

Document 2015 GW2634

Book 2015 Page 2634 Type 43 001 Pages 7 Date 9/08/2015 Time 2:07:23PM 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

TRA	NSFEROR:							
Nam	ne <u>Cynthia A. Flagg Trust, utd 5/26/1</u> 9	993						
Add	ress 2393 Walnut Trl. Number and Street or RR	Saint Charles City, Town or P.O.	IA State	50240 Zip				
TRA	ANSFEREE:							
Nan	ne Adam Oser							
Add	ress 3752 Holmes Ln	Johnstown City, Town or P.O.	CO State	80534 Zip				
		Only, Town of F.O.	State	Σίβ .				
	lress of Property Transferred:							
<u>239</u> ;	3 Walnut Trl. Number and Street or RR	Saint Charles City, Town or P.O.	IA State	50240 Zip				
	Wells (check one)							
	There are no known wells situate	d on this property						
•	☐ There is a well or wells situated o	on this property. The type(s), location	on(s) and legal statu	ıs are stated below				
	or set forth on an attached separa	ate sheet, as necessary.						
	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 wa	ste on this property.						
	☐ There is hazardous waste on this attached to this document.	s property and information related	thereto is provided	in Attachment #1,				
4.	Underground Storage Tanks (chec	k one)						
•	There are no known undergroun and residential motor fuel tanks, r	d storage tanks on this property. most heating oil tanks, cisterns and	(Note exclusions s septic tanks, in inst	uch as small farm tructions.)				
	☐ There is an underground storage contained are listed below or on a	tank on this property. The type(san attached separate sheet, as nec), size(s) and any k essarv.	nown substance(s)				

5.	Pri	vate Burial Site (check one)			
	ጁ	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.	i. 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.					
	又	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			
		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.			
Sin	natu	re: Telephone No.: (5/5) 661-0426			
- '9		(Tyunsteror or Agent)			

Name: Cindy Flagg Phone: (515) 661 - 0365 Gulf V Cindy Flagg	8-10-15 emaild Madison la 8-17-15 emailed report
Seller Agent/Realtor or Seller (if For Sale by Owl	ner) 8 1-1 I maried report
Name: Marc Lee Email mlee@iowarealty.com Phone: (515) 998 - 2568	2010 Pumped 1500 gal. tank
About the Home	1 All
Address:2393 Walnut Trail St. Charles, IA, 50240 County Madison Age System: 10 # of Bedrooms: 3 Occupied: yes Water: yes Type: rural Legal: N1/2 SE1/4 Sec. 12-75-26 Township: South Section #: 12-75-26 Owner First & Last Name(s): Jeff & Cindy Flagg Address:2393 Walnut TrailSt. Charles, IA, 50240	Lower of the state
Phone: (515) 661 - 0365 Email: caflagg@hotmail.com	
Name: Stephanie Wright Email swright@iowarealty.com Phone: (515) 202 - 6150	
Buyer	
Name(s): Adam Oser Phone (000) 000-0000	
Email: name@email.com Address:1111 Street City,IA,00000 Closing Date:	
The Cleaning and Inspection takes us 1 ½ to 2 hours to con Someone must be present to gain access in the home for is required by the DNR. The DNR requires the septic tank to be pumped as part pumped within the last 3 years by a State Licensed Hau	us to check the plumbing and run water which

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NOTE: PAYMENT IS DUE AT TIME OF SERVICE





