

Document 2016 GW2807

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INDX **ANNO SCAN**

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

| TRANSF | | | | | | | | |
|-------------------------|--|---|---|-------------|--|--|--|--|
| Name | Arlan Herzberg | | | | | | | |
| Address | 1705 Cascio Drive, Bellevue, NE 68005 | | | | | | | |
| | Number and Street or RR | City, Town or P.O. | Stale | Zip | | | | |
| TRANSF | EREE: | | | | | | | |
| Name | Mary A. McLaughlin | | | | | | | |
| Address | 1493 Warren Avenue, Cumming, IA 50061 | | | | | | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip | | | | |
| | of Property Transferred: ren Avenue, Cumming, IA 5 | 0061 | | | | | | |
| Nur | nber and Street or RR | City, Town or P.O. | State | Zip | | | | |
| Southeast West of th | Quarter (¼) of Section Twente 5th P.M., Madison County | ch if necessary) Parcel "A", located in to hty-five (25), Township Seventy-seven (75), Iowa, containing 3,001 acres, as shown to the Office of the Recorder of Madison C | 7) North, Range Twen in Plat of Survey file | ty-six (26) | | | | |
| <u>X</u> TI | (check one) here are no known wells si here is a well or wells situa | ituated on this property. ated on this property. The type(s), loca | ation(s) and legal sta | atus are | | | | |
| | | an attached separate sheet, as neces | sary. | | | | | |
| | Waste Disposal (check o | | | | | | | |
| TI in | nere is a solid waste dispo Attachment #1, attached t | | on related thereto is | provided | | | | |
| | dous Wastes (check one | | | | | | | |
| TI | tachment #1, attached to | n this property and information related this document. | I thereto is provided | in | | | | |
| | ground Storage Tanks (| | | | | | | |
| sn | | round storage tanks on this property. notor fuel tanks, most heating oil tanks | | | | | | |
| | | orage tank on this property. The type(| | | | | | |

| 5. | Private Burial Site (check one) X 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 | | | | | |
| 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. X. 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] Th | | | | | |
| | ormation required by statements checked above should be provided here or on separate sets attached hereto: | | | | | |
| | | | | | | |
| I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT. | | | | | | |
| Sig | nature: Telephone No.: (515) 419-1833 | | | | | |



Time of Transfer Inspection Report

| Property Information |
|--|
| Current Owner: ARLAN HERZ Berg |
| Buyer: MARY M LANGHIN Realtor: By OWNER |
| Buyer: MARY Mc Laughlin Realtor: By OWNER Mailing Address: 1493 WARLEN AVE CUMMING IA 5006/ |
| Site Address/County: Some As HBOVE MAdison Ave |
| Legal Description AS ABSTRACT |
| No. of bedrooms: 3 Last occupied: Alesent Records available: |
| Termits installation date: 095-03 Separation distances (ok/no?): 0/C |
| Septic System Information |
| Septic tank(s): Size: 1250 94/ Material: Poly Condition: OK |
| Septic tank(s): Size: 1250 94/ Material: 10Ly Condition: 01C Tank pumped? XY N Date: 7-14-16 Licensed pumper: Country Side SepTic |
| Septic/Trash/Processing tank: Size:Material: Condition: |
| Tank pumped? YN Date: Licensed pumper: |
| Aerobic treatment unit (ATU) mfgr |
| Tank pumped? YN Date: Licensed pumper |
| Maintenance contract? Y N Expiration date: Service provider: |
| Condition: |
| Pump tanks vaults: Type: Size: Condition: |
| Distribution system: Distribution box Yes Outlets used # Condition: ok |
| Header pipe(s): No. of lines: Pressure dosed? |
| Secondary Treatment: |
| Length of absorption fields: (4) So' Determined by: County Record |
| Length of absorption fields: (4) So' Determined by: County Record Condition of fields: OK, Pry Determined by: Problems & Hydralic |
| Type of trench material: Cham Ben |
| Size of sand filter: Determined by: |
| Vent pipes above grade? |
| Effluent sample taken Results: |
| Media Filters: Type: |
| Maintenance contract? Y N Expiration date: Service provider: |
| Condition: |
| NPDES General Permit No. 4: Required? YN Permitted? YN NOI provided: DNR Form 542-0191 |



Time of Transfer Inspection Report

| Other components: | | | | | | | |
|--|--|--|--|--|--|--|--|
| Alarms: YN Working: YN Disinfection: YN Working: YN | | | | | | | |
| Control Box: Timers: Inspection Ports: | | | | | | | |
| Other components: NONE | | | | | | | |
| Overall condition of the private sewage disposal system; | | | | | | | |
| Report system status: See AHACHED CORY | | | | | | | |
| 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: Sua Level Date: 7-14-16 | | | | | | | |
| Name (print): Brian Rinard Certificate #: 8805 | | | | | | | |
| Address: PO Box 204 MURWAlk IA 50211 | | | | | | | |
| Phone #: 515-202-4895 | | | | | | | |
| 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 9 th St | | | | | | | |

Des Moines 1A 50319

DNR Time of Transfer Report System Status

| Address: | 1493 | WARREN | Ave | | Date:_ | 7-14-16 |
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| 4/2010 cmz/dao | | k3 | | 801 | | DNR Form 542-0191 |