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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 David A. Feldman and Crystal J. Feldman

Address 1874 Nature Court, Winterset, IA 50273

Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:

Name James L. Sloan, Jr. and Melinda S. Sloan

Address 404 Newton Road, Madrid, IA 50156

Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:

1874 Nature Court, Winterset, IA 50273

Number and Street or RR | City, Town or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) Lot Twelve (12) of Copper Fox Estates Subdivision located in the East Half (E 1/2) of the Southeast Quarter (SE 1/4) of Section Seventeen (17), in Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa

1. **Wells (check one)**
   - X 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)**
   - 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)**
   - X 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)**
   - 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)**
   - ___ 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 _____.

Information 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.

Signature: _____ (Transferor or Agent) Telephone No.: (515) 423-8457

FILE WITH RECORDER **DNR form 542-0960 (July 18, 2012)**

542-0191

Time of Transfer Inspection Report

Property Information

Current Owner: DAVID FELDMAN

Buyer: JIM SLOAN Realtor: JENNIFER STOVER

Mailing Address: 16080 NW LAKE Dr DOLK City IA 50126

Site Address/County: 1874 NATURE CT – ~~POLK~~ MADISON Co.

Legal Description NE ABSTRACT

No. of bedrooms: 4 Last occupied: 1 Month Ago Records available: YES

Permit/ installation date: 063-07 Separation distances (ok/no?): OK

Septic System Information

Septic tank(s): Size: 2,000 gal Material: Concrete Condition: olc

Tank pumped? ☒ Y ☐ N Date: 10-21-14 Licensed pumper: FOREST Septic

Septic/Trash/Processing tank: Size: _____ Material: _____ Condition: _____

Tank pumped? ☐ Y ☐ N Date: _____ Licensed pumper: _____

Aerobic treatment unit (ATU) mfgr _____ Size _____

Tank pumped? ☐ Y ☐ N Date: _____ Licensed pumper: _____

Maintenance contract? ☐ Y ☐ N Expiration date: _____ Service provider: _____

Condition: _____

Pump tanks/vaults: Type: pressurized Size: 500 gal Condition: ok

Distribution system: Distribution box NV Outlets used — Condition: —

Header pipe(s): _____ No. of lines: _____ Pressure dosed? _____

Secondary Treatment:

Length of absorption fields: 10 X 90 Determined by: County Records

Condition of fields: olc - Dry Determined by: probing & Hydraulic Test

Type of trench material: Rock

Size of sand filter: _____ Determined by: _____

Vent pipes above grade? ☐ Y ☐ N Discharge pipe located? ☐ 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: _____

542-0191

Time of Transfer Inspection Report

Other components:

Alarms: [X] Y [ ] N Working: [X] Y [ ] N Disinfection: [ ] Y [ ] N Working: [ ] Y [ ] N

Control Box: _____ Timers: _____ Inspection Ports: ONE

Other components: NONE

Overall condition of the private sewage disposal system:

Report system status: See Attached

Explain (attach additional pages as needed): _____

Comments: ALARM BOX is located in GARAGE.

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: 10-21-14

Name (print): Brian Rinard Certificate #: 8805

Address: P. O. Box 219, Indianola, IA 50125

Phone #: 515-202-4895

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office and to:

Iowa DNR
Private Sewage Disposal Program
502 E 9th St
Des Moines IA 50319

DNR Time of Transfer Report System Status

Address: 1814 NATURE CT Date: 10-21-14

Winterset, IA 50273

Comments: Technician BRIAN

All WASTEWATER From House Appears TO DRAIN INTO SEPTIC SYSTEM.
2000 GAL Concrete (2) Compartment septic TANK WITH Risers and effluent Filter WAS IN Working Condition
500 GALLON pump tank WAS IN Working Condition
Cycled pump several times AND Also tested Alarm.
Everything worked ok AT time OF the INSPECTION
PROBED All Sides OF AT-grade MOUND system AND everything probed DRY.

THIS IS NOT A Guarantee
THIS Certifies that the septic