BK: 2018 PG: 354

Recorded: 2/1/2018 at 8:58:00.0 AM

Fee Amount: Revenue Tax:

LISA SMITH RECORDER Madison County, Iowa

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

TRANS	FEROR:			
Name <u>s</u>	John E Toomey	- Address - Addr	, , , , , , , , , , , , , , , , , , , ,	
Address	S 3168 140th ST Number and Street or RR	Cumming City, Town or P.O.	IA State	50061 Zip
TRANS	FEREE:			
Name §	Shawneen Betha			
Address	3 15502 Townsend Ave Number and Street or RR	Urbandale City, Town or P.O.	IA State	50323 Zip
Address	of Property Transferred:			
3168 14		Cumming	IA	50061
	Number and Street or RR	City, Town or P.O.	State	Zip
2. Soli	Is (check one) There are no known wells situated on there is a well or wells situated on the or set forth on an attached separate d Waste Disposal (check one) There is no known solid waste disposal share is a solid waste disposal shatachment #1, attached to this document.	his property. The type(s), location sheet, as necessary. sal site on this property. ite on this property and inform		
	ardous Wastes (check one)	iment.		
1.	There is no known hazardous waste	on this property		
	There is hazardous waste on this pattached to this document.		thereto is provided	in Attachment #1,
4. Und	erground Storage Tanks (check o	ne)		
′ ;	There are no known underground s and residential motor fuel tanks, mos There is an underground storage tar	st heating oil tanks, cisterns and	septic tanks, in instr	uctions.)
(contained are listed below or on an a	attached separate sheet, as nece	essary.	

5.	Pri	ivate 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	ivate 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.
	A	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 att	orma ache	ation required by statements checked above should be provided here or on separate sheets ed hereto:
-	,	
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sig	natu	re: <u>Heraldini Mai Adams</u> Telephone No.: (513) 453-5106 (Transferor or Agent)



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

o · Oice
Property information John Toomey Surrent Owner John Toomey
Current Owner JOHN 100
Buyer Realion Mailing Address 3168 1407657 CUM ming
Site Address/County 3168 14019 St Comming MADISC
No. of Bedrooms Last Occupied? Still Disposal? Y/N Softener? Y/N H ₂ O Supply?
Records Available 485 Permit/Installation Date 4-9-04 Installer Allen Akers
Septic System Information Septic Tank(s): Size 1500 Material CONCrefe Condition GOOF Tank Pumped? ACS Date 18 Licensed Pumper Weigert 23 Septic/Trash/Processing Tank: Size Material Condition Tank pumped? Date Licensed Pumper
Aerobic treatment unit (ATU) MFGR Size Tank Pumped? Date Licensed Pumper Maintenance Contract? Expiration Date Service Provider Condition
Pump Tranks/Vaults: Type Size Condition
Distribution System: Distribution Box 4 S Outlets Used 4 Condition Good Header Pipe(s) 4 Number of Lines 4 Pressure Dosed? 100
Secondary Treatment Length of Absorption Fields 4 at 100 ft Determined by Proke Condition of Fields 9 cook Type of Trench Material EQ 24
Size of Sand Filter Determined by Vent Pipes Above Grade? Discharge Pipe Located? Effluent Sample Taken? Results
Media Filters: Type
NPDES General Permit No. 4: Required? Permitted? NOI submitted



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