



Document 2016 GW2561

Book 2016 Page 2561 Type 43 001 Pages 6

Date 9/01/2016 Time 12:57:01PM

Rec Amt \$.00

INDX
ANNO
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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

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

TRANSFEROR:

Name Nicholas E. Hall

Address 1875 Summerhill Trail, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name James W. Clark

Address 518 Park Ave., Des Moines, IA 50315

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

1875 Summerhill Trail, Winterset, IA 50273

Number and Street or RR

City, Town, or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) _____

See attached Exhibit A

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:

NORTH PROPERTY LINE AND APPROXIMATELY 50 YARDS OFF GRAVEL ROAD

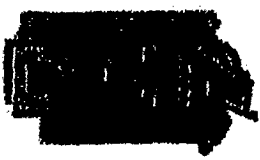
I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature: *Ph M*
(Transferor or Agent)

Telephone No.: (515) 979-9838

EXHIBIT A

Parcel "A", located in the Northeast Quarter (1/4) of the Southeast Quarter (1/4) of Section Eighteen (18), Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing 10.001 acres, as shown in Plat of Survey filed in Book 2003, Page 4789 on August 13, 2003, in the Office of the Recorder of Madison County, Iowa, EXCEPT Parcel "C", located therein, containing 5.87 acres, more or less, as shown in Plat of Survey filed in Book 2016, Page 1488 on May 31, 2016, in the Office of the Recorder of Madison County, Iowa.



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

Property information

Current owner NICK HALL
 Buyer _____ Realtor _____
 Mailing address 1875 SUMMERHILL TRAIL WENTERSSET, IA
 Site Address/County SAME / MADISON
 No. of bedrooms 3 Last occupied? STILL Disposal? (Y)/N Softener? Y (N) H₂O supply? _____
 Records available NO Permit/installation date NO Installer _____

Septic system information

Septic tank(s): size 1250 material CONCRETE condition GOOD
 Tank pumped? YES date 10/16/15 licensed pumper JOHN WIEGERT #237
 Septic/trash/processing tank: size _____ material _____ condition _____
 Tank pumped? _____ date _____ licensed pumper _____

Aerobic treatment unit (ATU) mfr _____ size _____
 Tank pumped? _____ date _____ licensed pumper _____
 Maintenance contract? _____ expiration date _____ service provider _____
 Condition _____

Pump tanks/vaults: type _____ size _____ condition _____

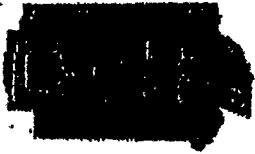
Distribution system: distribution box Yes outlets used 2 condition Good
 Header pipe(s) Yes # of lines 2
 Pressure dosed? NO

Secondary treatment:
 length of absorption fields _____ Approx. 100' determined by _____
 condition of fields No surface discharge determined by LOOKING
 type of trench material ROCK

Size of sand filter _____ determined by _____
 Vent pipes above grade? _____ discharge pipe located? _____
 Effluent sample taken? _____ Results _____

Media filters: type _____
 Maintenance contract? _____ expiration date _____ service provider _____
 Condition _____

NPDES General Permit No. 4: required? _____ permitted? _____ NOI submitted _____



Time of Transfer Inspection Report (page 2)

Current owner NICK & Angie HARK

Other components:

Alarms Working? disinfection working?

Control box Timers inspection ports

Other components

Overall condition of the private sewage disposal system

Acceptable? yes for a older system Unacceptable?

Explain (attach additional pages as needed): good working condition

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. yes
- Gather all tools for removal from the site.
- Verify that no sewage is on the ground surface. None

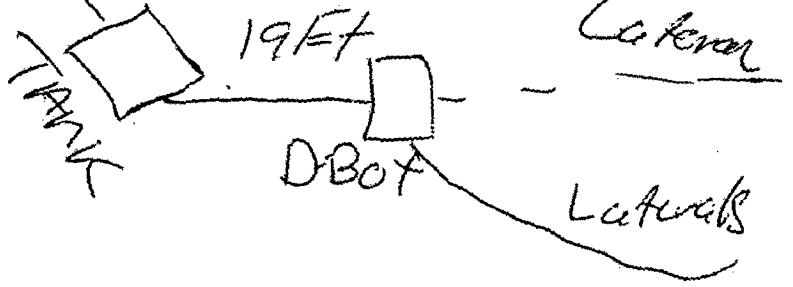
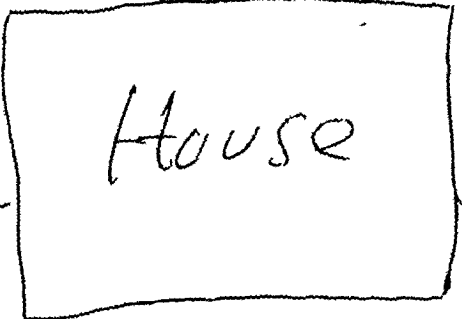
Using this worksheet, write a narrative report of the inspection results.

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: Mike Harkin Date: 10/16/15
 Name (print): MIKE HARKIN Certificate #: 9480
 Address: 3311 140th St Cumming
 Phone #: 515-981-9465

NICK
FLAIL



↑
North

