

Document 2015 GW3109

Book 2015 Page 3109 Type 43 001 Pages 7 Date 10/23/2015 Time 10:42:38AM

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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:					
Name Charles and Tina Howell Joint R	evocable Trust dated February 5, 20	15			
Address 1424 Willow Ct Number and Street or RR	Cumming City, Town or P.O.	IA State	50061 Zip		
TRANSFEREE:					
Name Daniel Prymek					
Address 945 SE Bob White Ln	Waukee	<u>IA</u>	50263		
Number and Street or RR	City, Town or P.O.	State	Zip		
Address of Property Transferred:					
1424 Willow Ct	Cumming	<u>IA</u>	50061		
Number and Street or RR	City, Town or P.O.	State	Zip		
 Wells (check one) There are no known wells situated on this property. There is a well or wells situated on this property. The type(s), location(s) and legal status are stated below or set forth on an attached separate sheet, as necessary. 					
2. Solid Waste Disposal (check one)					
☐ There is no known solid waste of there is a solid waste dispose Attachment #1, attached to this	sal site on this property and infor	mation related ther	eto is provided in		
3. Hazardous Wastes (check one)					
There is no known hazardous w	aste on this property.				
There is hazardous waste on to attached to this document.	nis property and information related	thereto is provided	in Attachment #1,		
4. Underground Storage Tanks (che	ck one)				
	ind storage tanks on this property. , most heating oil tanks, cisterns and				
	e tank on this property. The type(s an attached separate sheet, as nec		nown substance(s)		

5.		yate Burial Site (check one)			
	×	There are no known private burial sites on this property.			
	۵,	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.	Pri	vate 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			
		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					
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.			
Sig	ınatu	Telephone No.: (5(5) 4(9-62))			

Name: Tina Howell 59/77 Phone: (515) 556 - 0597	9-16-15 mailed Madison Co
Seller Agent/Realtor or Seller (if For	9-2515 emailed report Sale by Owner)

Name: Chuck Stull

Email chuckstull@iowarealty.com (

Phone: (515) 453 - 6587 9-10-08 Pumped 1250 gal. tank

About the Home

Address:1424 Willow Court Cumming, IA, 50061

County: Madison DNR (3
Age System: 14

of Bedrooms: 3

Occupied: no-Vacant-1-month

Water: yes Type: rural

Legal: LOT 7 PLAT 1 WALNUT COVE ESTATES 3.04A

Township: LEE

Section #: 025-077-026

Owner

First & Last Name(s): Charles & Tina Howell

Address: 3377 140th StCumming, IA, 50061

Phone: (515) 556 - 0597

Email: tinalouise.howell@gmail.com

Buyer Agent/Reaitor

Name: Becky Knight

Email beckyknight@iowarealty.com

Phone: (515) 707 - 3446

Buyer

Name(s): Buyer Name(s)
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 complete. **Someone must be present** to gain access in the home for us to check the plumbing and run water which is required by the DNR.

The DNR requires the septic tank to be pumped as part of the Inspection unless the tank has been pumped within the last 3 years by a State Licensed Hauler. (Must show documentation.)



Time of Transfer Inspection Report

Property Information
Current Owner: CHANLES O TING Howe !!
Buyer: N/A. Realtor: CHUCK STULL
Buyer: N/A. Realtor: CHUCK STULL Mailing Address: 3377 1407 57 (umming Th 5000)
Site Address/County: 1424 Willow CT - MAdison Co-
Legal Description As Abstract
No. of bedrooms: 3 Last occupied: Month Ago Records available: XY N
Permit installation date: 2012 Separation distances (ok/no?):
Septic System Information
Septic tank(s): Size: / 350 94 Material: Concrete Poly Condition: 6
Tank pumped? N Date: 9-24-15 Licensed pumper: Turest Septer
Septic/Trash/Processing tank: Size: Material: Condition:
Tank pumped? Y N Date: Licensed pumper:
Aerobic treatment unit (ATU) mfgr
Tank pumped? YN Date: Licensed pumper:
Maintenance contract? Y N Expiration date: Service provider:
Condition:
Pump tanks/vaults: Type: Concrete/Poly Size: Condition:
Distribution system: Distribution box 45 Outlets used 3 Condition:
Header pipe(s): No. of lines: Pressure dosed?
Secondary Treatment:
Length of absorption fields: 3 101 Determined by: County Record
Condition of fields: Ok - Oky Determined by: Hydraulic Test and Probing
Type of trench material: Cham BEN
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? Y N Permitted? Y N NOI provided: 4/2010 cmz/dao DNR Form 542-0191



Time of Transfer Inspection Report

Other components:			
Alarms: YN Working: YN Disinfe	ection: YN W	Vorking: Y N	
Control Box: Timers: I	nspection Ports:		
Other components: NoNE			
Overall condition of the private sewage disposal system:			
Report system status: Lee Attactor Copy			
Explain (attach additional pages as needed):			
<u>.</u>			
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 disputes not guarantee that it will continue to function satisfactor		e of the inspection. It	
Signature of Certified Inspector:		9-24-15	
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			
Des Montes IV Julia			

DNR Time of Transfer Report System Status

Address:	1424	William	s et	Date:	4-15
	Commin.	j, 74	Technician B	rian Rinard	
	•	•	recimician <u>b</u>	Tary Milara	
All waste water from ho	ouse drains to septic s	ystem. 🔀 Y	es No		
Remarks:					
					-
The tank is a Poly	Concrete /25 ga	llon tank. In	good conditio	n. Yes No	
Remarks: TAN	HAS RISERY	AND			
EPFUL					
The distribution box is in	n good condition. 🕅	Yes No	None		
	levelors USEI				
,	Fresal Line				
The laterals are in good	condition. Aes 1	No None			
Remarks:					
Droben	OK AND				
Dry	At time	OF I	WSPLETI	·UX/	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	/		
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					·
$\checkmark$		a guarante			
This certifies that the sept				the inspection.	
This certifies the condition	n of the septic system at	the time of the	e inspection.		

Howell Permit#2012 North 20.5 Waluat LN 101 House Willow Trail