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LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

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

TRANS	FEROR:			
Name <u>I</u>	Mark A. Hayes, Jr.			
Address	Number and Street or RR	Winterset City, Town or P.O.	IA State	50273 Zip
TRANS	FEREE:			
Name <u>.</u>	loseph Sawhill			
Address	6 6906 Lewis Carroll Ct Number and Street or RR	Johnston City, Town or P.O.	IA State	50131 Zip
Address	s of Property Transferred:			
1888 <u>Na</u>	•	Winterset	IA	50273
1000 110	Number and Street or RR	City, Town or P.O.	State	Zip
1. We	f the 5th P.M., Madison County, low lls (check one) There are no known wells situated on There is a well or wells situated on to or set forth on an attached separate	n this property. his property. The type(s), locati	on(s) and legal statu	ıs are stated below
2. Sol	id Waste Disposal (check one)			
	There is no known solid waste dispo	sal site on this property.		
X	There is a solid waste disposal s Attachment #1, attached to this docu		mation related ther	eto is provided in
3. Ңaz	ardous Wastes (check one)			
\triangle	There is no known hazardous waste	on this property.		
	There is hazardous waste on this pattached to this document.	roperty and information related	thereto is provided	in Attachment #1,
4. Und	lerground Storage Tanks (check o	ne)		
HH.	There are no known underground sand residential motor fuel tanks, mo			
X	There is an underground storage ta contained are listed below or on an a	nk on this property. The type(s), size(s) and any kı	

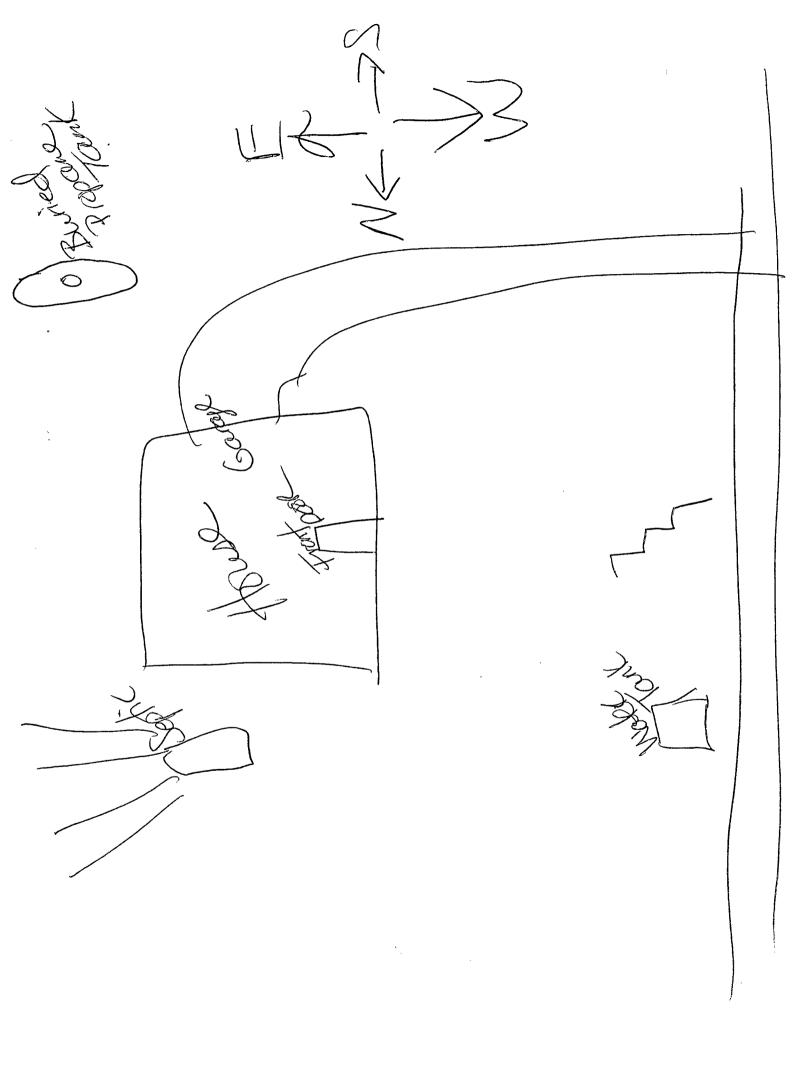
5 .	Pri	yate Burial Site (check one)											
	Ø	There are no known private burial sites on this property.											
		There is a private burial site on this property. The location(s) of the site(s) and known identifying information of the decedent(s) is stated below or on an attached separate sheet, as necessary.											
6.	Priyate 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 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	natu	Telephone No.: (5/5) 493-6537											

