

Book 2016 Page 75 Type 43 001 Pages 8 Date 1/11/2016 Time 10:56:52AM 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

TRANSF							
Name William L. Wharff and Jodi L. Wharff Address 105 NW Cedar Ridge Road, Leon, IA 50144							
Address		· · · · · · · · · · · · · · · · · · ·					
	Number and Street or RR	City, Town or P.O.	State	Zip			
TRANSF	EREE:						
Name	Sara E. Lancaster						
Address	31021 Main Street, Boone	eville, IA 50038					
	Number and Street or RR	City, Town or P.O.	State	Zip			
	of Property Transferred: ever Road, Winterset, IA 5	0273					
Nur	nber and Street or RR	City, Town or P.O.	State	Zip			
		ch if necessary) See description atta	ahad				
Legal De	scription of Froperty: (Attac	on in necessary)					
4.1							
4 14/5115	(about and						
	(check one) here are no known wells si	tuated on this property					
		ted on this property. The type(s), lo	cation(s) and legal sta	itus are			
		an attached separate sheet, as nece					
2. Solid	Waste Disposal (check o	ne)	·				
		te disposal site on this property.					
	•	sal site on this property and informat	tion related thereto is p	provided			
	Attachment #1, attached t						
	dous Wastes (check one here is no known hazardou	•		٠			
		n this property and information relate	ed thereto is provided	in			
	tachment #1, attached to t	• •					
	ground Storage Tanks (d						
	•	round storage tanks on this property	•				
		otor fuel tanks, most heating oil tank	s, cisterns and septic	tanks, in			
	structions.)		-/-> -!/->				
		rage tank on this property. The type isted below or on an attached separ					

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)
٠.	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
	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.
Sic	nature: 1/ 1/1/2 Telephone No.: (515) 661-8498
	· · · · · · · · · · · · · · · · · · ·

Parcel "F", a part of the West 60 acres of the Southeast Quarter (¼) of Section Eleven (11), Township Seventy-five (75) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, containing 10.03 acres, as shown in Plat of Survey filed in Book 2015, Page 3774 on December 22, 2015, in the Office of the Recorder of Madison County, Iowa,

Name: John Shaw 59183 Robert Valencia
wante. A OF
Phone 240-1085 9-14-15 emailed Madison Co.
Seller Agent/Realtor or Seller (if For Sale by Owner)
Name: John Shaw agent. Email John Shaw Crows realty. Com (1)
Phone 140-108
Phone 240-1085 No pumping info.
About the Home
Address: 2391 Carver Rd. 50273 Winterset, Ja 50273
The DNR 3
County: Madison DNR DNR Age System: 4 Vrs
Bedrooms - 3 Occupied: -Vacant- Owner i
Water Service: yes Type: rural Thral
Legal: NW of the SE See 11 - 75 - 28 Township: 75 Section Number: Men
Owner Robert Valencia
First & Last Name(s):
First & Last Name(s): Address: 2391 Carrer Rd.
Winterset, ela 50273
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Phone: 5,5 468-8944 Email:
Buyer Agent/Realtor John Shaw agent
Name:
Email: Phone:
Buyer William Whorff
Name(s): Phone Email: Address: Wmwharffiemac.com) 105 Nw Codar RidgeRd.
Address: WMWharff I & mac. Com
Leon Ja 5014
Closing Date: 10-15-15

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

1 toporty information	
Current Owner: NOBERT VA/2	
Buyer: William WhorFF	Realtor: Toha Shaw
Mailing Address: 2391 CANVER Ref	Winterset It 50273
Site Address/County: Same As Above	Madison 10
Legal Description As Abstract	
No. of bedrooms: Last occupied:	Oresently Records available: XY N
No. of bedrooms: 3 Last occupied: Permit/installation date: 3-24-10 Sepa	aration distances (ok/no?):
Septic System Information	
Septic tank(s): Size: /ovo ga/ Material:	Concrete/Poly Condition:
Tank pumped? $\bigvee Y \square N$ Date: $9-21-17$	
Septic/Trash/Processing tank: Size:	Material: Condition:
Tank pumped?	Licensed pumper:
Aerobic treatment unit (ATU) mfgr	Size
Tank pumped?	Licensed pumper:
Maintenance contract? Y N Expiration date:	Service provider:
Condition:	
Pump tanks/vaults: Type: Concrete/Poly Size:	Condition:
Distribution system: Distribution box $\frac{1}{2}$	Outlets used 3 Condition: 0K
Header pipe(s): No. of	flines: Pressure dosed?
Secondary Treatment:	<i>a</i> , 2 ,
Length of absorption fields: $\frac{\mathcal{F}_{4}}{\mathcal{F}_{4}}$	Determined by: County Mccord
Condition of fields: 6k - 024	Determined by: Hydraulic Test and Probing
Type of trench material: Chamber	
Size of sand filter:	Determined by:
Vent pipes above grade?	Discharge pipe located?
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:
71601V WIIG 400	DNR Form 542-0191



