

Book 2012 Page 3011 Type 43 001 Pages 6 Date 10/08/2012 Time 11:48 AM

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CHEK

LISA SMITH, COUNTY RECORDER

MADISON COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Naı	ne <u>B</u>	rian Martin					
Add	dress	1353 Vintage Ct Number and Street or RR	Cumming City, Town or P.O.	IA State	50061 Zip		
TR	ANSF	EREE:					
Naı	ne <u>P</u>	atricia J.S. Lancaster	· · · · · · · · · · · · · · · · · · ·				
Address 5105 Trenton Ln N			Plymouth	MN	55442		
		Number and Street or RR	City, Town or P.O.	State	Zip		
Add	iress	of Property Transferred:					
<u>135</u>	3 Vin	tage Ct	Cumming	IA	50061		
		Number and Street or RR	City, Town or P.O.	State	Zip		
	Solid	s (check one) There are no known wells situated on this proper set forth on an attached separate sheet, and Waste Disposal (check one) There is no known solid waste disposal site on	oerty. The type(s), location as necessary. on this property.				
	P	Attachment #1, attached to this document.			,		
3.		rdous Wastes (check one)					
	□ / 1	Γhere is no known hazardous waste on this	property.				
		There is hazardous waste on this property attached to this document.	and information related th	ereto is provided	in Attachment #1,		
4.	Underground Storage Tanks (check one)						
		There are no known underground storage and residential motor fuel tanks, most heating					
		There is an underground storage tank on the contained are listed below or on an attached			nown substance(s)		

5.	Pri	yate Burial Site (check one)			
	র্ত্ত	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.	Pri	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 which has or is required by law to have a sewage disposal system.			
	2	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			
		ation required by statements checked above should be provided here or on separate sheets ed hereto:			
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM			
AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.					
Sigr	Telephone No.: (515) 710 - 12.17				
		Mar Mar			



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

	Property information
	Current owner Lori & Brian MARTIN Buyer? Lancaster PAt Realtor Ging Friedrich Se
2	Buyer 2 Lancaster PAT Realtor (51NG 1-11ed NICh Se Mailing address
-	Site Address/County 1353 VIntage Ct Cumming
	No. of bedrooms Last occupied? Disposal? Y/N Softener? Y/N H ₂ O supply?
	Records available Ges Permit/installation date 10-16-02 Installer Allen Acre
	Septic system information
	Septic tank(s): size /500 material plasfic condition good Tank pumped? 465 date 9-25-12 licensed pumper 237 Septic/trash/processing tank: size material condition Tank pumped? date licensed pumper
	Acrobic treatment unit (ATU) mfgr size Tank pumped? date licensed pumper Maintenance contract? expiration date service provider Condition
	Pump tanks/vaults: type plastic size 500 condition 900d
	Distribution system: distribution box 400 outlets used 6 condition 9000 Header pipe(s) 40 f lines 6
	Secondary treatment: length of absorption fields 100 ft condition of fields 9000 Dry type of trench material 1 n fultrate determined by measured type of trench material 1 n fultrate
	Size of sand filter determined by
	venit 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?



Time of Transfer Inspection Report (page 2)

	Current owner Lori & Brian MARTIN			
K	Other components: Alarms			
	Control box inspection poxts			
	Other components Septic pump in good working Earn			
	Overall condition of the private sewage disposal system			
	Acceptable?			
	Explain (attach additional pages as needed): NO Surface Seurage TANK + pump Leo-K quad Cleaned Filter D-box 9000			
•	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. (10) Revisit all components to verify lids are secure. Gather all tools for removal from the site. (10) Verify that no sewage is on the ground surface. (10) 			
7	Using this worksheet, write a narrative report of the inspection results.			
1	Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.			
ť	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.			
2	Signature of Certified inspector: Mula Aula Date: 9-75-12 Vame (print): HAPKIN Construction Certificate #: 9450 Address: 3311 140+h S+ Cumming Phone # 515-9\$1-9465			

Fine deglo 30A

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a.	So	lid Waste Disposal (check one)
		There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.
		There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.
b.	Ha	zardous Wastes (check one)
	Q/	There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.
		There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.
Fι	ırther	descriptive information:
_		
_		
_		
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Si	gnatu	Telephone No.: (515) 110 -1217
		/ at / al
		FILE WITH RECORDER DNR form 542-0960 (July 18, 2012)