

Book 2016 Page 3669 Type 43 001 Pages 6 Date 12/02/2016 Time 11:01:53AM

Rec Amt \$.00

INDX **ANNO SCAN**

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

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

TRANSFEROR:			
Name Donald E Dougherty Janic	e L. Carter		
Address 3281 220th St Number and Street or RR	Saint Charles City, Town or P.O.	IA State	50240 Zip
TRANSFEREE:			
Name Jeffrey A Levine, II			
Address 912 Marion St Number and Street or RR	Des Moines City, Town or P.O.	IA State	50315 Zip
Address of December Transformed			
Address of Property Transferred:	Caint Objedes	I.A.	E0040
3281 220th St Number and Street or RR	Saint Charles City, Town or P.O.	IA State	50240 Zip
East line of said Section Two (2); thence including 0.8898 Acres of country road right.		eginning, containir	ig 13.9365 Acres
 Wells (check one) There are no known wells situated or 	in this proporty		
There is a well or wells situated on to or set forth on an attached separate	his property. The type(s), location		
2. Solid Waste Disposal (check one)	- 7		
There is no known solid waste dispo	sal site on this property.		
☐ There is a solid waste disposal s Attachment #1, attached to this doct		mation related there	eto is provided in
3. Hazardous Wastes (check one)			
There is no known hazardous waste	on this property.		
There is hazardous waste on this p attached to this document.	property and information related	thereto is provided	in Attachment #1,

4.	Un	derground 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.	Pri	vate 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.
6.	Pri	vate 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.
	1 23	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 and hereto:
an	N	one is sealed + covered with a well head the second one has
		5074 are filled
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sig	natu	O. YP + 10 apr) the

FILE WITH RECORDER DNR form 542-0960 (July 18, 2012)



Time of Transfer Inspection Report

Property Information
Current Owner: Dou Dougherry
Buyer: TEFFLEY 1 LAUNE II Realtor: Carolin 6,8550 (Realty
Mailing Address: 3281 220+1 51 ST CHARLES TO 50240
Site Address/County: SAME ASOUR MAdison Co
Legal Description AS ABSTRACT
No. of bedrooms: 2 Last occupied: Present Records available: 415
Permit installation date: 06 4-12/9-18-12 Separation distances (ok/no?):
Septic System Information
Septic tank(s): Size: 1250 gA/ Material: Concrete Condition: ok
Tank pumped? YN Date: 6-10-16 Licensed pumper: Country Side Some
Septic/Trash/Processing tank: Size: Material: Condition:
Tank pumped? YN Date: Licensed pumper:
Aerobic treatment unit (ATL) mfgr Size
Tank pumped?
Maintenance contract?
Condition:
Pump tanks/vaults: Type: Size: Condition:
Distribution system: Distribution box Yes Outlets used Y Condition:
Header pipe(s): No. of lines: Pressure dosed?
Secondary Treatment:
Length of absorption fields: Determined by:
Condition of fields: OK - ONF, Determined by: Probing & Hydralic
Type of trench material: 3 and Rock Tess
Size of sand filter: 12 x 40 Determined by: County Records
Vent pipes above grade? Y N N Discharge pipe located? N
Effluent sample taken Ves Results: See LABI Results 7-10
Media Filters: Type:
Maintenance contract?
Condition:
NPDES General Permit No. 4: Required?



Time of Transfer Inspection Report

Other components:						
Alarms: Y Y Working: Y N Disinfection: Y Working: Y N						
Control Box: Timers: Inspection Ports:						
Other components: No NE						
Overall condition of the private sewage disposal system:						
Report system status: See Attractical page						
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: 10-13-16						
Name (print): Brian Rinard Certificate #: 8805						
Address: P. O. Box 219, Indicada, 1A: 50125						
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 IA 50319

DNR Time of Transfer Report System Status

Address:	3281	22041	31	Da	te: 10-12-16
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	at the	Time of	the T	spector	A
				-	

DIAGRAM OF SYSTEM

See County Records North-

Permit* 064-12 Inspection 9/18/12 3281 220 th St.

