BK: 2015 PG: 3388 Type 43 001 Pages 7

Recorded: 11/16/2015 at 9:51:36.0 AM

Fee Amount: Revenue Tax:

LISA SMITH RECORDER Madison County, Iowa INDX ANNO SCAN CHEK

## REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT TO BE COMPLETED BY TRANSFEROR

TR	ANS	SFEROR:						
Nar	ne .	Matthew A. Warden						
Add	dres	s 4618 University Avenue  Number and Street or RR	Des Moines City, Town or P.O.	IA State	50311 Zip			
TR	ANS	SFEREE:						
Nar	ne .	Kyle R. Seuss						
Add	dres	s 6212 Brett Ashley PI Number and Street or RR	Johnston City, Town or P.O.	IA State	50131 Zip			
			ony, rown or no.	Cidio	نم. ا			
		s of Property Transferred:						
<u>339</u>	5 19	97th Ct Number and Street or RR	Prole City, Town or P.O.	IA State	50229 Zip			
	1 🗅	Description of Property: (Attach if nec						
1.	M	Vells (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		on(o) and 10gan class	o allo olatou poloti			
2.	So	lid Waste Disposal (check one)						
	Ø	There is no known solid waste dispo	sal 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.	Ha	Hazardous Wastes (check one)						
	M	There is no known hazardous waste on this property.						
		I There is hazardous waste on this property and information related thereto is provided in Attachment #1, attached to this document.						
4.	Underground Storage Tanks (check one)							
	M	There are no known underground storage tanks on this property. (Note exclusions such as small farm and residential motor fuel tanks, most heating oil tanks, cisterns and septic tanks, in instructions.)						
		There is an underground storage tank on this property. The type(s), size(s) and any known substance(s contained are listed below or on an attached separate sheet, as necessary.						

5.	Pri	vate Burial Site (check one)
	M	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.	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.
	×	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.
Sig	ınatı	ure: Markeu Warken Telephone No.: (515) 867-1190

#### **Time Of Transfer**

	Summary of web form submission:					
	Email Address 59489					
	tannerloyd@iowarealty.com 10-14-15 Imailed Madison Co.					
	Email Address 59489 tannerloyd@lowarealty.com 10-14-15 emailed Madison Co.  Case Number Matt 2996156 Warden 6-27-15 imailed report					
	Order Form					
	Contact Person   First & Last Name: Tanner Loyd   Phone Number (numbers only): (515)770-4402					
<b>)</b> †	About the Seller Agent or Realtor   First & Last Name: Tanner Loyd Email (info@forestseptic.com if no email):   tannerloyd@iowarealty.com   Phone (numbers only): (515)770-4402					
(3)	About the Home   Address of Inspection: 3395 197th Ct   City: Prole State: IA Zip: 50229   County:   Madison   Age of Septic System: 10   Number of Bed Rooms: 3   Occupied: yes     Water Service: yes Type: rural   Legal Description:   Township Name:   Section   Number:					
	Mailing Address Owner's First & Last Name(s): Matt Warden   Owner's Mailing Address: 3395 197th Ct   City: Prole State: IA Zip: 50229   Phone: (515)867-1190   Email: tannerloyd@iowarealty.com					
	About the Buyer Agent or Realtor   Full Name : Tanner Loyd   Email: tannerloyd@iowarealty.com   Office Phone (515)770-4402					
) t	About the Buyer   Name(s): Mariah Seuss   Phone 877 458 8418   Email:   Mariah.Seuss@wellsfargo.com   Address: 6212 Brett Ashley Plc   City: Johnston   State: IA Zip: 50131   Closing Date:   Any Comments or Questions?					
-	20					



