

Book 2015 Page 3032 Type 43 001 Pages 7 Date 10/16/2015 Time 11:11:34AM Rec Amt \$.00 INDX

INDX **ANNO** SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

| IKANSF | | 11 G T 1 1 | | | | | |
|---|--|--|------------------------|-----------|--|--|--|
| Name | Robert J. Valencia and Em | | | | | | |
| Address | 2391 Carver Road, Winter | set, IA 50273 | | | | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip | | | |
| TRANSF | EREE: | | | | | | |
| Name | William L. Wharff and Jod | li L. Wharff | | | | | |
| _ | 105 NW Cedar Ridge Road, Leon, IA 50144 | | | | | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip | | | |
| | of Property Transferred: rver Road, Winterset, IA 50 |)273 | | | | | |
| Nur | mber and Street or RR | City, Town or P.O. | State | Zip | | | |
| T <u>X</u> T st 2. Solid <u>X</u> T | ated below or set forth on a Waste Disposal (check or here is no known solid wast | ed on this property. The type(s), loc n attached separate sheet, as neces ne) e disposal site on this property. | ssary. | | | | |
| in 3. Hazar _X TI | Attachment #1, attached to dous Wastes (check one) here is no known hazardous | s waste on this property. this property and information related | | | | | |
| | rground Storage Tanks (cl | | | | | | |
| <u>X</u> TI sr in | here are no known undergromall farm and residential mostructions.) | ound storage tanks on this property. stor fuel tanks, most heating oil tanks | s, cisterns and septic | tanks, in | | | |
| | | age tank on this property. The type sted below or on an attached separa | | | | | |

| 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 |
| | |
| Inf | ormation required by statements checked above should be provided here or on separate |
| sh | eets attached hereto: |
| 1 N | Well 300' NW of large pole barn. |
| | |
| | |
| | |
| | |
| | |
| | |
| | I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM |
| | AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT. |
| | |
| ٠. | inature: Robert & Valencia Telephone No.: 913-229-1043 |
| Sig | nature: Valley Telephone No.: 7/3 22 191015 |

Exhibit "A"

The West 60 acres of the Southeast Quarter (¼) of Section Eleven (11) in Township Seventy-five (75) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, **EXCEPT** that portion thereof deeded to the State of Iowa for Highway purposes, containing 26.8 acres, more or less, as set out at Book 104, Page 314 recorded October 15, 1974; **AND EXCEPT** Parcel "E" located in the Southwest Quarter (¼) of the Southeast Quarter (¼) of said Section Eleven (11), containing 10.62 acres, as shown in Plat of Survey filed in Book 2013, Page 81 on January 8, 2013, in the Office of the Recorder of Madison County, Iowa, and corrected in Affidavit filed in Book 2013, Page 116 on January 10, 2013, in the Office of the Recorder of Madison County, Iowa.



Time of Transfer Inspection Report

| Property information 2 |
|---|
| Current Owner: NOBERT VA/ENCIA |
| Buyer: William WharFF Realtor: John Shaw |
| Mailing Address: 2391 CARVER Ref Winterset It 50273 |
| Site Address/County: Spine As Above Madison 10 |
| Legal Description As Abstract |
| No. of bedrooms: Last occupied: Records available: N |
| No. of bedrooms: 3 Last occupied: fresently Records available: VY N Permit/installation date: 5-24-10 Separation distances (ok/no?): o/C |
| Septic System Information |
| Septic tank(s): Size: 1000 941 Material: Concrete/Poly Condition: 06 |
| Septic tank(s): Size: 1000 941 Material: Concrete/Poly Condition: 01 Tank pumped? Y N Date: 9-21-17 Licensed pumper: Forost Septic |
| Septic/Trash/Processing tank: Size: Material: Condition: |
| Tank pumped? |
| Aerobic treatment unit (ATU) mfgr Size |
| Tank pumped? |
| Maintenance contract? |
| Condition: |
| Pump tanks/vaults: Type: Concrete/Poly Size: Condition: |
| Distribution system: Distribution box $\frac{1}{2}$ Outlets used $\frac{3}{2}$ Condition: $\frac{1}{2}$ |
| Header pipe(s): No. of lines: Pressure dosed? |
| Secondary Treatment: |
| Length of absorption fields: 3 64 Determined by: $6004y$ 1600001 |
| Condition of fields: 6/c - 024 Determined by: Hydraulic Test and Probing |
| Type of trench material: Chamber |
| Size of sand filter: Determined by: |
| Vent pipes above grade? |
| Effluent sample takenResults: |
| 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 |



Time of Transfer Inspection Report

| Other components: | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Alarms: YN Working: YN Disinfection: YN Working: YN | | | | | | | | |
| Control Box: Timers: Inspection Ports: | | | | | | | | |
| Other components: Sup pump - See Noies | | | | | | | | |
| Overall condition of the private sewage disposal system: | | | | | | | | |
| Report system status: See AHACHED (opg | | | | | | | | |
| 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 savege is on the ground surface. | | | | | | | | |
| 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: 9-21-15 | | | | | | | | |
| Name (print): Brian Rinard Certificate #: 8805 | | | | | | | | |
| Address: PO 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

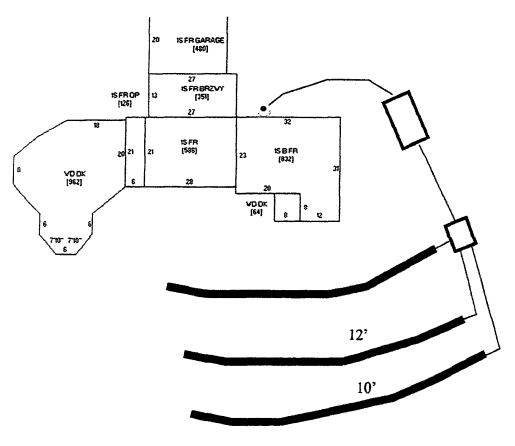
| Address: | 2391 | CANUER | Rel | | Date: 9-21-1 | <u>y</u> |
|---|---------------------------------------|--------------------|-------------|--|--|----------------|
| - | Musters | el Pt 5 | 8273 | - | | |
| | | | ŕ | Technicia | Brian Rinard | |
| | | | | | | |
| All waste water | r from house of | drains to septic | system. | Yes No | Dent go to Where aBouts U | |
| Remarks: [JAS | METI WAY | -TI HND | VOUNST | MIN SINK | 16M 9 76 | e tai |
| Sopre Sysi | en 1759025 | INTO PIPE | 14/ | LOOK AND | wilere about of | |
| The tank is a | Poly X Concr | ete / 800 g | ralion tani | in good cond . مرکباری | lition. X Yes No | |
| Remarks: X (3 | sers v | FPPO | IRNI | 1117616 | | ····· |
| | | | | | | |
| The distribution | hox is in goo | d condition. | Yes □ No | None None | | |
| | | | | | | ., |
| Remarks: pl | read le | velees 1 | VSED | | | |
| 7 | | | | | | |
| The laterals are | in good cond | ition. X Yes | No Nor | ie | | |
| Remarks: | | / | | | | |
| 10 | BED DE | y AT | TIME | | | |
| | OF | INSPEC | TION | | | |
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| | | Thic ic n | ot a guara | nteel | | |
| This certifies th | nat the septic sys | | _ | | ne of the inspection. | |
| | = - | he septic system a | _ | | 4 | |

Permit No 017-10

Date of Inspection: 5-24-10

Contractor: Larry Huff

Name: Robert & Emily Valencia
Inspected by: Jean Thompson



36" chamber 3 @ 84"