

Document 2013 GW2320

Book 2013 Page 2320 Type 43 001 Pages 6 Date 8/06/2013 Time 10:50 AM

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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK



TRANSFEROR:

## REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

Nam	me Federal National Mortgage Association								
Addr	ess 14221 Dalla	14221 Dallas Parkway, Suite 1000, Dallas, TX 75254							
	Number and Stro	eet or RR	City, Town or P.O.	State	Zip				
TRA	NSFEREE:								
Nam	e John McMaste	er and Kimberly McMaster							
Addı	ress 1233 180T	H ST DEXTER IA 50070			· · · · · · · · · · · · · · · · · · ·				
	Number and Str		City, Town or P.O.	State	Zip				
Addr	ess of Property Tr	ansferred:							
	180TH ST DEXT								
	er and Street or RR		City, Town or P.O.	State	Zip				
Lega	l Description of Pro	operty: (Attach if necessary)	•		·				
_		SEE EXH	IBIT "A" ATTACHED HERETO						
	Wells (check one)								
		known wells situated on this pr							
[			operty. The type(s), location(s)	and legal status are	stated below or set				
		ttached separate sheet, as neces	sary.						
	2. Solid Waste Disposal (check one)  There is no known solid waste disposal site on this property.								
ŀ	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 #								
Ĺ	attached to th	=	property and information relate	a thereto is provide	d in Attachment #1,				
<b>3.</b> ]									
	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								
L	this documen			<i>p</i> 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
4.	Underground Sto	rage Tanks (check one)							
[			nks on this property. (Note excl		farm and residential				
			erns and septic tanks, in instruct						
			is property. The type(s), size(s)	and any known sub	ostance(s) contained				
		ow or on an attached separate s	heet, as necessary.						
	Private Burial Site		nia nyonowtry						
ļ	<del></del>	known private burial sites on th		11	- ' (				
Į		ivate burial site on this propert s stated below or on an attached	y. The location(s) of the site(s) a d separate sheet, as necessary.	ınd known identifyin	g information of the				

6.	Priv	ate 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.
l		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.
1		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]
	<b>X</b>	This property is exempt from the private sewage disposal inspection requirements pursuant to the following Exemption [Note: for exemption #9 use prior check box]:
		Exemption [Note: for exemption #9 use prior check box]: Lieu of foree with the private sewage disposal system has been installed within the past two years pursuant to permit number
i		The private servage disposar system has been instance within the past two years parsuant to per internation
	-	
Inf	form	ation required by statements checked above should be provided here or on separate sheets attached hereto:
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
		The state of the first of the state of the s
Signa	ature	
		Kimberly A. Arndt (Transferor or Agent)

## **EXHIBIT A**

All that certain parcel of land situate in the County of Madison, State of Iowa, being known and designated as follows: Parcel "B" located in the Southeast Quarter of the Southwest Quarter of Section 9, Township 76 North, Range 29 West of the 5th P.M., Madison County, Iowa, more particularly described as follows: Commencing at the South Quarter corner of Section 9, Township 76 North, Range 29 West of the 5th P.M., Madison County, Iowa, thence South 90 degrees 00 minutes 00 seconds West, 567.67 feet along the South line of the Southwest Quarter of said Section 9 to the point of beginning; thence South 90 degrees 00 minutes 00 seconds West, 450.00 feet along the South line of the Southwest Quarter of said Section 9; thence North 0 degrees 00 minutes 90 seconds, East 486.63 feet; thence South 89 degrees 48 minutes 27 seconds East, 450.00 feet; thence South 0 degrees 00 minutes 00 seconds West, 485.11 feet to the point of beginning. Said parcel contains 5.019 acres, including 0.341 acres of County Road Right of Way.



6-2009

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

Froperty information
Current owner FANNIE MAR.  Buyer MM & John Manaster Realtor Leonard May - Coldwar.  Realtor Leonard May - Coldwar.
POWER HIM & JOHN MEMORIER Realtor LODUSER MILOY - WILLIAM
Mailing address  RANKO
Site Address/County 1233 185th ST - MAdison Co.
Legal Description AS ABSTRACT
6 MONTHS
Legal Description AS ABSTRACT  No. of bedrooms 3 Last occupied? A90 Records available NO
Permit/installation date Separation distances ok/ no? Ok
Septic system information
Septic tank(s): size 500 9A/ material (ONCINTE condition OK
Septic tank(s): size 500 9A/ material CONCRETE condition OK  Tank pumped? Ve5 date 7 25-13 licensed pumper FUREST 58077.e.
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 $\frac{1}{2}$ outlets used $\frac{1}{2}$ condition $\frac{1}{2}$ condition
Header pipe(s) # of lines Pressure dosed?
Treasure dosed!
Secondary treatment:
length of absorption fields 65 determined by \$10BING condition of fields \$\frac{\partial C_{\tau} \partial E_{\tau}}{\partial E_{\tau}}\$ determined by \$\frac{\partial C_{\tau} \partial E_{\tau}}{\partial C_{\tau} \partial E_{\tau}}\$
type of trench material fock-clay Tile
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
HOIMMA

## Time of Transfer Inspection Report

Other components:		
Alarms Working?	disinfection working?	
Control box Timers_	inspection ports	
Other components <u>NaNe</u>		
Overall condition of the private sewage dispo	osal system	
Report system status See Notes		
Explain (attach additional pages as needed):		
Comments: House Has Been UA MAY HAVE AN DEVELT TNEPECTION	ant Far 6 Months WH.	ic H
Site status at conclusion of Time of Transfer  Verify that controls are set on  Power is on to all components  Revisit all components to veri  Gather all tools for removal fr  Verify that no sewage is on the	the appropriate mode.  s.  ify lids are secure.  rom the site.	
Using this worksheet, write a narrative report	t of the inspection results and attach a site sket	tch.
This report indicates the condition of the private inspection. It does not guarantee that it was Signature of Certified inspector.	vill continue to function satisfactorily.	5-12
Name (print):	Date: 7-29 Certificate #:	8805
Provide a copy of this report, the narrative re county sanitarian/environmental health office conducted and to:	port and sketch to the seller/agent, buyer/agent, county Recorder in the county the inspection	it, the n was
Iowa DNR Onsite Wastewater Program 502 E. 9 <sup>th</sup> St.		
Des Moines, IA 50319	ė	

6-2009

542-0191