# **Time of Transfer Inspection Report**

Property Information
Current Owner: MAH WARden
Buyer: MANIAU SEUSS Realtor: TANNAN Loyd
Mailing Address: 3395 1977 CT Proce IA 50229
Site Address/County: Same AS ABOVO - MAdison Co.
Legal Description As Abstract
No. of bedrooms: 3 Last occupied: Present Records available: Y N
Permit installation date: 030-05 Separation distances (ok/no?): UC
Septic System Information
Septic tank(s): Size: /250 GA/ Material: Concrete/Poly Condition:
Tank pumped? N Date: 10-21-15 Licensed pumper: FURST Septicion
Septic/Trash/Processing tank: Size: Material: Condition:
Tank pumped?  YN Date: Licensed pumper:
Aerobic treatment unit (ATU) mfgr
Tank pumped? YN Date. Licensed pumper:
Maintenance contract?
Condition:
Pump tanks/vaults: Type: Concrete/Poly Size: Condition:
Distribution system: Distribution box $\sqrt{25}$ Outlets used 3 Condition: $ok$
Header pipe(s): No. of lines: Pressure dosed?
Secondary Treatment:
Length of absorption fields: 3 100 Determined by: County Records
Condition of fields: OK - OR - Determined by: Hydraulic Test and Probing
Type of trench material: Rock LATERS
Size of sand filter: Determined by:
Vent pipes above grade?
Effluent sample taken Results:
Media Filters: Type:
Maintenance contract?
Condition:
NPDES General Permit No. 4: Required? YN Permitted? YN NOI provided:



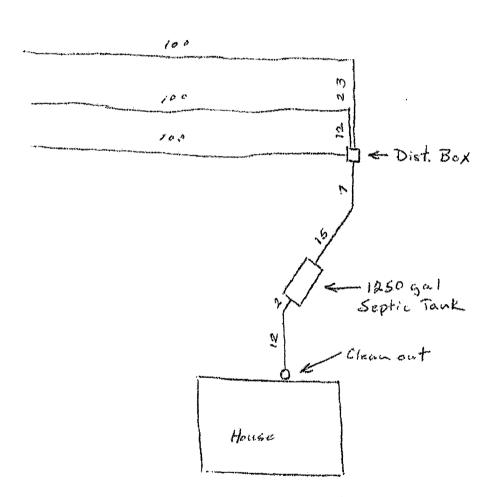
### **Time of Transfer Inspection Report**

Other components:						
Alarms: YN Working: YN Disinfection: YN Working: YN						
Control Box: Timers: Inspection Ports:						
Other components: Sump pump & FJECTON pit Fon BASOMENT PLUMBING.  Overall condition of the private sewage disposal system:  Report system status: Lee Attactive Copy						
						attach additional pages as needed):
Comments:						
Site status at conclusion of Time of Transfer inspection:						
<ul> <li>Verify that controls are set on the appropriate mode.</li> <li>Power is on to all components.</li> <li>Revisit all components to verify lids are secure.</li> <li>Gather all tools for removal from the site.</li> <li>Verify that no sewage is on the ground surface.</li> </ul>						
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: 10-21-15						
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 <sup>th</sup> St Des Moines IA 50319						

#### **DNR Time of Transfer Report System Status**

Address:	3395	1971	Cym	Date: /0-2/-/5
	3395 proce	DA 50	229	
	_		,	Technician Brian Rinard
ll waste water fro	om house drains t	<u>o septic syste</u>	m. 💢	Yes No
Remarks: Sum	p pump gra	revol LUA	Tek	
ORA.	or out E	AST Side	OF	thouse.
he tank is a ☐ Po	ly Concrete /2	50 gallon	tank. I	n good condition. Yes No
Remarks: TAN	, , , ,	Risers		
PFF	ulent F	Hen		
he distribution bo	ox is in good cond	ition. Yes	No	None
Remarks: DCA	5712 D-1	Box Wi	TH	BAFFLE
1 An	UD Speed	Level	ers	USED
	<u> </u>		-7	
<u>he laterals are in</u>	good condition.	Yes No	None	
Remarks:	/			
(3)	100 /	Terali	A	-1/
יטן — <i>ד</i> טן	ok WAT	en F	rown	House
F	n 16-	15 m	111.	
AN	DroB	ED U	Ry	AT
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	31-74-7-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
				Market and the second s
_ <b>c</b>		This is not a $\iota$	_	
This certifies that	the septic system wa	s in good work	ing cond	lition at the time of the inspection.
I his certifies the c	condition of the septi	c system at the	time of t	the inspection,

# - Permit # 030-05 Wanden Inspection 6/7/05 3395 197th Court



Novth