

Document 2016 GW3294

Book 2016 Page 3294 Type 43 001 Pages 6 Date 11/01/2016 Time 11:46:37AM

Rec Amt \$.00

I NDX ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

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

TRANSF	EROR: William Mingles and Kimberly Mingles 1926 Windwood Lane, Prole, Iowa 50229-8528						
Name Address							
	Number and Street or RR	City, Town or P.O.	State	Zip			
TRANSF	EREE:						
Name	Robert Root						
Address	5308 SE 28th Street, Des Moines, Iowa 50320						
	Number and Street or RR	City, Town or P.O.	State	Zip			
	of Property Transferred: ndwood Lane, Prole, Iowa	50229-8528					
Nu	mber and Street or RR	City, Town or P.O.	State	Zip			
T _ <u>X</u> _T		ited on this property. The type(s), ic		itus are			
2. Solid <u>X</u> T	Waste Disposal (check of here is no known solid was here is a solid waste dispo	ste disposal site on this property. sal site on this property and informa	·	provided			
3. Hazar <u>X</u> T		e) us waste on this property. In this property and information relat	ed thereto is provided	in			
4. Under <u>X</u> T	nall farm and residential m structions.)		ks, cisterns and septic	tanks, in			
		listed below or on an attached sepa					

_	
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
	necessary.
2	Private Sewage Disposal System (check one)
J.	
	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
	certifled 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]: #5
	The private sewage disposal system has been installed within the past two years pursuant to
	permit number
ní	ormation required by statements checked above should be provided here or on separate
	eets attached hereto:
<u> </u>	Dell is located approximately 200 Test North of house.
	···
_	
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
21,	gnature: Mullian The Telephone No. 575 - 971-462
Σŀ	(Transferr or Appen)

#### LEGAL DESCRIPTION

A tract of land located in the Southwest Quarter (¼) of the Northwest Quarter (¼) of Section Twenty-four (24), Township Seventy-six (76) North, Range Twenty-six (26) West of the 5<sup>th</sup> P.M., Madison County, Iowa, more particularly described as follows, to-wit: Commencing at the West Quarter Corner of said Section Twenty-four (24), and running thence North 82°03' East 345.31feet to the point of beginning, thence North 82°03' East 950.36 feet along the Quarter section line, thence North 00°17' West 723.64 feet, thence North 81°15' West 200.00 feet, thence North 77°44' West 176 feet, thence North 84°40' West 400.00 feet, thence North 85°48' West 513.10 feet, thence South 186 feet, thence South 81°25' East 527.80 feet, thence South 26°01' East 119.40 feet, thence South 35°12' West 278.50 feet, thence South 10°13' West 404.41 feet to the point of beginning; said tract includes Parcel "A", containing 5.00 acres, as shown in Plat of Survey filed in Book 2, Page 725 on October 16, 1996 in the Office of the Recorder of Madison County, lowa.



## Time of Transfer Inspection Report

Tropacy amountains
Current Owner: Bill 1 Kim Mingles
Buyer: Lobert Root Realtor: By Owner
Buyer: Realtor: By Owner  Mailing Address: 1926 Wild wood LN Prole 74 50229
Site Address/County: SAME AS ABOVE / MAdison Co
Legal Description As ABSTRACT
No. of bedrooms: 3 Last occupied: Present Records available: No.
Permit/ installation date: /99 Z Separation distances (ok/no?):
Septic System Information
Septic tank(s): Size: 1250 gal Material: Coulcate Condition: 0/2
Tank pumped? Y N Date: 9-30-16 Licensed pumper: Ountry like Sagric
Septic/Trash/Processing tank: Size: Material: Condition:
Tank pumped?
Aerobic treatment unit (ATL) mfgr Size
Tank pumped? N Date: Licensed pumper:
Maintenance contract?
Condition:
Pump tanks/vaults: Type: Size: Condition:
Distribution system: Distribution box 45 Outlets used 4 Condition:
Header pipe(s): No. of lines: Pressure dosed?
Secondary Treatment:
Length of absorption fields: 95 Determined by: POBING
Condition of fields: OK - Pry Determined by: Prozing & Hydraki
Type of trench material: Rock LATerals
Size of sand filter: Determined by:
Vent pipes above grade?
Effluent sample taken Results:
Media Filters: Type:
Maintenance contract?
Condition:
NPDE8 General Permit No. 4: Required? X N Permitted? Y N NOI provided:  4/2010 cms/dao  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 AHAEHEO JAGE							
Explain (attach additional pages as needed):							
Comments: House Has No BASOMENT							
Site status at conclusion of Time of Transfer inspection:							
<ul> <li>Verify that controls are set on the appropriate mode.</li> <li>Power is on to all components.</li> <li>Revisit all components to verify lids are secure.</li> <li>Gather all tools for removal from the site.</li> <li>Verify that no sewage is on the ground surface.</li> </ul>							
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: Sum Man Date: 9-30-16							
Name (print): Brian Rinard Certificate #: 8805							
Address: PO Box 214 Norwalk TA 5021							
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 <sup>th</sup> St							
Des Moines IA 50319							

#### **DNR Time of Transfer Report System Status**

Address: 1976 Wild Word N	Date: 9-30-16
PROLE, TA 50229	<i>•</i>
Comments: /	Technician Baras
All WASKEWATER From	House Appears To
DRAW INTO SEPTE SYSTEM.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
1250 ANTON CONCRETE C	Comparment septic
TANK WITH BAPPLES WAS IN	Working (sudition.
PLASTIC DISTINGUTION B	ax with BAFFLE AND
speed Leveler used WAS 12	Working Condition
(4) 95' Rock LATERALS AN	took water everly For
10-15 mountes At trace of	INSPECTION, ENTITO SOFTE
system is Located IN Ph	ATURE AREA.
THIS IS NOT A	quarantee
THIS CETTIFIES that	the same
SYSTEM WAS IN U	vocking lowdition
At the time OF T	the INSPECTION.
DIAGRAM OF	SYSTEM
3 DAIVE	
N-10E	
131	^
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
House /	
House /	
3	<i>[</i> '
	·
1 )	
	and Equil
	95

DNR Form 542-0191

4/2010 cmz/dao