

Book 2014 Page 10 Type 43 001 Pages 9 Date 1/02/2014 Time 1:12 PM Rec Amt \$.00

INDX ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

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

TRANSFER		TED DI TIVANSI ETCOI	`	
Name		DER THE TRUST AGREE	MENT DATED 10	0/14/85
Address	8701 West Dodge Road	Omaha	NE _	68124
, taa1 000	Number and Street or RR	City, Town or P.O.	State	ZIp
TRANSFERI	Ξ Ε :			
	ADAM M. SONNTAG & LISA M.	SONNTAG		
Address				
***************************************	Number and Street or RR	City, Town or P.O.	State	Zip
Address of P	roperty Transferred:			
	2449 Clark Tower	Winterset	lowa	50273
	Number and Street or RR	City, Town or P.O.	State	` Zip
Legal Descri	otion of Property: (Attach if necessa	rv)		
		18-75-27		
1. Wells (cl	neck one) e are no known wells situated on thi	s property.		
	e is a well or wells situated on this p		, , -	tatus are
	d below or set forth on an attached	separate sheet, as necess	ary.	
	iste Disposal (check one)	-14 41-1		
	e is no known solid waste disposal s e is a solid waste disposal site on th	• • •	rolated therete is	nrouidad in
	hment # 1, attached to this docume		related thereto is	s provided in
	us Wastes (check one)			
	e is no known hazardous waste on t	his property.		
☐ There	e is hazardous waste on this proper	ty and information related t	hereto is provide	d in
	hment # 1, attached to this docume	nt.		
	ound Storage Tanks (check one)			
	e are no known underground storag	, , ,		
	and residential motor fuel tanks, mo	ost neating oil tanks, cisteri	ns and septic tank	(s, in
	ictions.) e is an underground storage tank or	this property. The type/s) cizo(c) and any	known
	ance(s) contained are listed below			

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DNR form 542-0960 (July 18, 2012)

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 a 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.
ì	There is a building served by a 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 acknowledgement 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 acknowledgement is attached to this form.
	There is a building served by private sewage disposal system on this property. The buyer has executed a binding acknowledgement with the county board of health to install a new private sewage disposal system on this property with an agreed-upon time period. A copy of the binding acknowledgement 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 acknowledgement with the county board of health to demolish the building within an agreed-upon time period. A copy of the binding acknowledgement 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
	Information required by statements checked above should be provided here or on separate sheets attached hereto: The Well 15 East and a little South of the house - 2 few Cut from the edge of the South property him and 12 man
	Detweenhause + Clark Tower Rd -used only for irrigation
i	HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sigı	nature: Telephone No.: (55) 278-0(023

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DNR form 542-0960 (July 18, 2012)



Madison County Office of Zoning and Environmental Health

Elton A. Root, Environmental Health

Courdinate at Winterset
Madison County, Ioux
Built in 1876 of traffic linestone

December 12, 2013

Memorandum For Record

RE: 2449 Clark Tower Road

On November 15, 2013 a Time of Transfer Inspection was conducted by Robert McKinney at 2449 Clark Tower Road, Lot 1 Maass Subdivision in section 18 of Scott township, Madison County Iowa. During the inspection it was discovered that one or more laterals were either flooded or not taking water.

On November 21, 2013, Septic Contractor Allen Akers discovered that the above address had leaking toilets which could be the cause of the lateral problems. After fixing the plumbing problems Akers followed up with an inspection of the laterals and discovered that all laterals were taking water.

No further action is anticipated by the Madison County Environmental Health Office at this time. This is not a guarantee that the system will operate properly in the future. Homeowner usage and age are variables that are not under the control of the County. Any further questions can be addressed to this office.

