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LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

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

Name <u>Tiffany M. Johnson</u>			
Address 2495 Willow Bend Trl	St Charles	IA	50240-8540
Number and Street or RR	City, Town or P.O.	State	Zip
TRANSFEREE:			
Name TNW Sporthorses LLC			
Address 216 S 5th Ave	Winterset	IA	50273
Number and Street or RR	City, Town or P.O.	State	Zip
Address of Property Transferred:			
2495 Willow Rend Trl	Saint Charles	IΔ	50240

Legal Description of Property: (Attach if necessary) PAR E 6.05A SW SE, See. 14-75-26

Number and Street or RR

## 1. Wells (check one)

TRANSFEROR:

There 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.

City, Town or P.O.

### 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.

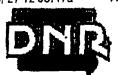
5.	Pri	vate Burial Site (check one)	
	X	There are no known private burial sites on this property.	
	¤	There is a private burial site on this property. The location(s) of the site(s) and known identifying information of the decedent(s) is stated below or on an attached separate sheet, as necessary.	
6.	Private Sewage Disposal System (check one)		
6	9	All buildings on this property are served by a public or semi-public sewage disposal system.	
	n	This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.	
	<b>x</b>	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 ded hereto:	

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM

AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature: Telephone No.: 515, 210-6251

542-0191



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

Property information
Current owner Mare Realtor Realtor
Buyer Realfor
Mailing address
Site Address/County 2995 Willow Bend Trail St Chanles TA Legal Description PAR E 6,05A SW SZ W OF RU
No. of bedrooms Last occupied? Zyr ago Records available 1/e5
Permit/installation date 6.6.66 Separation distances ok/no? ???
Septic system information
Septic tank(s): size 1250 material Corcrete condition ok  Tank pumped? Ves date 4.26-12 licensed pumper A-1- Complete  Septic/trash/processing tank: size material condition  Tank pumped? date licensed pumper
Aerobic treatment unit (ATU) migr
Pump tanks/vaults: type Concrete size 5005al condition ok
Distribution system: distribution box No outlets used condition Header pipe(s) # of lines Pressure dosed?
Secondary treatment:  length of absorption fields Mound SYStem determined by Co Records  condition of fields determined by Hyd Localing  type of trench material Rex / Pipe
Size of sand filter determined by
Media filters: type  Maintenance contract? expiration date service provider  Condition
NPDES General Permit No. 4: required? permitted? NOI provided
6-2009



# Time of Transfer Inspection Report

Other components: Alarms <u>Ve.5</u> Working? <u>Ve.5</u> disinfection working? <u>Ve.5</u>
Control box inspection ports
Other components
Overall condition of the private sewage disposal system
Report system status <u>Set attached Page</u>
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 parrative 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: Russ Thomas Date: 4-26-12  Name (print): Russ Thomas Certificate #: 8993  Address: 5900 58 Granc P. H. TM  Phone # 515-265-3986
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. 9 <sup>th</sup> St. Des Moines, IA 50319

Permit # 069-05 Putney Inspection 6/6/66

2495 Willow Bend Tr.

