

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

TRANSFEROR:

Name John E. Thompson

Address 3062 Clark Tower Rd Winterset IA 50273
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Gary L. Leopold

Address 475 Gear St Prole IA 50229
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

3062 Clark Tower Rd Winterset IA 50273
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary)

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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: _____

David Anthony Sou
 (Transferor or Agent)

Telephone No.: (515) 462-1109

EXHIBIT "A"

Parcel "A" located in the Northeast Quarter (1/4) of the Southeast Quarter (1/4) of Section Fourteen (14), Township Seventy-four (74) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, containing 10.00 acres, as shown in Plat of Survey filed in Book 2, Page 629 on November 22, 1995, in the Office of the Recorder of Madison County, Iowa.

Time Of Transfer

3-22-16 to Kate

Summary of web form submission:

3-22-16 emailed Madison Co.

Email Address 60709
tannerloyd@iowarealty.com

4-8-16 emailed report

Case Number John + Riina
3786991 Thompson

Order Form

No Pumping Info.

Contact Person

| First & Last Name: Tanner Loyd | Phone Number (numbers only): (515)770-4402

About the Seller Agent or Realtor

① | First & Last Name: Tanner Loyd Email (info@forestseptic.com if no email):
tannerloyd@iowarealty.com | Phone (numbers only): (515)770-4402

About the Home

② | Address of Inspection: 3062 Clark Tower Rd | City: Winterset State: IA Zip: 50273 | County: Madison | Age of Septic System: 14 | Number of Bed Rooms: 6 | Occupied: yes | Water Service: yes Type: rural | Legal Description: Parcel A 10A NW PT NE SE | Township Name: Monroe | Section Number: |

③ DNE

Mailing Address

Owner's First & Last Name(s): John and Riina Thompson | Owner's Mailing Address: 3062 Clark Tower Rd | City: Winterset State: IA Zip: 50273 | Phone: (515)422-1330 | Email: jtjet101@aol.com ④

About the Buyer Agent or Realtor

| Full Name : Joe Spick | Email: spicks@bhhsfirstrealty.com ⑤ | Office Phone (515) 710-6654 |

About the Buyer

| Name(s): Gary and Karen Leopold | Phone 515 710 6654 | Email: spicks@bhhsfirstrealty.com | Address: 4828 Gear St | City: Prole State: IA Zip: 50229 | Closing Date: 05-11-16 | Any Comments or Questions?

Closes 5-11-16



Time of Transfer Inspection Report

Property Information

Current Owner: John Thompson
 Buyer: Gary Leopold Realtor: Tanner Loyd
 Mailing Address: 3062 Clark Tower Rd. Winterset, Ia 50273
 Site Address/County: same madison county
 Legal Description As Abstract
 No. of bedrooms: 6 Last occupied: occupied Records available: Y N
 Permit/ installation date: #044-02/11-15-02 Separation distances (ok/no?): OK

Septic System Information

Septic tank(s): Size: 4500 gal Material: Concrete/Poly Condition: OK
 Tank pumped? Y N Date: 4-6-16 Licensed pumper: Forest Septic
 Septic/Trash/Processing tank: Size: _____ Material: _____ Condition: _____
 Tank pumped? Y N Date: _____ Licensed pumper: _____
 Aerobic treatment unit (ATU) mfg _____ Size _____
 Tank pumped? Y N Date: _____ Licensed pumper: _____
 Maintenance contract? Y N Expiration date: _____ Service provider: _____
 Condition: _____
 Pump tanks/vaults: Type: Concrete/Poly Size: 300 gal Condition: OK
 Distribution system: Distribution box yes Outlets used 5 Condition: OK
 Header pipe(s): OK No. of lines: 5 Pressure dosed? no

Secondary Treatment:

Length of absorption fields: 5 90' laterals Determined by: drawing
 Condition of fields: Fair Determined by: Hydraulic Test and Probing
 Type of trench material: chamber
 Size of sand filter: _____ Determined by: _____
 Vent pipes above grade? Y N Discharge pipe located? Y N
 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: _____



Time of Transfer Inspection Report

Other components: _____

Alarms: Y N

Working: Y N

~~Disinfection: Y N~~

~~Working: Y N~~

Control Box: _____

Timers: _____

Inspection Ports: _____

Other components: _____

Overall condition of the private sewage disposal system: _____

Report system status: _____

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 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: _____

4-6-16

Name (print): Tory Forest

Certificate #: _____

10762

Address: PO Box 219, Indianola, IA 50125

Phone #: 515-360-7847

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 9th St
Des Moines IA 50319

Permit # 099-02 Hutchinson Inspection 11/15/02

