



Document 2014 GW8

Book 2014 Page 8 Type 43 001 Pages 7

Date 1/02/2014 Time 1:09 PM

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

**REAL ESTATE TRANSFER – GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED BY TRANSFEROR**

TRANSFEROR:

Name NATHAN S. SMITH

Address 2449 Clark Tower Winterset Iowa 50273
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name N.P. DODGE AS TRUSTEE UNDER THE TRUST AGREEMENT DATED 10/14/85

Address 8701 West Dodge Road Omaha NE 68124
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:
2449 Clark Tower Winterset Iowa 50273
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) Lot 1 in Maass Subdivision, Madison County 18-75-27

1. Wells (check one)

- 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.

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. **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.
- 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 _____.

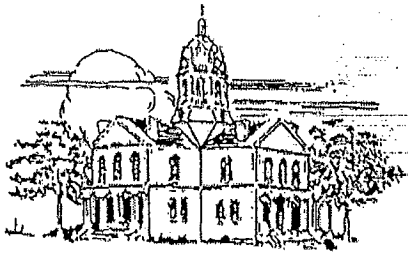
Information required by statements checked above should be provided here or on separate sheets attached hereto:

1) The well is east and a little south of the house - a few feet from the edge of the south property line and 1/2 way between house + 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.

Signature: Don LSA
(Transferor or Agent)

Telephone No.: (415) 681 1088



Courthouse at Winterset
Madison County, Iowa
Built in 1876 of native limestone.

Madison County
Office of Zoning and Environmental Health

Elton A. Root, Environmental Health

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
Environmental Health Officer
Madison County

INSPECTION DISCLOSURE ADDENDUM

We the undersigned, as of this _____ day of _____, 20____ hereby acknowledge receipt of copies of the inspections and/or disclosures listed below, as well as copies of indicated invoices for work completed, which may reflect work completed for all or only a portion of the repairs suggested in said inspections, from NEI Global Relocation Company for the property located at 2449 Clark Tower, Winterset, IA 50273.

We understand that these reports are being supplied for our information and we agree to hold NEI Global Relocation Company harmless and waive any recourse against them for their content. We further agree to secure our own inspections and to satisfy ourselves as to the condition of the property and the extent and nature of any problems.

Inspection Reports	Check if Included	Report Date	Work Invoice from (Included for Work Done, if any)	Work Invoice Date
ERC Relocation Property Assessment				
Moisture Intrusion	X	11/11/13		
Mold Swab Clearance Test				
Mold Swab Sample				
Pool				
Private Sewage System/Septic	X	11/14/13		
Radon Test				
Roof				
Spa/Hot Tub				
Structural				
Stucco Identification				
Termite/Wood Infestation				
Well	X	11/14/13		11/27/13
Disclosures				
Homeowner's Property Questionnaire	x			
State Disclosures, if required	Sent Previously			
Radon Service Agreement				

Buyer: _____

Dated: _____

Buyer: _____

Dated: _____



Time of Transfer Inspection Report

542-0191

Property Information

Current Owners: Nathan & Jennifer Smith
Buyer:
Resistor:
Mailing Address: Globe Spec 370 S Main Pl, Carol Stream IL 60188
Site Address/County: 2449 Clark Tower, Winters IA 50273
Legal Description: LOT 1 MAASS SUBDIVN SUC 18 WEST OF HWY
No. of bedrooms: 3
Last occupied: Current
Records available: Yes
Permit/Installation date: #1913/1979
Separation distances (qt/no?):

Septic System Information

Septic tank(s): Size: 1000 gal
Material: concrete
Condition:
Tank pumped? [X] Y [] N
Date: 11/14/13
Licensed pumpers: River to River
Septic/Trash/Processing tank: Size:
Material:
Condition:
Tank pumped? [] Y [X] N
Date:
Licensed pumpers:
Aerobic treatment unit (ATU) info:
Size:
Tank pumped? [] Y [X] N
Date:
Licensed pumpers:
Maintenance contract? [] Y [X] N
Expiration date:
Service provider:
Condition:
Pump tanks/vaults: Type: None
Size:
Condition:
Distribution system: Distribution box Concrete
Outlets used 5
Condition: ok
Header pipe(s): 4
No. of lines: 5
Pressure dosed? No
Secondary Treatment:
Length of absorption fields: 85'
Determined by: Uncovered
Condition of fields: 1st lateral is flooded
Determined by: Uncovered
Type of trench material: Rock & pipe
Size of sand filter:
Determined by:
Vent pipes above grade? [] Y [] N
Discharge pipe located? [X] Y [] N
Effluent sample taken:
Results:
Media Filters: Type:
Maintenance contract? [] Y [] N
Expiration date:
Service provider:
Condition:
NPDES General Permit No. 4: Required? [] Y [] N
Permitted? [] Y [] N
NOI provided:

6/20/09

DSR Form 512-0191





Time of Transfer Inspection Report

Other components:

Alarms: Y N Working: Y N Disinfection: Y N Working: Y N

Control Box: _____ Timers: _____ Inspection Ports: _____

Other components: _____

Overall condition of the private sewage disposal system: _____

Report system status: _____

Explain (attach additional pages as needed): _____

Comments: 3 out of 5 laterals are taking water when water was ran into box. Tank can't be accessed, no risers only 6" pipe for pumping. We uncovered the top, no access openings. Tank is 6' deep.

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 narrative 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: _____

Date: 11/15/17

Name (print): Robert L. McKinney

Certificate #: 8875

Address: PO Box 460 Waukeo IA 50263

Phone #: 515-987-3913

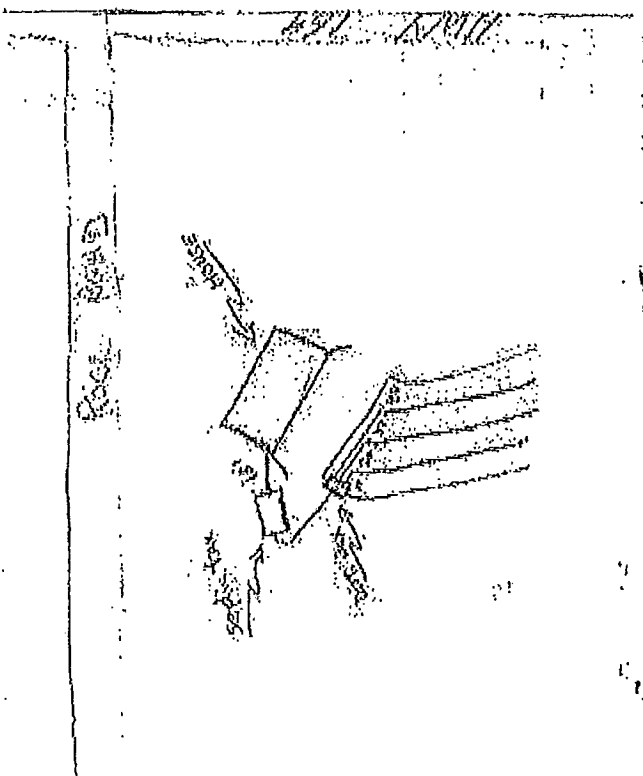
Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitation/environmental health office in the county the inspection was conducted, the county recorder and for

Iowa DNR Onsite Wastewater Program
502 E 9th St
Des Moines IA 50319





Permit # 913
2419 Clark Tower Rd



Faint, illegible text, possibly a list or schedule of items.

