BK: 2017 PG: 198 Recorded: 1/17/2017 at 3:22:37.0 PM

Fee Amount: \$0.00

Revenue Tax:

LISA SMITH RECORDER Madison County, Iowa

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSF	EROR:						
Name	DELORIS K. APPLEGAT	E and DONALD R. APPLEGATE	,				
Address	1611 335th Place, Earlham, IA 50072						
	Number and Street or RR	City, Town or P.O.	State	Zip			
TRANSF	EREE:						
Name	RYAN C. CLARK						
Address	1430 Walnut Lane, Cummi	ng, IA 50061					
	Number and Street or RR	City, Town or P.O.	State	Zip			
	of Property Transferred: Inut Lane, Cumming, IA 500	061					
Num	nber and Street or RR	City, Town or P.O.	State Zi _j	p			
X Th Th sta 2. Solid \(\frac{X}{X} \) Th Th in \(\frac{1}{X} \) 3. Hazaro	ated below or set forth on an Waste Disposal (check one here is no known solid waste here is a solid waste disposal Attachment #1, attached to the dous Wastes (check one) here is no known hazardous wastes.	d on this property. The type(s), locattached separate sheet, as neceed in the special disposal site on this property. I site on this property and information his document. Waste on this property.	ssary. ion related thereto is provi				
Th Att	ere is hazardous waste on tl achment #1, attached to this	his property and information relate s document.	d thereto is provided in				
\underline{X} Th sm ins	all farm and residential moto tructions.)	ack one) und storage tanks on this property. or fuel tanks, most heating oil tanks ge tank on this property. The type	s, cisterns and septic tank	s, in			
sub	ostance(s) contained are list	ed below or on an attached separa	ate sheet, as necessary.	ı			

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
Inf	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.
Sic	mature: Delouis K. Assleyati Telephone No.: (515) 975-8021
SIE	Inature: Telephone No.: (515) 975-8021
	Deloris K. Appiegate

ildBlue Webmail	12-5-16 emailed madison C
7591 Deloris Appligak Time Of Transfer	12-5-16 to Kate 12-16-16 emailed report
From: Your Website <info@forests< td=""><td>rseptic.com> Fri, Dec 02, 2016 01:36 PM</td></info@forests<>	rseptic.com> Fri, Dec 02, 2016 01:36 PM
Subject: Time Of Transfer	
To: plforest@wildblue.net	No Rumping Into.
Reply To: info@forestseptic.com	
Summary of web form submission	on:
Email Address	
contact@email.com Case Number	
5292185	
Order Form	
About the Seller Agent or Realto contact@email.com / Phone (number 1)	or //> / First & Last Name: n/a /Email: bers only): ()-
State: IA Zip: 50061 / County/ ma	of Inspection: 1427 walnut lane /City: cumming adison Age of Septic System: 10 / Number of Bed 12-months / Water Service: yes Type: rural / Legal 77 north / Section Number: 25 /
	rst & Last Name(s): deloris applegate /Owner's / City: earlham State: IAZip: 50072 / Phone: gate@gmail.com
	or //> / Full Name : ryan and summer clarkName com hame@mail.com / Office Phone (000)000-0000 /
0000 / Email: summerclark@ioware	: Bryan and summer clark Name(s) /Phone 000 900 eality.com / Address: 1430 walnut lane /City: losing Date: 12-30-16 /Any Comments or
	201e 12-30-16



Time of Transfer Inspection Report

Delanic Ann	1. (1)
Current Owner:	Wille
Buyer: Brian Clark	Réaltor:
	Earthum to 50072
Site Address/County: 1427 WMM Lm	Cumming to Solet mal Do
Legal Description As Abstract	2 Count
No. of bedrooms: Last occupied:	AMMANRecords available: XY□N
Permit/ installation date: 14-05/11-12-05 Sepa	ration distances (ok/no?):
Septic System Information	
Septic tank(s): Size: 1250 and Material:	Concrete/Poly Condition:
Tank pumped? Y□N Date: 17-12-12	Licensed pumper: FOVES SOFT
Septic/Trash/Processing tank: Size: M	laterial: Condition:
Tank pumped?	Licensed pumper:
Aerobic treatment unit (ATU) mfgr	Size
Tank pumped? □ Y □ N Date:	Licensed pumper:
Maintenance contract? $\square Y \square N$ Expiration date:	Service provider:
Condition:	
Pump tanks/vaults: Type: Concrete/Poly Size:	Condition:
Distribution system: Distribution box	Outlets used Condition: QQMA
Header pipe(s): No. of	lines: Pressure dosed?
Secondary Treatment:	
Length of absorption fields: 4751 whereas	Determined by:
Condition of fields:	Determined by: Hydraulic Test and Probing
Type of trench material:	
Size of sand filter:	Determined by:
Vent pipes above grade? ☐ Y ☐ N	Discharge pipe located? ☐ Y ☐ N
Effluent sample taken	Results:
Media Filters: Type:	
Maintenance contract? $\Box Y \Box N$ 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: 5le 10th						
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: 12-12-16						
Name (print): Tory Forest						
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:	1427 Waln	ut Ln	· 1	Date: 12727U
			Technicia	an <u>Tory Forest</u>
Remarks: (Ter from house drains to se	ly may h	are bro	HOWEVER, the Lings to have some speed appeal
<u>The dis</u> Remarks:	tribution box is in good co	ndition. Yes	□ No□ None	
The latera Remarks:	ls are in good condition.	Yes □ <u>No</u> □ Noɪ	ne	
☐ This c	This ertifies that the septic system when This certifies the condition	is not a guara as in good worki	ng condition a	t the time of the inspection.

Permit No 161-05

Date of Inspection: 11-22-05

Contractor: Huff & Son

Existing Dwelling

Name: Christene Madson
Inspected by: Jean Thompson

1427 Walnut Lane Cumming

