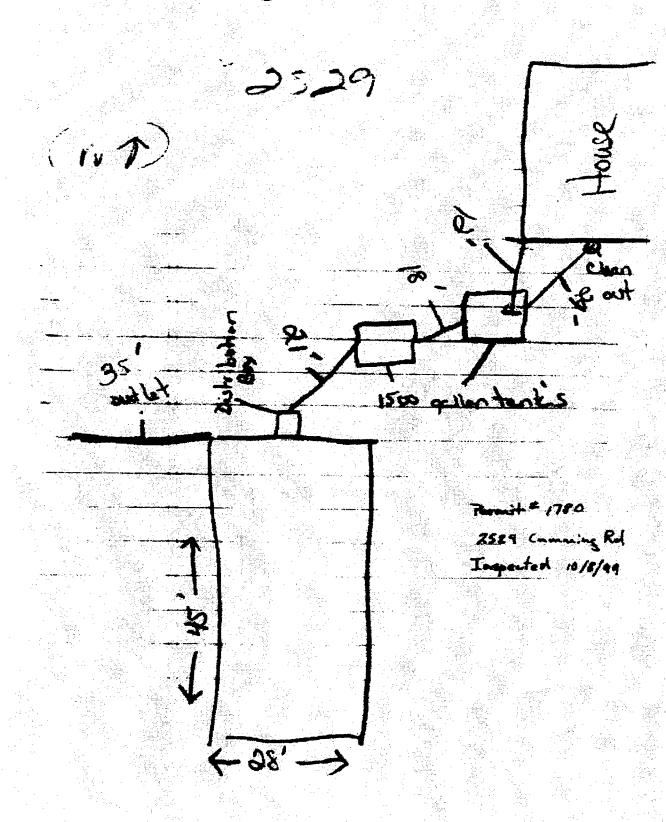
### **DNR Time of Transfer Report System Status**

Address: 2529_	(umm, dg	RO	Date	4-23-12
Winter	'et, \$1 50	273	Z.	Lunko
Address: 2529 Wilters Comments: AU WATEW 5 90 TV ( 5)	MEN From	House	9005	NTO
50pTic 5	151811			
(2) 1500 GA	llow Concre	te (2)	Compar	Tment_
(2) 1500 9A Septic 77	TW/(5 /W	9500	(GAELIT	
DISTRUBUTION	BOX (PLAST	ic) WIT	14 6	ATOrals
PISTIUBUTION IN 25 X 4 EVENLY AT	8 SAND TIME I	TILL PTIE	TN 4/2	ection_
	Sopre Sy	STem U	UAT IN	
900d	SAPTIC SU Working Time	ONGIT OF TN	PRE TION	/

DIAGRAM OF SYSTEM

See County Records

# 2529 Cumming Rd, Winterset 50273





#### Des Moines WRF Laboratory

Forest Septic Tank Sampl

(515) 323-8002

Results Report Date: 27-Apr-12

Order ID: 12041923

Sample C	ollect Date	Site Parameter Result Units Method And	lysis Date
12041923-01	4/18/2012	Conrad-2529 Cumming Rd., Cumming CBOD <3 mg/L SM 5210 B 4	/20/2012
12041923-01	4/18/2012	Conrad-2529 Cumming Rd., Cumming TSS <2.5 mg/L SM 2540 D 4	/19/2012