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Fee Amount: Revenue Tax:

LISA SMITH RECORDER Madison County, Iowa ANNO SCAN CHEK

INDX

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

TRANSF Name	EROR: Anthony M. Goff and De	lores A. Goff	`					
Address	6700 Giebenrath Road, Lincoln, NE 68517							
	Number and Street or RR	City, Town or P.O.	State	Zip				
	EREE: Brian P. Van Cleve and G 2511 Cumming Road, Wi							
	Number and Street or RR of Property Transferred: mming Road, Winterset, IA	City, Town or P.O. A 50273	State	Zip				
Nu	mber and Street or RR	City, Town or P.O.	State	Zip				
<u>X</u> T T st	ated below or set forth on a	ited on this property. The type(s), loan attached separate sheet, as nece		tus are				
<u>X</u> T T in	id 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.							
<u>X</u> T — T A	ttachment #1, attached to t	is waste on this property. In this property and information relate his document.	ed thereto is provided i	n				
<u>X</u> T sr in	mall farm and residential m structions.)	check one) round storage tanks on this property otor fuel tanks, most heating oil tank orage tank on this property. The type	s, cisterns and septic	tanks, in				
'	ubstance(s) contained are I	isted below or on an attached separ	ate sheet, as necessa	ry.				

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. 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 .					
	permit number					
	formation required by statements checked above should be provided here or on separate neets attached hereto:					
	•					
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	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.					
Si	gnature: Intum M. Hoff Telephone No.: (515) 608-0614					

Addendum

1. Lot Eleven (11) of Country Estates West located in the Southeast Quarter (¼) and in the Southwest Quarter (¼) of Section Three (3), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa; AND Parcel "N", a part of Lot 10 of said Country Estates West, containing 0.36 acres, as Shown in Plat of Survey filed in Book 2006, Page 4449 on October 26, 2006, in the Office of the Recorder of Madison County, Iowa; AND Parcel "Y", a part of Lot 5 of Country Estates West Plat II, located in the Southwest Quarter (¼) of the Southwest Quarter (¼) of said Section Three (3), containing 0.42 acres, as shown in Plat of Survey filed in Book 2012, Page 3316 on November 2, 2012, in the Office of the Recorder of Madison County, Iowa.



Time of Transfer Inspection Report

Property Information
Current Owner: Tony & Dee Gott
Buyer: Brian Van Cleve Realtor: Peter Corkpan
Mailing Address:
Site Address/County: 2511 Cum in my Rd Winterset Ia. 50273
Legal Description An Abstratt
No. of bedrooms: 4 Last occupied: 6 MOSI Records available: 484
Permit/ installation date: 3 20-05 Separation distances (ok/no?):
Septic System Information
Septic tank(s): Size: 1250 Material: Conc. Condition: Good
Tank pumped? WY N Date: 4-14-15 Licensed pumper: Forest Septic En
Septic/Trash/Processing tank: Size: Material: Condition:
Tank pumped? Y N Date: Licensed pumper:
Aerobic treatment unit (AFU) mfgr Size
Tank pumped? YN Date: Licensed pumper:
Maintenance contract? Y N Expiration date: Service provider:
Condition:
Pump tanks/vaults: Type: Size: Condition:
Distribution system: Distribution box 1165 Outlets used 8 Condition: 2008
Header pipe(s): No. of lines: Pressure dosed?
Secondary Treatment:
Length of absorption fields: 8 95' aterals Determined by: problem t drawing Condition of fields: 9000 dry Determined by: hydraulic test to
Condition of fields: 9000 / dry Determined by: hydraulic test
Type of trench material:
Size of sand filter: Determined by:
Vent pipes above grade?
Effluent sample taken Results:
Media Filters: Type:
Maintenance contract? Y N Expiration date: Service provider:
Condition:
NPDES General Permit No. 4: Required? YN Permitted? YN NOI provided:



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: See attatched							
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 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 atisfactorily							
Signature of Certified Inspector: Date: 4-14-15							
Name (print): Tyler Forest Certificate #: 1004							
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 9 th St							
Des Moines IA 50319							

DNR Time of Transfer Report System Status

	00		11 :11 1
Address: 2511 CUM Winterset I	ming Kd	***************************************	Date: 4-14-15
Winterset I	a/ 5027	3	, P +
Comments:	/ /	Technician/	yler tores
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	,		
	1 HOUSE		
4/2010 cmz/dao)	ί	DNR Form 542-0191

Forest Septic Environmental Services, LLC P.O. Box 219 Indianola, IA 50125 961-2113 964-1443 287-5029

April 27, 2015

Septic System Addendum: 2511 Cumming Road Winterset, IA 50273

This certifies that there is a pump pit on this septic system. The pump pit is a 500 gallon concrete pit in good condition.

This is not a guarantee! This certifies that the septic system was in good working condition at the time of the inspection.

Sincerely,

Jody Forest – Owner License #ST-95 Forest Septic Environmental Services, LLC

515-208-3863