

Document 2016 GW3679

Book 2016 Page 3679 Type 43 001 Pages 7 Date 12/02/2016 Time 2:12:59PM

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	Andrew B. Pickering and Ni	icole L. Pickering				
Address	2436 195th Trail, Winterset, IA 50273					
	Number and Street or RR	City, Town or P.O.	State	Zip		
TRANSF	EREE:					
Name	Shane M. Meader and Eileer	n Tabitha Meader				
Address	3942 Clinton Avenue, Des Moines, IA 50310					
	Number and Street or RR	City, Town or P.O.	State	Zip		
	of Property Transferred: th Trail, Winterset, IA 50273					
	mber and Street or RR	City, Town or P.O.	State	Zip		
	s reference incorporated herein	n.				
<u>X</u> TI TI st	here are no known wells sit here is a well or wells situat	ted on this property. The type(s), location attached separate sheet, as necessa	` '	atus are		
<u>X</u> TI TI	here is no known solid wast	te disposal site on this property. sal site on this property and information	related thereto is	provided		
	3. Hazardous Wastes (check one)					
TI	ttachment #1, attached to th	n this property and information related the his document.	nereto is provided	in		
	rground Storage Tanks (c					
sn		ound storage tanks on this property. (Notor fuel tanks, most heating oil tanks, o				
TI	here is an underground stor	rage tank on this property. The type(s), sted below or on an attached separate				

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.
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]
	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
	ormation required by statements checked above should be provided here or on separate
sh	eets 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.: <u>(641) 660-6696</u>
	(Transferor or Agent)

EXHIBIT "A"

Lot One (1) of Wyndmere Estates Plat 1, a subdivision in the Southwest Quarter (1/4) of the Northeast Quarter (1/4), the Southeast Quarter (1/4) of the Northwest Quarter (1/4), and the Northeast Quarter (1/4) of the Southwest Quarter (1/4) of Section Twenty-one (21), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa.



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

Property information
Current owner And Pickers
Briver Shape d Eiloun Mendor Realtor Madie - C Realtor
Current owner Andy Pickering Buyer Shane & Fileen Meador Realtor Madison Co Realty Mailing address 3942 Clinton Hue Des Moins Four 58310
Site Address/County 2436 195th trail Winterset IA 50273
Site Address/County 2436 145 Crad Waterier 1# 50273
Legal Description 10+ / Windmore estates plot 31-76+37
No. of bedrooms 3 Last occupied? Still there Records available yes # ook 07
Permit/installation date
Soutio system information
Septic system information
Septic tank(s): size 2000 gal material <u>lement</u> condition <u>good</u> Tank pumped? <u>yes</u> date <u>the 11-8-16</u> licensed pumper <u>yes</u>
Tank pumped? 400 date 401/-8-16 licensed pumper 400
Septic/trash/processing tank: size material condition
Tank pumped? date licensed pumper
Aerobic treatment unit (ATII) mfor (ATII) size
Aerobic treatment unit (ATU) mfgr size Tank pumped? date licensed pumper
Maintenance contract? expiration date service provider service provider
Condition
Deventually have the time of the constitution of
Pump tanks/vaults: type size condition <
Distribution system: distribution box outlets used condition
Distribution system: distribution box outlets used condition Header pipe(s) # of lines Pressure dosed?
Secondary treatment: length of absorption fields
length of absorption fields determined by condition of fields determined by K
type of trench material
Size of sand filter determined by determined by
Vent pipes above grade? 1/22les an limit discharge pipe located? 400
Vent pipes above grade? Rizers on land discharge pipe located? Figure Effluent sample taken? Ges 3-14-16 Results CBOD, Say 2 755-1
Media filters: type £10 Pure
Maintenance contract? yes expiration date 1-1-17 service provider Allen Akelo
Media filters: type <u>Elo Pure</u> Maintenance contract? <u>yes</u> expiration date <u>1-1-17</u> service provider <u>Allen Akelo</u> Condition
NPDES General Permit No. 4: required? /// permitted? NOI provided
A TALLE SOLUTION TO TOURIOUS AND POSITIONS TOURISMS TOURISMS



Time of Transfer Inspection Report

Other components: Alarms Working? disinfection working?
Control box inspection ports _ X
Other components Rizers Em tank
Overall condition of the private sewage disposal system
Report system status Looks of Today pumped tank & Cleaned Explain (attach additional pages as needed): Litter Raked Litter
Explain (attach additional pages as needed): Litter Raked Litter
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: All. Ookus Date: 11-9-16 Name (print): Allen Akecs Certificate #: 203 Address: 2204 1759 et Wintersot DA 50273 Phone # 515-462 - 1015
Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office, county Recorder in the county the inspection was conducted and to;
Iowa DNR Onsite Wastewater Program 502 E. 9 th St. Des Moines, IA 50319

Permit # 004-07 Revised Horth Inspection 7/13/09 Dischauge

Page 1

