

Book 2016 Page 3647 Type 43 001 Pages 7 Date 12/01/2016 Time 12:49:48PM

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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

		E COMPLETED DT TRANSFERO					
TRANSF							
Name Bradley Owen Tadlock and Alyssa M. S. Tadlock							
Address	623 W. Court, Winterset, IA 50273						
	Number and Street or RR	City, Town or P.O.	State	Zip			
TRANSF	EREE:						
Name	Nathan DeVore and Jodi I	DeVore					
Address	2963 Carver Road, Winterset, IA 50273						
	Number and Street or RR	City, Town or P.O.	State	Zip			
	of Property Transferred: rver Road, Winterset, IA 50	273					
Nur	nber and Street or RR	City, Town or P.O.	State	Zip			
	(check one)						
TI	here are no known wells sit here is a well or wells situat	uated on this property. led on this property. The type(s), lo in attached separate sheet, as nec		atus are			
2. Solid	Waste Disposal (check or	ne)	oodary.				
		te disposal site on this property. Fal site on this property and informa	ation related thereto is	provided			
in	Attachment #1, attached to	this document.					
	dous Wastes (check one)						
	here is no known hazardous						
		this property and information relat	ed thereto is provided	in			
	tachment #1, attached to the						
	ground Storage Tanks (c		/A.L				
sn	nall farm and residential mo	ound storage tanks on this property otor fuel tanks, most heating oil tan					
	structions.)	rage tank on this property. The typ	o(e) cizo(e) and any b	nowe.			
		sted below or on an attached sepa					

private burial sites on this property. The location(s) of the site(s) and known tion of the decedent(s) is stated below or on an attached separate sheet, as a property are served by a public or semi-public sewage disposal system. Served by private sewage disposal system on this property or a building sewage disposal system. A certified inspector's report is attached which addition of the private sewage disposal system and whether any modifications of the private sewage disposal system and whether any modifications of the private sewage disposal system on this property. Weather or report must be accompanied by this form when recording. Served by private sewage disposal system on this property. Weather or report must be accompanied by this form when recording. Served by private sewage disposal system on this property. Weather or report must be accompanied by the certified inspection of the private sewage on being conducted. The buyer has executed a binding acknowledgment and of health to conduct a certified inspection of the private sewage disposal est practicable time and to be responsible for any required modifications to a disposal system as identified by the certified inspection. A copy of the gment is attached to this form. Served by private sewage disposal system on this property. The buyer has a acknowledgment with the county board of health to install a new private system on this property within an agreed upon time period. A copy of the gment is provided with this form. Served by private sewage disposal system on this property. The building to disposal system is connected will be demolished without being occupied. The da binding acknowledgment with the county board of health to demolish the agreed upon time period. A copy of the binding acknowledgment is provided emption #9]
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empt from the private sewage disposal inspection requirements pursuant to ption [Note: for exemption #9 use prior check box]: e disposal system has been installed within the past two years pursuant to
statements checked above should be provided here or on separate
has not been used for 50 years
has not been used for 50 years red about 50 yards north/northeoot
pi e si

WildBlue Webmail	11-10-10	plforest@wildblue.ne emailed mad is on ce
1495-2963 Carver Rd Time Of Transfer asked to list	11-11-16e	to Kate
by address		
From: Your Website <info@forestseptic.< td=""><td>com></td><td>Thu, Nov 10, 2016 10:23 AM</td></info@forestseptic.<>	com>	Thu, Nov 10, 2016 10:23 AM
Subject: Time Of Transfer		unping Into.
To: plforest@wildblue.net	NO to	unding Into
Reply To: info@forestseptic.com		(7
Summary of web form submission: Email Address Kalen@peoplescompoany.com Case Number		Jean Oworking with jear
5176518		
Order Form		
About the Home //> / Address of Instate: IA Zip: 50273 / County Madison / Rooms: 4 / Occupied: yes /Water Servi Township Name: /Section Number: /	Age of Septic	System: / Number of Bed
Mailing Address //> Owner's First & L /Owner's Mailing Address: 2963 Carver Phone: (515)402-3169 / Email: kalen@pe	Road / City: Wileoplescompany.c	Bradly and Alyssa Tadlock interset State: IA Zip: 50273 /
About the Buyer Agent or Realtor //> /Email: tomwbutler@hotmail.com / Office		
About the Buyer //> / Name(s): Natha Email: ndevo38@gmail.com / Address: 2 Zip: 61534 / Closing Date: 11-30-16 /An	05 Country Dr /	City: Green Valley State: IL
Clas		



Time of Transfer Inspection Report

Current Owner: Mailing Address: 24/15 Site Address/County: SML Legal Description As Abstract No. of bedrooms: Last occupied: Records available: Separation distances (ok/no?): Permit/ installation date: Septic System Information Material: (Concrete/Poly Condition: Septic tank(s): Size: 1 Tank pumped? ▼Y□N Date: | -| | 0 Licensed pumper: Septic/Trash/Processing tank: Size: Material: Condition: Date: _____ Licensed pumper: Tank pumped? □ Y □ N Aerobic treatment upit (ATU) mfgr Size Date: Licensed pumper: Tank pumped? $\square Y \square N$ Expiration date: Service provider: Maintenance contract? $\square Y \square N$ Condition: / Pump tarks/vaults: Type: Concrete/Poly Size: Condition: Distribution box Mostic Outlets used 7 Condition: OX Distribution system: No. of lines: _______ Pressure dosed? _____ Header pipe(s): Secondary Treatment: Determined by: Length of absorption fields: Determined by: Hydraulic Test and Probing Condition of fields: Type of trench material: Size of sand filter: Determined by: Vent pipes above grade? Discharge pipe located? Results: attack Effluent sample taken Media Filters: Type: □Y¤N Maintenance contract? Expiration date: Service provider: Condition: NPDES General Permit No. 4: Required? ☐ Y☐ N Permitted? ✓□ Y□ N NOI provided: 4/2010 cmz/dao / DNR Form 542-0191



Time of Transfer Inspection Report

Other components:
Alarms: □ Y □ N Working: □ Y □ N Disinfection: □ Y □ N Working: □ Y □ N
Control Box: Timers: Inspection Ports:
Other components:
Overall condition of the private sewage disposal system:
Report system status: Sel Nofts
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: Date: 11-21-10
Name (print): Tory Forest Certificate #: 10762
Address: PO Box 219, Indianola, IA 50125
Phone #: 515-360-7847
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:
lowa DNR
Private Sewage Disposal Program 502 E 9th St

Des Moines IA 50319

DNR Time of Transfer Report System Status

Address:	2963 Carver	Rd. Date: 11-7.1	14
		Technician <u>Tory Forest</u>	
All waste wat	er from house drains to septic sy	vstem. X Yes 🗆 No	
Remarks:			
The tan	ik is a □ Poly (Concrete 2 L/M)	gallon tanks In good condition. Yes□No	
The dis	tribution box is in good condition	n. ⊠ Yes ⊔ No⊔ None	***************************************
The latera Remarks:	ls are in good condition. Yes□	No□ None	
Pri	The sendfilte	er was Functioning	
***************************************	This is not	t a guarantee!	
☐ This c		ood working condition at the time of the inspection.	

4/2010 cmz/dao DNR Form 542-0191

 \Box This certifies the condition of the septic system at the time of the inspection.