Des Moines IA 50319

Time of Transfer Inspection Report

Other components:							
Alarms: YN Working: YN Disinfection: YN Working: YN N							
Control Box: Timers: Inspection Ports:							
Other components: Sup pump - See NoTes							
Overall condition of the private sewage disposal system:							
Report system status: See AHACHED (OPY							
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 sewage is on the ground surface. 							
Jsing 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							

4/2010 cmz/dao DNR Form 542-0191

DNR Time of Transfer Report System Status

Address:	23	91	CANUR	?/	Rel		-	Dat	e: <u>9-21</u>	-13
	Mar	dersol	DA	5	8273					
	00710	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, T'			T	echnicia	n <u>Brian R</u>	inard	
							./			
All waste wat	<u>ter from h</u>	ouse dra	ains to se	otic	system. [Yes	No	2 /		
Remarks: [6]	ASHETI.	WATET	2 AND	<u> </u>	JOUNST.	AM	SINK	Vent	90 10	
Sopri by	STEW its	90251	NTU PI	se	INF	LuoR	AND	where	aBujis	UNKNO
The tank is a	PolyX	Concrete	1,000	g	<u>allon tanl</u>	k. In go	ood cond	dition.	Yes No	
All waste was Remarks: W Sopric Sy The tank is a Remarks: X	isels		FF	-01	ent	F	Hen			
			·	·····						
				7	.					
The distributi						ol No	one	.,		
Remarks: /	Lot STIC	<u>C 150</u>	ox L	<u> </u>	18-0					
	(LLOS)	220-	<u>e/e-s</u>		Sty				····	
T1 I			(2/11		🗀					
The laterals a	re in good	<u>i conaiti</u>	on. Yes	<u> </u>	No Nor	ie				
Remarks:	a 2,70	00.	0-		- m				<u>.,</u>	
- F	10 SED OF	JRY	-1510			·		- <u>1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</u>	· · · · · · · · · · · · · · · · · · ·	
	a P	——— <u>—</u>	- JU S/JU	<u>U</u>	7670				<u></u>	
	· · · · · · · · · · · · · · · · · · ·		 	 						
					***************************************			·····		
		 								
**************************************					······································	 				
								· · · · · · · · · · · · · · · · · · ·		
	·····									
										
			This i	s no	t a guara	ntee!				_
This certifies			n was in go		_			e of the ins	pection.	

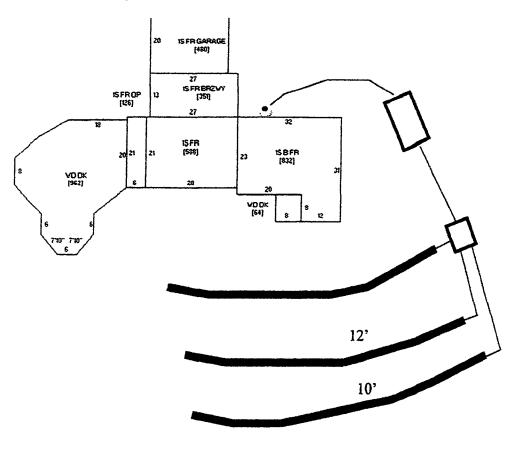
Permit No 017-10

Date of Inspection: 5-24-10

Contractor: Larry Huff

Name: Robert & Emily Valencia

Inspected by: Jean Thompson



36" chamber 3 @ 84'