

Book 2015 Page 2507 Type 43 001 Pages 5 Date 8/28/2015 Time 1:33:11PM Rec Amt \$.00

INDX **ANNO** SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSF	EROR:							
Name	Michael J. Hankinson							
Address	1969 Highway 169, Win	terset, IA	50273					
	(Nomber and Street or RR		City, Town or P.O.	State	e Zi	р		
TRANSF	EREE:							
Name	Harry P. Hill and Janet I.	Hill						
Address	1379 N. 253rd Lane, M	endon, IL	62351					
	Number and Street or RR		City, Town or P.O.	State	e Zi	p		
	of Property Transferred: hway 169, Winterset, IA	50273						
Nun	nber and Street or RR	(City, Town or P.O.	State	Zip			
Quarter (SE 1/4) of Section One (1), Township Seventy-six (76) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, containing 19.174 acres, as shown in Plat of Survey filed in Book 2002, Page 5960 on December 6, 2002, in the Office of the Recorder of Madison County, Iowa. 1. Wells (check one)								
	nere are no known wells s	ituated on	this property					
	nere is a well or wells situa			s), location(s) and lega	l status are			
	ated below or set forth on							
2. Solid	Waste Disposal (check o	one)	•	•				
	nere is no known solid wa							
	nere is a solid waste dispo			rmation related thereto	is provided			
	Attachment #1, attached		cument.					
	dous Wastes (check one	•	on this property					
	 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.								
	ground Storage Tanks (
	nere are no known underg			erty. (Note exclusions	such as			
	nall farm and residential n			• •				
	structions.)		-					
	nere is an underground st obstance(s) contained are	_	, , <u>-</u>	• • • • • • • • • • • • • • • • • • • •	•			

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
	pormit number
nf	ormation required by statements checked above should be provided here or on separate
	eets attached hereto:
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
	`0
_	(X Y Y I I I I I I I I
Sig	nature: Telephone No.: (515) 418 - 2400
	(Transferor oy Agent)



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

Property information
Current owner Mike Hankinson
Buyer Realtor Masison Co. Realty
Mailing address
waiting address
Site Address/County / 659- Hoy 169- Winterset, da. 50273 Legal Description Madison Co
Legal Description
No. of bedrooms 2 Last occupied? In Moure Records available 401
Permit#119-03 finstallation date 1-23-04 Separation distances ok/no?
Septic system information
a in the 12 50 gel mais An acotomisis and
Septic tank(s): size 1250 gal material concrete condition good
Tank pumped? you date 8-14-15 licensed pumper Mayor fentire
Septic/trash/processing tank: size material condition
Tank pumped? date licensed pumper
Aerobic treatment unit (ATU) mfgr size
Tank pumped? date licensed pumper
Maintenance contract? expiration date service provider
Condition
Pump tanks/vaults: type size condition
Pump canks values. type size condition
Distribution automa distribution have Placet available used condition 2004
Distribution system: distribution box flat outlets used condition for Header pipe(s) # of lines Pressure dosed?
Header pipe(s) # of thes ressure dosed:
Secondary treatment:
length of absorption fields determined by
condition of fields determined by
type of trench material
Size of sand filter 24 X 40 determined by man & Pres Comp
Vent pipes above grade? discharge pipe located?
Effluent sample taken? No discharbe
Media filters: type
Maintenance contract? expiration date service provider
Condition
NPDES General Permit No. 4: required? NOI provided
NPDES General Permit No. 4: required? NOI provided
JOHN MAYER
SEPTIC TANK PUMPING 542-0191

1509 St. Hwy. 92 Winterset IA 50273 8411



Time of Transfe	r Inspection Report	. ,					
		J					
Other components:	disinfection	working?/					
Alarms Working?	disher-tion	/ Workings/					
Control box / Timers	inspection ports						
Control box / / Illiess	mspection pois	/					
Other components							
Out various							
Overall condition of the private sewage disposal sy	sien						
11							
Report system status The septic sy	stem-at 165	9-9-94-169					
Explain (attach additional pages as needed):	terset, 44502	77-					
	•	•					
The system on R-14-15-is	in food working	ova.					
The septic tank was read of	1-0 1-1- +D						
in the tank of tank has (2) com	Tumpont me	flow baffles					
and in place i all in all and	to the state of the	torn payfres					
want form are gray i	vater gras to all	sien					
The spind flts was looked a	ttio Alon to	120- also no					
discharge for a water test.	yourtanger	The same of the sa					
Site status at conclusion of Time of Transfer inspe	tion:						
Verify that controls are set on the a		<u> </u>					
Power is on to all components.	Andreas moore	~					
Revisit all components to verify lid	se secure.	•					
Gather all tools for removal from the	e site.	•					
Verify that no sewage is on the grou							
Actual mar in several and mar and actual and actual and actual actual and actual actua							
Using this worksheet, write a narrative report of th	e inspection results and att	ach a site sketch.					
Conf. min Action of Arter of Street or Arter or Arter of Street or Arter or Arter of Street or Arter of Stre							
This report indicates the condition of the private so	wage disposal system at ti	e time of					
the inspection. It does not guarantee that it will co	ntique to function satisfact	orily.					
Ellel.	Mi Smaila	Date: 8-14-2015					
Signature of Certified inspector:							
Name (print): 301 Address: SEPTIC:		ertificate # 39 79					
	ANK PLATPING	***					
	St. Hwy. 92						
Winterset, IA 50273-8999 ; Provide a copy of this report, the factative report and sketch to the sellen/agent, buyer/agent, the							
county sanitarian/environmental health office, county Recorder in the County the inspection was							
conducted and to;	The state of the s						
	-	•					
Iowa DNR Onsite Wastewater Program	•	•					
502 E. 9th St.	••	•					
Des Moines, IA 50319							

6-2009