

Document 2017 GW55

Book 2017 Page 55 Type 43 001 Pages 7 Date 1/05/2017 Time 12:11:01PM 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

TRANSF	EROR:						
Name	Bradley L. Cowger						
Address	4517 68th Street, Urbandale, IA 50322						
	Number and Street or RR	City, Town or P.O.	State	Zip			
TRANSF	EREE:						
Name	Dustin Muellner						
Address	1986 Quarry Trail, Winters	set, IA 50273					
	Number and Street or RR	City, Town or P.O.	State	Zip			
	of Property Transferred: arry Trail, Winterset, IA 50	273					
Nun	nber and Street or RR	City, Town or P.O.	State	Zip			
Book 3, 1 1. Wells		M., Madison County, Iowa, as show the Office of the Recorder of Madis		ed in			
<u>√</u> TI	here is a well or wells situate	ed on this property. The type(s), loc n attached separate sheet, as neces		is are			
<u>₩</u> . 		e disposal site on this property. al site on this property and informati	on related thereto is pro	ovided			
3. Hazar	dous Wastes (check one) here is no known hazardous	s waste on this property. this property and information related	d thereto is provided in				
4. Under \(\sum \) TI sr in:	rground Storage Tanks (cl here are no known undergro mall farm and residential mo structions.) here is an underground stora		s, cisterns and septic ta (s), size(s) and any kno	nks, in own			

5.	Private Burial Site (check one)
	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.
	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
	forments are according to a state are such as to also declared above about declared being an are according
	formation required by statements checked above should be provided here or on separate
SII	eets attached hereto:
	with cost come to property
_	
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
٠.	gnature: Telephone No.: <u>5/5-32/-6057</u>
21	gnature: Telephone No.: 9/3 - 32/- 005 /
	Accountage on Arriv

VildBlue Webmail	11-21-16	Print	plforest@wildblue.ne
62532 Brad Couger	11-21-16	to Ki	7.4
Time Of Transfer	11-21-16 Printed Placery 11-21-16 to Kak 12-6:16 smailed report		
From: Your Website <info@forestseption< th=""><td>c.com></td><td>Mor</td><td>n, Nov 21, 2016 08:26 AM</td></info@forestseption<>	c.com>	Mor	n, Nov 21, 2016 08:26 AM
Subject: Time Of Transfer		·	the contract of the second decision of the contract of the con
To: plforest@wildblue.net	6-14-13	T7:T	- A
Reply To: info@forestseptic.com	6-14-13	101	DOIL -
Summary of web form submission:			
Email Address			
contact@email.com			
Case Number 5229677			
Order Form			
Contact Person //> / First & Last Nat 6051	me: brad cowger /	Phone	Number: (515)321-
About the Seller Agent or Realtor //> contact@email.com / Phone (numbers of			ad cowger / Email:
About the Home //> / Address of Ins State: IA Zip: 50125 / County: madison			10 / Number of Red
Rooms: 3 / Occupied: yes / Water Ser	vice: yes Type: ru		
Township Name: / Section Number: /			IDNR
Mailing Address //> Owner's First &	Last Name(s): br	ad cowg	er /Owner's Mailing
Address: po box 3573 / City: Urbandale	State: IAZip: 503	22 / Ph o	one: (515)321-6051 /
Email centerstage0827@aol.com 3			,
About the Buyer Agent or Realtor //>	> / Full Name : Na	ame / E r	mail: name@mail.com(:,
/ Office Phone (000)000-0000 /	and the state of t		[Kate
About the Buyer //> / Name(s): Buye	er Name(s) / Phone	000 00	0 0000 / Email:
name@email.com / Address: 1111 Street	t / City: City State		
Date: / Any Comments or Questions?			



Time of Transfer Inspection Report

Current Owner: Buyer: Realtor: Mailing Address: 10 hox Site Address/County: 149/p Legal Description As Abstract Clubita Records available: XY IN No. of bedrooms: Last occupied: Separation distances (ok/no?): Permit/installation date: # 171 Septic System Information Septic tank(s): Size: 1,000 42 Material: Concrete/Poly Condition: Date: 11-28-16 Licensed pumper: Septic/Trash/Processing tank: Size: Material: Condition: Tank pumped? $\Box Y \Box N$ Date: Licensed pumper: Aerobic treatment unit (ATU) mfgr Size Tank pumped? $\not\square$ Y \square N Date: Licensed pumper: Expiration date: Service provider: Maintenance contract? □ Y □ N Condition: / Condition: Pump tanks/vaults: Type: Concrete/Poly Size: ____ Condition: 5 🎖 A Coullets used Distribution system: Distribution box No. of lines: Pressure dosed? Header pipe(s): Secondary Treatment: A luteral's Determined by: WOWN Length of absorption fields: Determined by: Hydraulic Test and Probing Condition of fields: Type of trench material: Determined by: Size of sand filter: Vent pipes above grade? Discharge pipe located? Effluent sample taken Results: Media Filters: Type: Maintenance contract? Expiration date: Service provider: Condition: NPDES Genéral Permit No. 4: Required? ☐ Y☐ N Permitted? ☐ Y ☐ Ŋ 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: That I was to the status.					
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: 120 Date: 1-28-12					
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:					
Iowa DNR Private Sewage Disposal Program					

502 E 9th St

Des Moines IA 50319

DNR Time of Transfer Report System Status

Address:	148 le	Julin	Tri.		_Date: 1 - 28 - 16
			_		_
			Те	chnician <u>To</u>	ory Forest
All waste wate	er from house	drains to septic sy	vstem. X Yes□	No	
Remarks:		enness der er seld die Proposition sollen er 			
The tan	k is a □ Poly X	Concrete LAST	gallon tank.	In good cond	dition. Yes 🗆 No
Remarks:					
The dist	ribution box is	in good conditio	n X Vas [] No	None	
Remarks:	Troduction box is	in good conditio	11.74 163 1740	NOIC	
The lateral	s are in good c	ondition. X Yes□	No None		
Remarks:	and the state of t	/\			
. ,		This is not	t a guarantee!		
			ood working con		me of the inspection.

1986 Quarry Trl. Permit # 1724