

Document 2015 GW897

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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

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

TR	ANS	SFEROR:						
Naı	me	James C. Johnson						
Add	dres	SS 3363 218th St Number and Street or RR	St Charles City, Town or P.O.	IA State	50240-8587 Zip			
TR	ANS	SFEREE:						
Nar	ne	Kenneth W. McDonald						
Address 322 W Green			Winterset	1A	50273			
		Number and Street or RR	City, Town or P.O.	State	Zip			
Add	dres	ss of Property Transferred:						
		18th St	Saint Charles	IA	50240			
		Number and Street or RR	City, Town or P.O.	State	Zip			
•		There are no known wells situated of there is a well or wells situated on the or set forth on an attached separate with Waste Signal (about 272)	his property. The type(s), location	on(s) and legal statu	s are stated below			
2.		lid Waste Disposal (check one)	l . ita Alain					
		There is no known solid waste dispo	, , ,		-4			
	☐ 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 pattached to this document.	property and information related	thereto is provided	in Attachment #1,			
4.	Un	derground Storage Tanks (check o	one)					
	Ø	There are no known underground s and residential motor fuel tanks, mo						
		There is an underground storage ta contained are listed below or on an a			nown substance(s)			

5.	Pri	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)					
,	MI)	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.				
	Ø	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 whice sewage disposal system is connected will be demolished without being occupied. The buyer has exect a binding acknowledgment with the county board of health to demolish the building within an agreed 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 ed hereto:				
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS				
		FORM				
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.				
Sig	natu	re: Janes Cookinson Telephone No.: (641) 223-0999				
-		(Transferover Agent)				

## **EXHIBIT "A"**

The East Half (1/2) of the West Half (1/2) of the Northwest Fractional Quarter (1/4) of the Southeast Fractional Quarter (1/4), AND the West 20 rods of the East 40 rods of said Northwest Fractional Quarter (1/4) of the Southeast Fractional Quarter (1/4), ALL in Section Thirty-six (36), Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa.



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

Property information						
Current owner Muss C. + Phyllip A. Johnson  Buyer Realtor Sown Realty Jarry Beals  Mailing address						
Buyer Realtor Source Realty Jarry Box lo						
Mailing address						
Site Address/County 3363-21844. Stcharles, da. 50240 Legal Description						
Legal Description Amadison Co.						
No. of bedrooms 4 Last occupied? is now Records available 4s						
Permit#. 1975 finstallation date fully 30, 2001 Separation distances ok/ no? 6 K						
Septic system information						
2						
Septic tank(s): size/2.50 + 500 90 material Concrete condition 485 d  Tank pumped? 400 date 1/-2/-/4 licensed pumper Mayor S.t. 75  Septic/trash/processing tank: size material condition						
Tank pumped? 401 date 1/-21014 licensed pumper 4/100401 5.1.15						
Septic/trash/processing tank: size material condition						
Tank pumped? date licensed pumper						
A CLASSIC AND A CAPTURE OF COMME						
Aerobic treatment unit (ATU) mfgr size  Tank pumped? date licensed pumper						
Tank pumped? date ncensed pumper						
Maintenance contract? expiration date service provider						
Condition						
Pump tanks/vaults: type size condition						
-						
Distribution system: distribution box <u>Plantic</u> outlets used <u>5</u> condition <u>9504</u> Header pipe(s) <u>4</u> # of lines <u>5</u> Pressure dosed?						
Header pipe(s) # of lines Fressure dosed?						
Secondary treatment:						
length of absorption fields 100 ft determined by man f Probing determined by walkingt Probing						
condition of fields food determined by welkingt Profing						
length of absorption fields 100 ft determined by man flooring determined by weathing type of trench material gravelles						
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						
Maintenance contract? expiration date service provider						
Condition						
NPDES General Permit No. 4: required? permitted? NOI provided						
JOHN MAYER						
AND THE REAL CL						



Time of Transfer Inspection Report
Other components:
Alarms Working? working?
Control box inspection ports
Other components
Overall condition of the private sewage disposal system
di ti + + 12/2 2/2/11
Report system status The septic system at 3363-218 of ft
Explain (attach additional pages as needed): St. Charles, da. 50240-
isingood working Cond
Comments: The tanks were opened + Pumped-on-11-21-14-the tanks
are convert & has last sivilers ago in place in the two
tanks also no resules in the tanks + all water lively
were of before summing.
The dest. bolivas opened on 11-21-14-+ all laterals took
water at that time
also field is Clean t dry-
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. None on - 11-21-14
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: 4 / May W. May Date: 11-21-2014
Winterset IA 50273-0000
Provide a copy of this report, the famative report and sketch to the seller/agent, buyer/agent, the
county sanitarian/environmental houlth office, county Recentering the County the inspection was
conducted and to;
Town TOUTO Annual Day and Day
Iowa DNR Onsite Wastewater Program 502 E. 9th St.
Des Moines, IA 50319

6-2009

House 3363-218 AH H. Charless da. 50240  $\infty$ Pennit 1975 July30,2001 Concrete tank 1250 gal , इन्द्रा सि JOHN MAYER SEPTIO 10 PERSING 4.2 1509 Winterset IA 50273-8411