

BK: 2016 PG: 1217
Recorded: 5/9/2016 at 1:51:25.0 PM
Fee Amount: \$0.00
Revenue Tax:
LISA SMITH RECORDER
Madison County, Iowa

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

TRANSFEROR:

Name Richard N. Herr and Margaret L. Herr
Address 721 East High, Winterset, IA 50273
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Michael D. Wauters and Michelle L. Wauters
Address 2172 - 245th Lane, Winterset, IA 50273
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

2172 - 245th lane, Winterset, IA 50273
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) Parcel "A" located in the Northeast Quarter (NE 1/4) of the Southeast Quarter (SE 1/4) of Section Thirteen (13), 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 Amended Plat of Survey filed in Book 2015, Page 3728 on December 17, 2015, in the Office of the Recorder of Madison County, Iowa.

1. 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 disposal 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. Hazardous Wastes (check one)

- There is no known hazardous waste on this property.
 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)

- 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. Private Burial Site (check one)

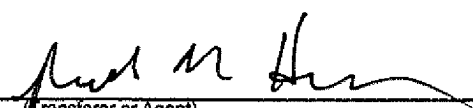
- There are no known private burial sites on this property.
- There is a private burial site on this property. The location(s) of the site(s) and known identifying information of the decedent(s) is stated below or on an attached separate sheet, as necessary.

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.
- 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 _____

Information required by statements checked above should be provided here or on separate sheets attached hereto:

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature:  Telephone No.: (515) 202-3744
(Transferor or Agent)



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

Property information

Current Owner RICK HERR
Buyer _____ Realtor BRANDON HERR
Mailing Address 2172 245TH LN WINTERSET

Site Address/County 2172 245TH LN MADISON

No. of Bedrooms 4 Last Occupied? _____ Disposal? Y N Softener? Y N H₂O Supply? WARRIN WAT

Records Available Yes Permit/Installation Date 048-04 Installer HERR PLUMBING

Septic System Information

Septic Tank(s): Size 1500 Material Poly Condition Good
Tank Pumped? Yes Date 12-7-15 Licensed Pumper FOREST
Septic/Trash/Processing Tank: Size _____ Material _____ Condition _____
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 _____ Outlets Used _____ Condition _____
Header Pipe(s) _____ Number of Lines _____
Pressure Dosed? _____

Secondary Treatment

Length of Absorption Fields _____ Determined by _____
Condition of Fields _____ Determined by _____
Type of Trench Material _____

Size of Sand Filter _____ Determined by _____
Vent Pipes Above Grade? _____ Discharge Pipe Located? _____
Effluent Sample Taken? _____ Results _____

Media Filters: Type Peat
Maintenance Contract? Yes Expiration Date 3-16-16 Service Provider MOLITA CONSTR.
Condition Good

NPDES General Permit No. 4: Required? NO Permitted? _____ NOI submitted _____



Time of Transfer Inspection Worksheet

Other Components

Alarms _____ Working? _____ Disinfection _____ Working? _____

Control Box _____ Timers _____ Inspection Ports _____

Other Components _____

Overall condition of the private sewage disposal system

Acceptable? yes Unacceptable? _____

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.

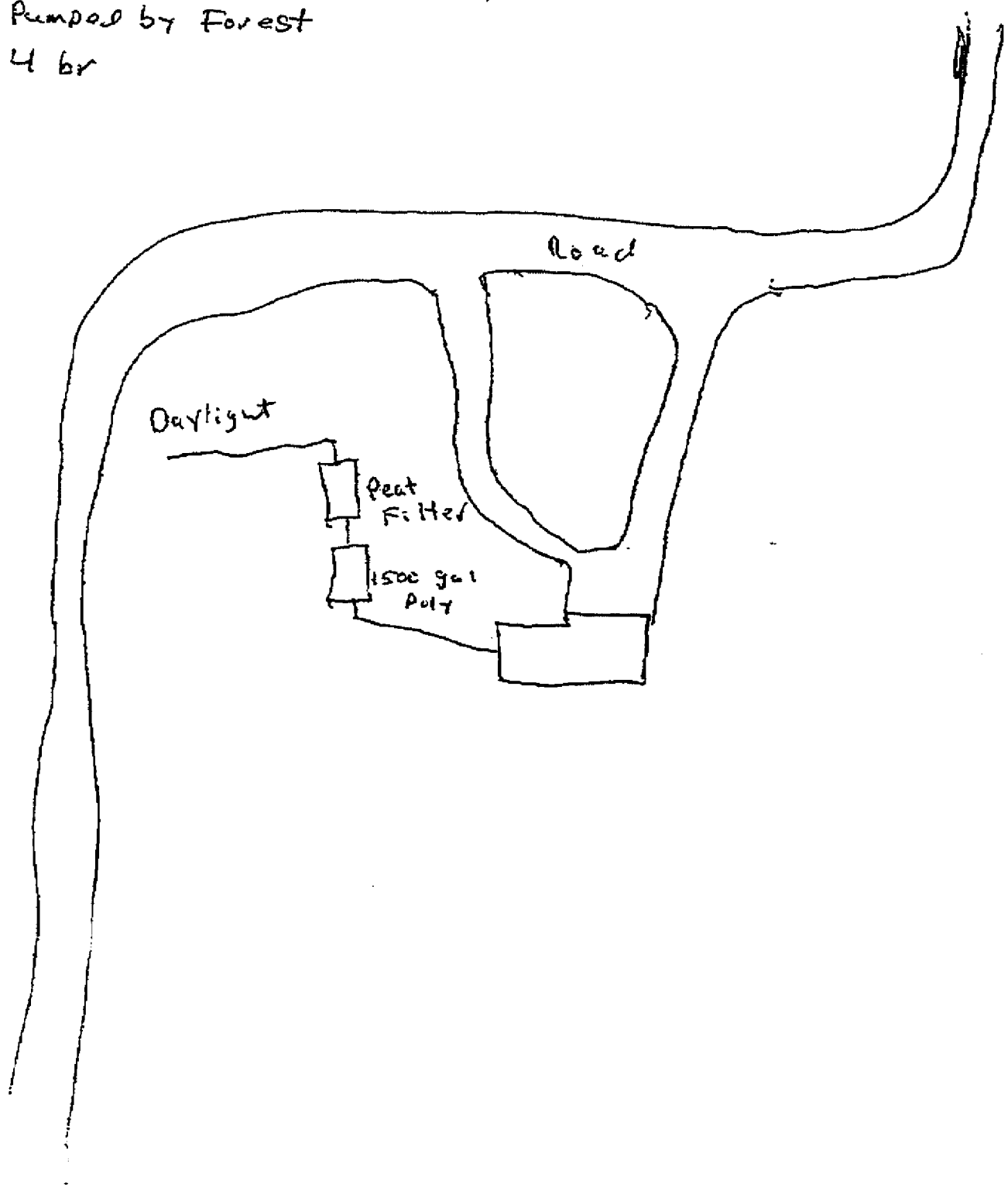
Using this worksheet, write a narrative report of the inspection results.

Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.

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: Mark Hansen Date: 12-16-15
 Name (print): MARK HANSEN Certificate #: 8795
 Address: 1403 334th Rd Woodward IA 50276
 Phone #: 515-745-0109

Paul Mouttar Service Provider Exp 3/31/16
Brandon Herr HomeFront Realty
Pumped by Forest
4 br



Wood Destroying Insect Inspection Report

Notice: Please read important consumer information on page 2.

Section I. General Information

Inspection Company, Address & Phone
 RIDDX, INC.
 P.O. BOX 7771
 DES MOINES, IA 50323-7771
 515-996-9000

Company's Business Lic. No.

02369-001

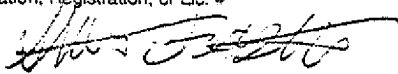
Date of Inspection

4/19/16

Address of Property Inspected

2172 245TH LANE
 WINTERSET, IA 50273

Inspector's Name, Signature & Certification, Registration, or Lic. #

STEVE FOSTER, 

11823

Structure(s) Inspected

HOUSE W/ATTACHED GARAGE.

Section II. Inspection Findings

This report is indicative of the condition of the above identified structure(s) on the date of inspection and is not to be construed as a guarantee or warranty against latent, concealed, or future infestations or defects. Based on a careful visual inspection of the readily accessible areas of the structure(s) inspected:

- A. No Visible evidence of wood destroying insects was observed.
 B. Visible evidence of wood destroying insects was observed as follows:

1. Live insects (description & location): _____

 2. Dead insects, insect parts, frass, shelter tubes, exit holes, or staining (description and location): _____

 3. Visible damage from wood destroying insects was noted as follows (description and location): _____

NOTE: This is not a structural damage report. If box B above is checked, it should be understood that some degree of damage, including hidden damage, may be present. If any questions arise regarding damage indicated by this report, it is recommended that the buyer or any interested parties contact a qualified structural professional to determine the extent of damage and the need for repairs.

Yes No It appears that the structure(s) or a portion thereof may have been previously treated. Visible evidence of possible previous treatment:

The inspecting company can give no assurances with regard to work done by other companies. The company that performed the treatment should be contacted for information on treatment and any warranty or service agreement which may be in place.

Section III. Recommendations

- No treatment recommended: (Explain if Box B in Section II is checked) _____

 Recommend treatment for the control of: _____

Section IV. Obstructions and Inaccessible Areas

The following areas of the structure(s) inspected were obstructed or inaccessible:

- Basement 4, 3, 4, 5, 6
 Crawlspace _____
 Main Level 1, 3, 4, 6, 7, 8, 9
 Attic 5
 Garage 1, 3, 6, 7
 Exterior 17
 Porch 17
 Addition _____
 Other _____

The inspector may write out obstructions or use the following optional key:

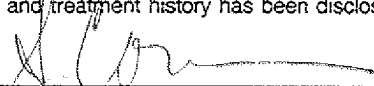
- | | |
|-------------------------|---------------------------------------|
| 1. Fixed ceiling | 13. Only visual access |
| 2. Suspended ceiling | 14. Cluttered condition |
| 3. Fixed wall covering | 15. Standing water |
| 4. Floor covering | 16. Dense vegetation |
| 5. Insulation | 17. Exterior siding |
| 6. Cabinets or shelving | 18. Window well covers |
| 7. Stored items | 19. Wood pile |
| 8. Furnishings | 20. Snow |
| 9. Appliances | 21. Unsafe conditions |
| 10. No access or entry | 22. Rigid foam board |
| 11. Limited access | 23. Synthetic stucco |
| 12. No access beneath | 24. Ductwork, plumbing, and/or wiring |

Section V. Additional Comments and Attachments (these are an integral part of the report)

 Attachments _____

Signature of Seller(s) or Owner(s) if refinancing. Seller acknowledges that all information regarding W.D.I. infestation, damage, repair, and treatment history has been disclosed to the buyer.

X



Signature of Buyer. The undersigned hereby acknowledges receipt of a copy of both page 1 and page 2 of this report and understands the information reported.

X

