

Book 2017 Page 767 Type 43 001 Pages 8 Date 3/08/2017 Time 11:47:51AM

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INDX **ANNO SCAN**

LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

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

| TRANSF | | able Living Truct | | | | | |
|-----------------|--|--|-------------------------------|----------|--|--|--|
| Name Address | Margaret A. Owen Revocable Living Trust s 2328 Vine Street, West Des Moines, IA 50265 | | | | | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip | | | |
| TRANSF | FRFF | | | | | | |
| Name | Kevin R. Snodgrass | | | | | | |
| | 12837 Hickory Court, Cliv | re, IA 50325 | | | | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip | | | |
| | of Property Transferred: oodbrook Lane, New Virgin | ia, IA 50210 | | | | | |
| Nur | mber and Street or RR | City, Town or P.O. | State | Zip | | | |
| | (check one) | | | | | | |
| ~ X T | | uated on this property. ed on this property. The type(s), l n attached separate sheet, as ned | | atus are | | | |
| | Waste Disposal (check or | | | | | | |
| <u> </u> | | e disposal site on this property. al site on this property and informa this document. | ation related thereto is | provided | | | |
| | dous Wastes (check one) | | | | | | |
| | here is no known hazardous | | to d the code to constitute t | • | | | |
| | here is hazardous waste on ttachment #1, attached to th | this property and information relations | ted thereto is provided | ın | | | |
| | rground Storage Tanks (c | | | | | | |
| ∕_T sr | here are no known undergro | ound storage tanks on this propert tor fuel tanks, most heating oil tan | | | | | |
| | | age tank on this property. The typested below or on an attached sepa | | | | | |

| 5. | Priyate 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) | | | | |
| Ο. | 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 | | | | |
| | permit number | | | | |
| | formation required by statements checked above should be provided here or on separate eets attached hereto: | | | | |
| _ | # 1 - IS A PUC CASENL BY THE WENDMELL & ROAD, COULD BE A WELL IN FUTURE | | | | |
| | BUT HAS NO FUNCTION AS-ES. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM | | | | |
| | AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT. | | | | |
| | M V | | | | |
| | 2011 (1) | | | | |
| Sig | gnature: Telephone No.: <u>(515) 577-5462</u> | | | | |
| • | (Transferor or Agent) | | | | |

Addendum

1. The East Half (1/2) of the Southeast Quarter (1/4) of Section Twenty-five (25), Township Seventy-four (74) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, EXCEPT a tract of land located in the Southeast Quarter (1/4) of the Southeast Quarter (1/4) of said Section Twenty-five (25), described as follows, to wit: Beginning at the Southeast corner of said Section Twenty-five (25), running thence South 85°59'10" West 1317.18 feet along the South line of the Southeast Quarter (1/4) of the Southeast Quarter (1/4) of said Section Twenty-five (25) to the Southwest corner thereof, thence North 00°34'11" West 660 feet along the West line of said Southeast Quarter (1/4) of the Southeast Quarter (1/4), thence North 86°00'15" East 1323.73 feet to the East line of said Southeast Quarter (1/4) of the Southeast Quarter (1/4), thence South 660 feet along the East line to the point of beginning, containing 19.96 acres, more or less, including public roads; AND the Southeast Quarter (1/4) of the Northeast Quarter (1/4) of said Section Twenty-five (25); AND all that part of the Southwest Quarter (1/4) of the Northeast Quarter (1/4) of said Section Twenty-five (25) which lies East of the public road running through said forty acre tract.



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

| Current Owner Margret Owen Living Trust | D. D. Davidson | | | | |
|--|--|--|--|--|--|
| Buyer Realtor D Brezina | | | | | |
| Mailing Address | | | | | |
| Site Address/County 3222 Woodbrook New Virginia, | Madison County | | | | |
| No. of Bedrooms 1 Last Occupied? 2012 | Disposal? Y / N Softener? Y / N H ₂ O Supply? _ | | | | |
| Records Available Y Permit/Installation D | Pate 1999 Installer unk | | | | |
| Septic System Information | | | | | |
| Septic Tank(s): Size 1000 gallons Mate | rial concrete Condition ok | | | | |
| Tank Pumped? Y Date 2/27/201 | 7 Licensed Pumper Thomas Bros. | | | | |
| Septic/Trash/Processing Tank: Size | Material Condition | | | | |
| Tank pumped? Date | Licensed Pumper | | | | |
| Aerobic treatment unit (ATTI) MECD | Size | | | | |
| Took Pumped? Date | Licensed Pumper | | | | |
| Maintenance Contract? Evaluation F | Size Licensed Pumper Date Service Provider | | | | |
| ConditionExpiration I | Service Provider | | | | |
| Pump Ttanks/Vaults: Type S | Size Condition | | | | |
| Distribution System: Distribution Box Poly | Outlets Used 3 Condition ok | | | | |
| Header Pipe(s) Number of Lines | | | | | |
| Pressure Dosed? | No | | | | |
| Secondary Treatment | | | | | |
| Length of Absorption Fields 300 ft | Determined by Probe/records | | | | |
| Condition of Fields ok | Determined by hydraulic load | | | | |
| Type of Trench Material Rock/pipe | | | | | |
| 0'60 1 Eile- | Determined by | | | | |
| Size of Sand Filter | Determined by Discharge Pipe Located? | | | | |
| vent ripes Above Grade? | Discharge ripe Located/ | | | | |
| Emuent Sample Taken? | Results | | | | |
| Media Filters: Type | Date Service Provider | | | | |
| Maintenance Contract? Expiration | Date Service Provider | | | | |
| Condition | | | | | |
| NPDES General Permit No. 4: Required? no | Darmittad? NOI auhmissad | | | | |
| NEDES CENERAL PERMIT NO. 4: Required? | Permitted? NOI submitted | | | | |



