

Book 2015 Page 3207 Type 43 001 Pages 5 Date 10/29/2015 Time 2:59:53PM Rec Amt \$.00 IND)

INDX **ANNO** SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSF		0 11 1 7		
Name	Robert L. Zimmerman and			
Address	2200 Lookout Knoll Drive	Leander, TX 78641		
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF	EREE:	·		
Name	Follow Hard Ministries			
Address	Post Office Box 33, Redfice	eld, IA 50233		
	Number and Street or RR	City, Town or P.O.	State	Zip
	of Property Transferred: x Trail, Winterset, IA 5027	3		
Nur	mber and Street or RR	City, Town or P.O.	State	Zip
Northeast (P.M., Madi	Quarter (NE 1/4) of Section Nine (9	if necessary) Parcel "B", located in), Township Seventy-five (75) North, Ra 13 acres, as shown in Plat of Survey filed	ange Twenty-eight (28) West o	of the 5th
	ated below or set forth on ar Waste Disposal (check on here is no known solid waste disposal Attachment #1, attached to dous Wastes (check one) here is no known hazardous here is hazardous waste on tachment #1, attached to thi ground Storage Tanks (chere are no known undergronall farm and residential motstructions.)	d on this property. The type(s), attached separate sheet, as need attached sheet, as need	cessary. nation related thereto is posited thereto is provided in the ty. (Note exclusions such hks, cisterns and septic the second se	orovided n ch as canks, in
		ge tank of this property. The ty		
	FILE WITH REC	ORDER DNR	form 542-0960 (July 18,	2012)

DNR form 542-0960 (July 18, 2012)

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
	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. 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 d
	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.

Telephone No.: <u>(515)</u> 493-6772



Closing ally

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

Property information
Current owner Robert Lo Zimmerman Buyer Realtor Massis on Co. Restly Mailing address
Realtor Many 14 8 76 (5) Realtor
Mailing address
Site Address/County / 8 49 - Mot trl. Winterest, do. 50273 Legal Description
No. of bedrooms 2 Last occupied? Langue Records available 480
Permit# 635-02 finitalization date 8-15-02 Separation distances old no? 6/
Septic system information
Sentia tank(s): size / 100 del material Plantia condition and
Septic tank(s): size 1000 gal material Plastic condition good Tank pumped? yes date 3-20-15 licensed pumper Mayor Septic
Contract to the contract to the circumstantial and the condition
Septic/trash/processing tank: size material condition Tank pumped? date licensed pumper
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
Distribution system: distribution box <u>Plastic</u> outlets used <u>6</u> condition <u>Good</u> Header pipe(s) <u>5</u> # of lines <u>6</u> Pressure dosed?
Header pipe(s) # of lines Pressure dosed?
Secondary treatment:
length of absorption fields bat 100 ft determined by mont Profing
condition of fields good & dry determined by walking + probling
type of trench material <u>Chamber</u>
Size of sand filter determined by
Vent pipes above grade? discharge pipe located?
Effluent sample taken? Results
Media filters:/ type
Maintenance contract?/expiration date service provider
Condition/
NPDES General Permit No. 4: required? NOI provided



Time of Transfer Inspection Report

Other components:						
Alarms Working?	disinfection/ working?					
Control box Timers	inspection ports					
Other components						
Overall condition of the private sewage disposal system						
Report system status The Septic system at 1849-Mortal.						
Explain (attach additional pages as needed): Winterset, do. 50273 Asin good operating Cond-						
Comments: Offic sentic tonto was open	ed & Primped on 3-2015+ etllow baller are in Place					
The Stank was opened again on - 9-1						
lovel of ballos are in sleer. alsot	he centerlevilas in a Dans					
there are no reaches in the key	B m= a-10-15					
the fast booking unques ston- 9-	16-15-tis in good Carl-+					
all arrivers from walk on 4716-13						
- jagsall garre regreen						
Site status at conclusion of Time of Transfer inspection	on:					
Verify that controls are set on the appro						
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 Mone on 9-16-15					
Using this worksheet, write a narrative report of the in	ispection results and attach a site sketch.					
This report indicates the condition of the private sewa	age disposal system at the time of					
the inspection. It does not guarantee that it will contin	nue to function satisfactorily.					
Si sa	Malla - all and					
Signature of Certified inspector:	Date: 9-16-2015					
	MAYER Certificate #: 8979					
	. Hwy. 92					
Winterset, V						
Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office, county Recorder in the county the inspection was						
				conducted and to;	× × × × × × × × × × × × × × × × × × ×	
Iowa DNR Onsite Wastewater Program	\mathcal{N}_{i}					
502 E. 9 th St.						
Des Moines, IA 50319	s 🤾					

Parmit # 035-02 Ron Driskill Inspection 8/15/02 1849 Fox Trail 100 100 100 છો લ 100 100 砀 100 Distribution Box PLASTE North 1000 gal Septic Tauk PLASTIC Cleanout 15 House

JOHN MAYER SEPTIC TANK PUMPING 1509 ST. HWY. 92 WINTERSET, IA 50273-8411