BK: 2016 PG: 2104

Recorded: 7/21/2016 at 9:40:55.0 AM

Fee Amount: \$0.00 Revenue Tax:

LISA SMITH RECORDER Madison County, Iowa

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENTTO BE COMPLETED BY TRANSFEROR

TRANSFI	EROR:							
Name	Joseph D. Akers							
Address	ddress 517 SE 17th Street, Grimes, IA 50111							
	Number and Street or RR	City, Town or P.O.	State	Zip				
TRANSFEREE:								
Name Daniel Paul Evans and Lisa Lynn Evans								
Address 1897 Ironwood Trail, Winterset, IA 50273								
	Number and Street or RR	City, Town or P.O.	State	Zip				
	of Property Transferred: nwood Trail, Winterset, IA 5027	73						
Nun	nber and Street or RR	City, Town or P.O.	State	Zip				
Legal Description of Property: (Attach if necessary) Part of Lot Three (3) of the Subdivision of the West 1/2 of the Southwest 1/4 of Section 10, lying East of the present centerline of a county road and part of Lots One (1) and Four (4) in the Subdivision of the Northwest 1/4 of Section 15, lying East of the present centerline of a county road. All being in Township 76 North, Range 28 West of the 5th P.M., Madison County, Iowa.								
 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. 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 								
		below or on an attached separa						

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)						
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.						
	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						
	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						
In	formation required by statements checked above should be provided here or on separate						
sl	neets attached hereto:						
_							
	THE PROPERTY OF THE THEFT HEAVE DEVIEWED THE INSTRUCTIONS FOR THIS FORM						
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM						
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.						
_	gnature: 1921 1 (1855) Telephone No.: 515-559-615						
S	gnature: My W V V (///// Telephone No.: 7/5-7-1-4/8						
	"						

No Zi 3



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

Property information Current owner Joseph Akecs Buyer DAN EVANS Realtor Mailing address Site Address/County 1792 IRON wood TKL Winterset JA Madison Co Sec Legal Description Douglas Sec15 No. of bedrooms Last occupied? Still cive Records available 405 There Records available 405 Permit/installation date 5-22-03 Separation distances (ok) no? Septic system information Septic tank(s): size 1500 get material Coment condition good Tank pumped? 100 date 6-28-16 licensed pumper 100 condition 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 _____ Header pipe(s) ______# of lines _______ Pressure dosed? ________ Secondary treatment: condition of fields good determined by Map & Protection of fields good determined by free at type of trench material 10 growveless 3-100 EQ 24 charges 2700 Size of sand filter _____ determined by _____ discharge pipe located? ____ Vent pipes above grade? _____ 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

Alarms Working?	41tc	
Working!	disinfection	working?
Control box Timers	inspection por	ts
Other components Cement tank	looks good he	e alastic balls
Other components Cement tanks on willet out let last text Overall condition of the private sewage disposal s	folker Centre	a Devide co
Report system status and is about		
Explain (attach additional pages as needed):		
Comments:		\$P\$ 10 10 10 10 10 10 10 10 10 10 10 10 10
	n instead	ું છે. જે કે કે કે કે માર્જ માટે મેર્ક્ટ્સ જો માટે કે
According to the second	Airly	Youngares, and
Verify that controls are set on the a Power is on to all components. Revisit all components to verify lie Gather all tools for removal from to Verify that no sewage is on the ground that the control of the control	appropriate mode. ds are secure.	Standard Standard
Using this worksheet, write a narrative report of t	he inspection results and	attach a site sketch.
This report indicates the condition of the private sthe inspection. It does not guarantee that it will c	sewage disposal system at	the time of
Signature of Certified inspector:	akers	Date: 1999 Per Proxime 25
Name (print): Allen Akersing Malo		Certificate #: 203
Name (print): Allen Akers Address: 2204 1754 ct Winterses Phone # 515-462-1015	F TA 50273	809 (1000) 19
Provide a copy of this report, the narrative report county sanitarian/environmental health office, co conducted and to;	unty Recorder in the coun	ity the inspection was
Iowa DNR Onsite Wastewater Program 502 E. 9 th St. Des Moines, IA 50319	The front of the first of the second	The committee of the second

Permit # 048-03 Akeus Inspection 5/22/03

