

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.

INDX 1

ANNO

SCAN

CHEK

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 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]:
	X The private sewage disposal system has been installed within the past two years pursuant to
	permit number = Permit Number corrected to read 038-12 per
Inf	Madison County Zoning Department. ormation required by statements checked above should be provided here or on separate
sh	eets attached hereto:
	·
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
٥.	Dan Halill
Sig	nature: Telephone No.: (641) 396-2865
	(manager of Adent)

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)



Time of Transfer Inspection Report

Tioperty information
Current Owner: Tim & Dawn Flactiff
Buyer: William Stophens Realion:
Mailing Address:
Site Address/County: 2587 Heatt Apple Trail Winterset In 50273
Legal Description As Abstract
No. of bedrooms: Z Last occupied: Occupied Records available: No.
Permit' installation date: Separation distances (object):
Septic System Information
Septic tank(s): Size: 750 gal Material: Conc. Condition: 900
Tank pumped? DY N Bate: 4-20-12 Licensed pumper: Forest Septic Tank 201.
Septle 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?
Condition:
Rump tanks/vaults: Type: Size: Condition:
Distribution system: Distribution box 465 Outlets used 2 Condition: Unable to leve
Header pipe(s): No. of lines: Pressure dosed?
Secondary Treatment:
Length of absorption fields: 2 90 after 24 Determined by: probing
Condition of fields: Wet 1 dry Determined by: probing
Type of trench material: 3 nch pvc four inch pvc
Size of sand filter: Determined by:
Vent pipes above grade? YN Discharge pipe located? YN N
Effluent sample taken Results:
Media Filters: Type:
Maintenance contract?
Condition
NPDES General Permit No. 4: Required? YN Permitted? YN NOI provided: UNR Form 542-0191



2587 Liatt Apple Tk. Time of Transfer Inspection Report Wintust

Other components: Alarms: XXIII Working: TYPIN Disinfection: Y Working Y N Control Box: Inspection Ports: Other components: Overall condition of the private sewage disposal system: Report system status: 500 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: Date: Name (print): Certificate #: Address: Phone #: Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office and to: Iowa DNR Private Sewage Disposal Program 502 E 916 St Des Moines IA 50319

4/2010 emg/date

DNR Time of Transfer Report System Status

Address: 2687 Heatt Apple Trail Date Winterset Apple Trail 50273 Comments: Technician Chris	: 4-20-12
Winterset Apple Trail 50273	Marinet
Comments: Technician Chris All Waste Water from house drains to	- Mersnon
sort suction	
*	
The tank is a 750 gal, single con	mart ment
The tank is a 750 gal single con concrete laster took in good condition	
The Distribution Box is a concrete	bex.
lingble to love laterals leaving box do	e to
condition of box of One lateral 15 4 inch	PYCI
the other lateral 15 3 inch over It	e 3 10CD
lateral is probing met and has some	Suctacing
at the end of the lateral. The 4 mach	Jaiera!
was not getting any water and probable	<u> </u>
There is a third pipe that lemis	
11-B-x, we believe it is an abandon	NO TOTAL
water line. It evas but along side of	The long
This is not a guarantee!	
This certifies the randition of soptic system at the time of	+100
Spotic suction at the time of	the wantier
in the second of	rive ingovern.
100	
452010 CENTE/GRAN ATTOM WIND	
Attaining	
4/2010 cm7/den	DNR Form 542-0191

2587 Hiatt AppleTR. Winderset 50273N 47' HOUSE