Elton A. Root

Than Ref

Environmental Health Officer

Madison County



Well Inspection Report

File #: 420-1576

Client: NEI Global Relocation

Nathan & Jennifer Smith	Age of Property	Inspection Co:
	34	Globespec
2449 Clark Tower		370 S Main Place
Winterset, IA 50273	Occupied: Yes	Carol Stream, IL 60188
Inspection Date: 11/11/2013	Time: 12:00 p.m	Persons present during inspection: Owner
Results: CLEAR / NO REPAIR	RS NEEDED	
Comments:		
The well evaluation found that all pressure during the inspection, N	l components were workt to teakage was observed	ing properly. The well produced adequate flow and i. No repairs are currently needed.
THIS REPORT EXCLUDES ALL	OBSTRUCTED AND/O	R SUBTERRANEAN PIPING AND CONNECTIONS.
purpose of this inspection is to repo	ort the present "as is" and vis	sible condition of the system and its related components.
1. Type of System:	Private ○ C	Community
2. Operation of pump;	Satisfactory O	Unsatisfactory
3. Pump pressure range under	30 minute test: 22-55	s psl
	Acceptable	Not Acceptable
4. Flow rate: 12 gpm		
VI	Yes O No	Туре:
5. Is well head visible?	[®] Yes ONO O Yes No O Yes No O Yes ONO O	Type: Type:
4. Flow rate: 12 gpm5. Is well head visible?6. Water treatment system?7. Water filter?		

This report was prepared for the exclusive use of a relocation company and the salier's employer. This report is not intended as a substitute for a prospective purchaser of the subject property obtaining their own inspection from an independent inspector of their citoice. This report is notifier assignable to not assumable by any third party and should not be relied upon by any party other than the relocation company and/or seller. This report is neither a representation of londer requirements not is it a representation of the marketability or insurability of this property.

Initial Hore_

GLOBESPEC Potability / Water Analysis Report

File #: 420-1576

Client: NEI Global Relocation

Property:

Nathan & Jennifer Smith 2449 Clark Tower Winterset, IA 50273

Sample Collected	Lab Received:	Sample ID	Sample Location
11/12/2013	11/13/2013	135590	Kitchen Sink Faucet

Laboratory Completing Analysis:

State Hygenic Laboratory 2490 Crosspark Road Coralville, IA 52241

Analysis Performed:	Acceptable Levels	Levels Detected	Results
Chlorine (mG/L)	· 0	NOT TESTED	Passed Falled
Coliform (/100mL)	0	PRESENT	Passed X Falled
Nitrate (mG/L)	<= 10	5.2mg/L	X Passed Falled

OVERALL TEST RESULTS:	FAILED

Additional Comments:

AT YOUR REQUEST, A WATER SAMPLE WAS TAKEN ON THE ABOVE REFERENCED PROPERTY AT THE TIME OF THE WELL. EVALUATION. THE SAMPLE WAS TESTED FOR EPA LEVEL ONE PARAMETERS FOR BACTERIA AND NITRATES. THE WATER SAMPLE WAS FOUND NOT TO BE POTABLE AND NOT FIT FOR HUMAN CONSUMPTION FOR THE EPA LEVEL 1 PARAMETERS TESTED.

Quality Reviewed By:

NOTE: The "Acceptable Levels" shown above reflect the US EPA National and Secondary Drinking Water Standards.

INSPECTION DISCLOSURE ADDENDUM

We the undersigned, as of this	s da	y of	, 20	hereby
cknowledge receipt of copie			sclosures listed below, as	well as copies o
ndicated invoices for work of	ompleted, wh	ich may reflect wo	ork completed for all or onl	v a portion of the
epairs suggested in said insp	ections, from	NEI Global Relo	cation Company for the pr	operty located
449 Clark Tower, Winterset,		11,22 010011 10010	outon company for the pr	oporty rooutou
1/2 STORY TO HOLL IT INTOLOGY	111202121			
Ve understand that these repo	orts are being	supplied for our in	formation and we agree to	hold NEI Glob
elocation Company harmles	s and waive a	ny recourse agains	t them for their content W	e fluther scree
ecure our own inspections ar	nd to satisfy o	urselves as to the	condition of the property a	nd the extent at
ature of any problems.			vendicin of the property a	iia tiio ontoin ai
,			•	
Work Invoice from				
Inspection Reports	Check if	Report Date	(Included for Work	Work
	Included		Done, if any)	Invoice Date
ERC Relocation Property				
Assessment				
Moisture Intrusion	X	11/11/13		
Mold Swab Clearance	1.	11/11/15		
Test				
Mold Swab Sample				
Pool				
Private Sewage				
System/Septic	x	11/14/13		
Radon Test		11/14/15		
Roof	 	-74-7 W		
Spa/Hot Tub				
Structural				
Stucco Identification				
Termite/Wood Infestation		11/1//10	, , , , , , , , , , , , , , , , , , ,	d d log the
Well	X	11/14/13		11/27/13
				•
		70. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12		
Disclosures				
Homeowner's Property	l			
Questionnaire	х			
State Disclosures, if	Sent			
required	Previously			
Radon Service Agreement				
uyer:			Dated:	

