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Book 2012 Page 2253 Type 43 001 Pages 5 Date 8/01/2012 Time 2:54 PM

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INDX **ANNO SCAN**

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSF	EROR:			
Name	Dale E. Tuttle and Nancy L	. Tuttle		
Address	P.O. Box 489, Winterset, Io	wa 50273		
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF	EREE:		•	
Name	Tyler S. Bass	·		
Address	1571 - 210th Street, Winters	set, Iowa 50273		
	Number and Street or RR	City, Town or P.O.	State	Zip
	of Property Transferred: 10th Street, Winterset, Iowa 5	50273		
Nu	mber and Street or RR	City, Town or P.O.	State 2	Zip
T	(check one) here are no known wells situa			
		d on this property. The type(s), lo attached separate sheet, as nec		s are
	Waste Disposal (check one	disposal site on this property.	•	
T		I site on this property and informa	ation related thereto is pro	vided
	dous Wastes (check one)			
T	here is no known hazardous here is hazardous waste on t ttachment #1, attached to this	his property and information relat	ed thereto is provided in	
	rground Storage Tanks (ch			
<u>X</u> T	here are no known undergrou	und storage tanks on this property or fuel tanks, most heating oil tan		
		ge tank on this property. The typ ed below or on an attached sepa		

6.	Private Burial Site (check one)
6.	X There are no known private burial sites on this property.
6.	There is a private burial site on this property. The location(s) of the site(s) and known
6.	identifying information of the decedent(s) is stated below or on an attached separate sheet, as
о.	necessary.
	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 which has or is required by law to have a sewage disposal system.
	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
sh	ormation required by statements checked above should be provided here or on separate sets attached hereto:
<u>On</u>	e active well is located Northwest of the machine shed.
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sig	(An O Part)



Realtor

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

Property information
Current owner Dale Tuttle Buyer Realtor Courses British Realtor Mailing address
Mailing address
Mailing address
Site Address/County 157/- 2/0 x/ Af Minterest, da 50213 Madison Legal Description
No. of bedrooms 3 Last occupied? is now Records available 1905
Permit/installation date 12-200 Separation distances ok/no?
Septic system information
Septic tank(s): size 1500 gaf material Correct Condition gard Tank pumped? date licensed pumper Septic/trash/processing tank: size material condition Tank pumped? date licensed 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 Plastis outlets used condition food Header pipe(s) # of lines Pressure dosed?
Secondary treatment: length of absorption fields 50 ft determined by Munt frobing condition of fields 400 thanks type of trench material 36° thanks
Size of sand filter determined by
Vent pipes above grade? discharge pipe located?
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 Other components: Working? _ disinfection _____ working? ___ Alarms ____ Timers Control box inspection ports _____ Other components Overall condition of the private sewage disposal system Report system status The Private seway a system at 1571-2001/1 2010 and in in good Cond, The section tank Bopwas 7-12 - New the laters Site status at conclusion of Time of Transfer inspection. Verify that controls are set on the appropriate mode. A 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. sing 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: Name (print): __ SEPTIC TANK PUMPING Address: **1509 St. Hwy. 92** Phone # 515-462-26 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. 9th St. Des Moines, IA 50319

Mapon Back

Dale Tuttle 1571 210th St. Winterset