Time of Transfer Inspection Report

Property Information
Current Owner: Lett Jaga
Buyer: And Marc Lee
Mailing Address: 2393 WOLNIET THE ST. Charles To
Site Address/County: Some 50240 Warren County
Legal Description As Abstract
No. of bedrooms: \(\) Last occupied: \(\text{Current WRecords available: } \text{UY \subsetention N} \)
Permit/ installation date: \$174-04 \ 8-1-55 Separation distances (5kmo?):
Septic System Information
Septic tank(s): Size: 1500 Material: Concrete Poly Condition:
Tank pumped? DY N Date: 8-12-15 Licensed pumper: Forest Contic
Septic/Trash/Processing tank: Size: Material: Condition:
Tank pumped?
Aerobic treatment unit (ATU) mfgr
Tank pumped? YN Date: Licensed pumper:
Maintenance contract? YN Expiration date: Service provider:
Condition:
Pump tanks/vaults: Type: Concrete/Poly Size: Condition:
Distribution system: Distribution box W Outlets used & Condition:
Header pipe(s): No. of lines: Pressure dosed?
Secondary Treatment:
Length of absorption fields: Determined by: MY
Condition of fields: Determined by: Hydraulic Test and Probing
Type of trench material:
Size-of-sand filter: Determined by:
Vent pipes above grade? ☐ Y ☐ N
Effluent sample taken Results
Media Filters: Type:
Maintenance contract?
Condition:
NPDES General Permit No. 4: Required? YN Permitted? YN NOI provided:
4/2010 cmz/dao DNR Form 542-0191



4/2010 cmz/dao

Time of Transfer Inspection Report

Other components:			
Alarms: YN Working: YN	Disinfecti	on:	YN Working: YN
Control Box: Timers:	Ins	ectic	on Ports:
Other components:			
Overall condition of the private sewage disposal s	ystem:		
Report system status: Fig. 14	fonin	0	ora perta
Explain (attach additional pages as needed):		1	P' T
_			
Comments:			
	:		
Site status at conclusion of Time of Transfer inspe	ection:		
 Verify that controls are set on the appropriate of Power is on to all components. Revisit all components to verify lids are secured. Gather all tools for removal from the site. Verify that no sewage is on the ground surface. 	e.		
			;
Using this worksheet, write a narrative report of the	ne inspection res	ults a	nd attach a site sketch.
This report indicates the condition of the priva	te sewage dispo	sal sy	ĺ
This report indicates the condition of the prival does not guarantee that it will continue to function	te sewage dispo	sal sy	vstem at the time of the inspection. It
This report indicates the condition of the private does not guarantee that it will continue to function of Certified Inspector:	te sewage dispo	sal sy	vstem at the time of the inspection. It Date: 8-12-15
This report indicates the condition of the private does not guarantee that it will continue to function of Certified Inspector: Name (print): Tory Forest	te sewage dispo	sal sy	vstem at the time of the inspection. It
This report indicates the condition of the private does not guarantee that it will continue to function of Certified Inspector: Name (print): Tory Forest Address: PO Box 219, Indianola, IA 50125	te sewage dispo	sal sy	vstem at the time of the inspection. It Date: 8-12-15
This report indicates the condition of the private does not guarantee that it will continue to function of Certified Inspector: Name (print): Tory Forest Address: PO Box 219, Indianola, IA 50125 Phone #: 515-360-7847	te sewage dispo	sal sy	Date: 8-12-15 Certificate #: 10762
This report indicates the condition of the private does not guarantee that it will continue to function of Certified Inspector: Name (print): Tory Forest Address: PO Box 219, Indianola, IA 50125	te sewage dispo	sal sy	Date: 8-12-15 Certificate #: 10762 er/agent, buyer/agent or the person
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DNR Form 542-0191

DNR Time of Transfer Report System Status

Address: 2393 Woun Us	t 7 r	<u> </u>	Date: 8 7 2 - 1/2
,		.	
		Tec	hnician <u>Tory Forest</u>
All waste water from house drains to seption	system) [95	No
Remarks:	:	US_L	140
The tank is a Poly Concrete 1500 g	allon tank. In	goo	d condition. Yes No
Remarks:			
	:_/		
The distribution box is in good condition/	$Y_{es} \square N_{o} \square$	None	
Remarks:			
The late will are in and an divine Tay I	:		
The laterals are in good condition: Yes Remarks:	NoL None		
Remarks.	<u>:</u>		
	:		
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	ot a guarant		
This certifies that the septic system was in good This certifies the condition of the septic system	i		
4/2010 cmz/dao			DNR Form 542-0191