Dated:__

Buyer:__



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			The street of th
	anault e		
			542-0191
ו לפווצויהו	ime of Transfer I	ispection Report	10 P 4 14 1 V 1 1 P
LATINA .			
Property Information			
Current Owners Nathan & Jeantfer Smit	h Comment		
		17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Buyer: Mulling Address: Globe Spec 370 S Mal	in Pl., Carol Stream IL 60	188	na a a a a a a a a a a a a a a a a a a
Site Address/County: 2449 Clark Tower	r, Winterset IA 50273 💥	53000000000000000000000000000000000000	
Legal Description LOT I MAASS SUB	DIVN SIIC 18 WEST OF	HWY.33	
No of bedrooms: 3		Gr. 4.74 (60 p. c.)	Veres
Perinti Installation date: 1913/1979 Sentle System Information	separation dist	luoda (distuos):	
2. \$40 CO POSC 1. 1 No	Material: control	Condition:	
) 1/14/13		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sentic/Trush/Processing tank: Size:	Maiorial;	Condition;	(n. 11)
Tinik pumped? [] Y [] N = Dilg:	Liconsed i	ntmper:	
Aerobic treatment unit (ATU) infar		Size	NAME AND ASSESSED.
Tank pumped? . Y IN 2 Date: _		pumper:	
Mahatenance contract? ☐ Y M N B	xpiration date:	Service provider:	
Condition:		70,000 2000 N.	
Pump tanks/vaults: Type: None Distribution system; Distribution box	Size:	Condition:	in of Cartain
Hender places: 4	No of lines: 5		
Secondary Treatment			
Length of absorption fields: 85'	Dojernin	ed by: Uncovered	
Condition of fields: 14 hieral is flooded	Determin	ed by: Uncovered .	
Type of trench imperials Rock & pipe			
Size of sand fillor:	Determin	ed by: (1975) (1975) (1975)	
Vent pipes above grade? YN	Discharge	e pipe located? V	N .
Birthout Studies Backet Carlos	Results:	772277	2727.35.5
Media Piliersi Typo Malmenance contriet? YN B	THE PROPERTY OF THE PARTY OF TH	Sorvice provider:	
Condition: NPDES General Pennit No. 4: Required	? DY Y Permitte	d? TY N NOI pro	vided:
enko) en			DNR Crin(\$12-0191



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Other components:

Time of Transfer hispection Report

Alarms: Y N Working: Y N Ship	Isinfection: Y N M	Ofkling: Y N
Control Box: Timers: Towers	Inspection Ports:	
Other components:	4 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	
Overall conflition of the private sewage dispusal system:		
, 등 사고 등 가는 가게 하는 다. 그는		
Report system sintus	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Explain (affach additional pages as needed):	1 1 1 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1. (1.1) (1.1) (1.1) (1.1) (1.1) (1.1) (1.1) (1.1) (1.1) (1.1) (1.1) (1.1) (1.1) (1.1) (1.1) (1.1) (1.1) (1.1)

2 out 5 laterials are taking water when water	r was ran hilo box. Tank can	t be necessed, no
Comments: - viscis only 6" pipo for pumping. We unco	vered into topy the necess open	ings, Tunk is a deep. a.m.
		· V. S.
She 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.		
• Veilty that no sewage is on the ground surface.		
Lising this worksheet, write a narrative report of the inspec	tion results and attack a site s	ketch.
This report indicates the condition of the private sewage di	100.010-00-00-00-000	 A. Y. Chille Co. San President Soft Conference
not guarantee that it will continue to function satisfactorily		
Signature of Cyrilfied Inspector:	Dales	11/15/17
1982 Brand Bra	A 24 8 CO. A 10 TO TO	***************************************
Name (print): Robert D. McKinney	Cerlificato II:	8875
Address: PO Box 460 Wankeo IA 50263		The state of the s
Phone #: \$15-987-3913		The control of the co
Provide a copy of this report, the narrative report and skete	h to the seller/agent, buyer/ag	ent, the county
sanitarion/environmental health office in the county the ins	pection was conducted, the co	ounty recorder and to:
		TO THE TANK OF THE TANK
Towa DNR Onsite Wastewater Program		
Des Moines IA 50319		
	ବର୍ଷ୍ଟିକ୍ଟିକ୍ଟିମ୍ବି ବ୍ୟୁକ୍ତିକ୍ଟିକ୍ଟିମ୍ବିକ୍ଟିମ୍ବିକ୍ଟି	
669009 smu		15NR Form \$42-0191

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