

Document 2012 GW3207

Book 2012 Page 3207 Type 43 001 Pages 6 Date 10/25/2012 Time 12:28 PM

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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

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

TO BE COMPLETED BY TRANSFEROR

Name	ne Robin and Andrea Eggleston					
Address						
	Number and Street or RR	City, Town or P.O.	State	Zip		
TRANSF	<del>-</del> • •					
Name	Roman and Mary Ann Stone					
Address 1957 Upland Trail, Prole, IA 50229						
	Number and Street or RR	City, Town or P.O.	State	Zip		
	of Property Transferred: land Trail, Prole, IA 50229					
Number and Street or RR		City, Town or P.O.	State	Zip .		
Legal Des	scription of Property: (Attach if ne	ecessary) See Parcel B attached.				
,	(check one) here are no known wells situated	on this property.				

- 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)

TRANSFEROR:

- X 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)

- X 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)

- Y 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.

_	m t ( m . t l A)/
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.
	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	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.
	( MA, Cal A
Sig	nature: Telephone No.: (515) 360-6388
	(Transferor or Agent)
	KOLAK SCIVIA NO
	it is cycle

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)

### LEGAL DESCRIPTION

Parcel "B", located in the Northwest Quarter (¼) of the Southwest Quarter (¼) of Section Twenty-one (21), Township Seventy-six (76) North, Range Twenty-six (26) West of the 5<sup>th</sup> P.M., Madison County, Iowa, containing 10.616 acres, as shown in Amended Plat of Survey filed in Book 2010, Page 2391 on October 1, 2010, in the Office of the Recorder of Madison County, Iowa



6-2009

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

Property information	
Current owner Robins & Malling address Realtor Realtor	lly
Site Address/County 1957- Upland File Prole, das M. Legal Description	sleson c
No. of bedrooms 2 Last occupied? Last Records available yes	
Permit/installation date 12-17-0/ Separation distances ok/ no?	
Septic tank(s): size 12 50 9d material Concrete condition 400d  Tank pumped? 401 date 7-1-1/ licensed pumper 4015 5.7.  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 Plastic outlets used 5 condition 4  Header pipe(s) 4 for lines 5 Pressure dosed?	rod
Secondary treatment:  length of absorption fields 5-/00 ft long condition of fields 900 determined by Malking Profitting type of trench material Chambox	
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	-Back

Perpit # 2027 Eggleston 12/17/01



# Time of Transfer Inspection Report

Other components:	······································
Alarms Working?	disinfection working?
Titaling	working:
Control box Timers	inspection ports
Other components The lateral fields	son a side hilf-the ground
Everall condition of the private sewage disposal system	of affround water not sewage
Report system status The septia system	n at 1957 Uplantil Prole de
later Was u and well as I	. 1
Explain (attach additional pages as needed):	The septicitant was purpodon 7-1-1
Explain (attach additional pages as needed):	I butohat outflow faller on a
. 1	
Comments: The sentie tank was add	ed water to tank + also lateral fiel
all laterals took waters tonly	
no sewago was on ground levelis	
Site status at conclusion of Time of Transfer inspection	ni + 1 and all full
<ul> <li>Verify that controls are set on the approx</li> </ul>	opriate mode. To goes to seption tank
<ul> <li>Power is on to all components.</li> </ul>	on-7-1-11
Revisit all components to verify lids are	
Gather all tools for removal from the si	ite
• Verify that no sewage is on the ground	surface //
of the second se	1000 on 7-1-11
Using this worksheet, write a narrative report of the in	spection results and attach a site sketch
This report indicates the condition of the private seway	ge disposal system at the time of
the inspection. It does not guarantee that it will contin	
John William St. John W	6
Signature of Certified inspector:	1/10/101 Date 7-1-2011
Name (print):	Certificate #: 6979
Address:	JOHN MAYER
Phone # 515-462-2624 BEP	TIC TANK PUMPING
Winte	1509 St. Hwy. 92
Provide a copy of this report, the narrative report and	sketch to the selfer agent, buyer/agent, the
county sanitarian/environmental health office, county	Recorder in the county the inspection was
conducted and to;	and F
	PerturesonBace
Iowa DNR Onsite Wastewater Program	VisturesonBack
502 E. 9 <sup>th</sup> St.	
Des Moines, IA 50319	•