Time of Transfer Inspection Worksheet

| Other Components | | | | | | |
|---|----------------------------|--|---|--|--|--|
| Alarms N | Working? | Disinfection N | Working? | | | |
| Control Box N Timers N Inspection Ports N | | | | | | |
| Other Components | | | | | | |
| Overall condition of | f the private sewage | disposal system | | | | |
| Acceptable? X | | Unacceptable? | | | | |
| Explain (attach addi | tional pages as need | led): | | | | |
| | | | | | | |
| Comments: System w | working normally at the ti | ime of this inspection | | | | |
| Site status at conclu | sion of Time of Tra | nsfer inspection: | | | | |
| Verify that controls Power is on to all co | omponents. | | | | | |
| Revisit all compone Gather all tools for | | | | | | |
| Verify that no sewa | | | | | | |
| Using this workshee | et, write a narrative | report of the inspection results | 3. | | | |
| | | your narrative, to the city/cour ounty where the inspection was | nty environmental health office, the s conducted. | | | |
| does not guarantee t | hat it will continue | to function satisfactorily. | tem at the time of the inspection. It | | | |
| Signature of Certific Name (print): Lany 1 | ed Inspector: | Jh/ | Date: 2/27/17 Certficate #: 8809 | | | |
| Address: 4201 SE 116 | oth St. Runnells | | | | | |
| Phone # 515-681-117 | 8 | | | | | |

Thomas Bros Septic 4201 SE 116th St Runnells, IA 50237 515-681-1178

02/27/17/

Inspection report for the property located at 3222 Woodbrook Ln in Madison County. I have uncovered, serviced and inspected this system. I found a 1000 gallon concrete septic tank in good condition, the poly box was located and was also in good condition. The lateral field was hydraulically loaded and passed the load test. All water used in the home enters the system for treatment. The property is a minimal use retreat property and has been unoccupied since around 2012.

This report is not a guarantee of the future working of the system or any component of the system. This report reflects the condition of the system on the day of the inspection.

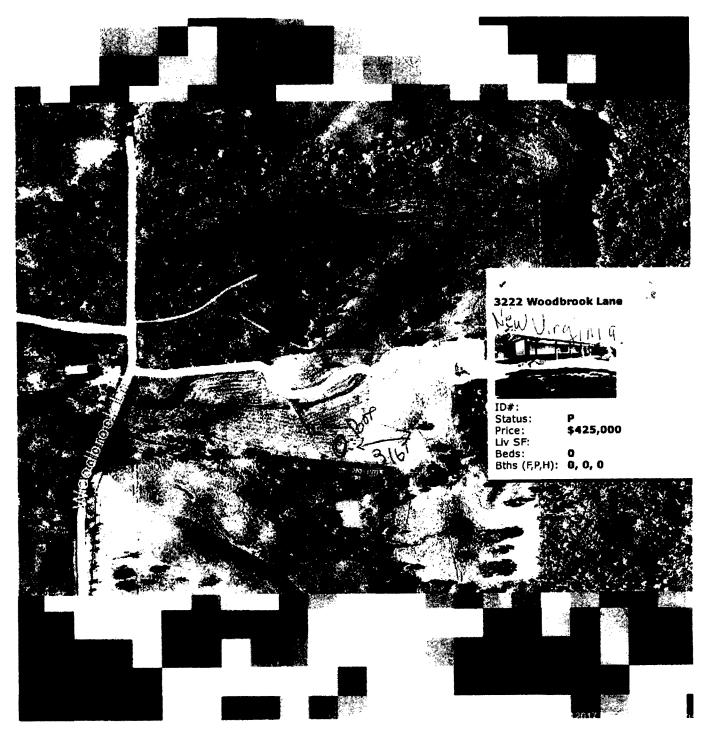
Larry Thomas

Thomas Bros Septic

Lic # 8809

515-681-1178

It's in Warten Co. no Drucing
3 100' Lattered.



Checked 1