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a.	୍ଟଠା	lid Waste Disposal (Check one)										
	X	There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.										
		There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.										
b.	Hazardous Wastes (check one)											
		There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.										
	☐ There is hazardous waste on this property and the appropriate response or remediation actions, need therefore, have not yet been determined.											
Fu	ther	descriptive information:										
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM										
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.										
Sig	natu	re: Mak Haye/ Telephone No.: (5/5) 493-6137										
		(Transferor or Agent)										





Time of Transfer Inspection Report

Other components:
Alarms Working? disinfection working?
Control box inspection ports ites Clean outs
Other components Teles in tank Cleaned Act to fact at and
Overall condition of the private sewage disposal system
Report system status Every Thing looks good at This time
Explain (attach additional pages as needed):
Comments: Jank has six to the loss for Bottles of Filth one out
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: Allen Akers Date: 6-28-16 Name (print): Allen Akers Certificate #: 203 Address: 2204 1754 at winfasef 44 50273 Phone # 515-462-1015
Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office, county Recorder in the county the inspection was conducted and to;
Iowa DNR Onsite Wastewater Program 502 E. 9 th St. Des Moines, IA 50319

6-2009 542-0191



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

Property information
Current owner Mark Hayes
Buyer Toce of Bobbi Sawhill Realtor # Towa Realty (Hayley Carlton) Mailing address Bob Lewis Carroll of Johnston IA 5013/
Site Address/County 1888 Nature at winterset TA Madison Co Legal Description Parcel ID 52 5201018-1802 4000
No. of bedrooms 4 Last occupied? Still there Records available 400 Permit/installation date 9/7/06 Separation distances Ok/no?
Permit/installation date 9/7/06 Separation distances Ok/no?
Septic system information
Septic tank(s): size 2000 cal material condition good facts Scholo? Tank pumped? Septic/trash/processing tank: size material condition condition good facts Scholo? Tank pumped? date licensed pumper condition licensed pumper condition licensed pumper condition licensed pumper license
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 plasfied outlets used condition Header pipe(s) # of lines Pressure dosed?
Secondary treatment: length of absorption fields 100 HX 5 determined by 100 fook on D Box det
Size of sand filter determined by Vent pipes above grade? discharge pipe located? Effluent sample taken? Results
Media filters: type
NPDES General Permit No. 4: required? At permitted? NOI provided

House

Permit * 068-06 Hayes Inspection 9/7/06 1888 Maxuel Ct.

Allen Atters 465-0091

Saot 17504 466-0091

Winterset Journ 50273

HEB-0091 INVOICE OURNUMBER 2210225
FACTURE DATE QUILING-2016

						time of inspecti	Diemped tonk	QUANTITY DESC	TAX REG, NO, NO. ENRG. TAX VENDELR	ADRESSE	ADDRESS ADRESSE	SO MAN AND WAY OLDOS			
						on Allen Atters	John Mayors	DESCRIPTION .	CONDITIONS		***************************************	ADDRESS ADRESSE	SHIP TO ENVOYER À	CUSTOMER'S ORDER COMMANDE DU CLIENT	
TOTAL	PST TVP	GST TPS		\ 				PRICE	MODE NA						
225	•					000811	00 00H	AMOUNT	m						