BK: 2018 PG: 1111 Recorded: 4/10/2018 at 10:42:06.0 AM

Fee Amount: \$0.00

**Revenue Tax:** 

**LISA SMITH RECORDER** Madison County, Iowa

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

TRA	NSFEROR:			
Nam	e William C. Brookhart			
Addı	ress 2334 St Charles Rd Number and Street or RR	Winterset City, Tawn or P.O.	IA State	50273 Zip
TRA	NSFEREE:			·
Nam	e Doug Jones			
Addr	ess 2846 260th St Number and Street or RR	Saint Charles Oly, Town or P.O.	JA State	50240 Zip
Addr	ess of Property Transferred:			
	St Charles Rd Number and Street or RR	Winterset	<u>IA</u>	50273
	Grames With Gligat Ot Mid	City, Town or P.O.	State	Zip
w.,,,	aining 13.008 acres, as shown in Pla e of the Recorder of Madison Count Vells (check one)	ly, lowa.		
	There are no known wells situated	on this arabath.		
		this property. The type(s) location	n(s) and legal status	are stated below
2. S	olid Waste Disposal (check one)			
Ņ	There is no known solid waste disp	osal site on this property.		
		site on this property and inform	nation related there	to is provided in
). H	azardous Wastes (check one)			
Þ	There is no known hazardous waste	on this property.		
Æ	There is hazardous waste on this pattached to this document.	property and information related t	thereto is provided i	n Attachment #1,

4.	U	nderground Storage Tanks (check one)
	)XQ	and residential motor fuel tanks, most heating oil tanks, cisterns and septic tanks, in instructions.
		rhere is an underground storage tank on this property. The type(s), size(s) and any known substance(s contained are listed below or on an attached separate sheet, as necessary.
5.		ivate Burial Site (check one)
	X,	There are no known private burial sites on this property.
		information of the decedent(s) is stated below or on an attached separate sheet, as necessary
6.	Pr	rvate Sewage Disposal System (check one)
		All buildings on this property are served by a public or semi-public sewage disposal system.
		I his transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
	K	There is a building served by private sewage disposal system on this property or a building without an 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
Info atta	che	tion required by statements checked above should be provided here or on separate sheets d hereto:
	***************************************	
Sign	atiin	THEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
- 'a''	~1 3 W() 1	Transferor of Agents Telephone No.: (515) 408 - 04164

## **GROUNDWATER HAZARD STATEMENT**

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a.	So	lid Waste Disposal (check one)
		There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.
		There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.
b.	Haz	zardous Wastes (check one)
		There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.
		There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.
Fur	ther	descriptive information:
*********		
Athena Trese		
•		
		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:Telephone No.: (



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

Current Owner Bill Brookhart	
Buyer Re	altor Seller agent : Cindy Stanford
Mailing Address _ 2334 St. Charles Road, Winterset, IA 50273	3
Site Address/County 2334 St.Charles Road, Winters	set, IA Madison Co.
No. of Bedrooms 4 Last Occupied? Currently Dispose	al? Y / N Softener? Y / N H <sub>2</sub> O Supply?
Records AvailablePermit/Installation Date	Installer
Septic System Information Septic Tank(s): Size 1000 gal Material Tank Pumped? Yes Date 09/19/15. Septic/Trash/Processing Tank: Size 500 gal Material Tank pumped? YES Date	terial Plastic Condition working condition
Aerobic treatment unit (ATU) MFGR	Size
Aerobic treatment unit (ATU) MFGR	Licensed Pumper
Maintenance Contract? Expiration Date Condition	Service Provider
Pump Ttanks/Vaults: Type 500 gal Size	500 gal Condition good working condition
Distribution System: Distribution Box Plastic Our Header Pipe(s) Pressure Dosed?	Number of Lines
Secondary Treatment 6x100ft=600ft Length of Absorption Fields Condition of Fields good working condition Type of Trench Material Bockless Pipe	county record/probe  Determined by
Size of Sand Filter	Determined by
Vent Pipes Above Grade?	Discharge Pipe Located?
Effluent Sample Taken?	Results
Media Filters: Type Expiration Date Condition	Service Provider
	Permitted? NOI submitted



## Time of Transfer Inspection Worksheet

	<u>115</u>			
Alarms YES	Working?	YES	Disinfection	Working?
Control Box		Timers	Inspection	ı Ports
Other Compone	nts Lift pump, Alar			ndition.
Overall condition	n of the private se			
Acceptable?	YES	Un	acceptable?	
Explain (attach	additional pages as	needed): All	waste water goes from	i house to septic. 1000 plastic tank v i good working condition. Lift pump
ers and bannes in om and all floats:	good working cor <del>in naart warkina a</del>	natition, buu g <del>anditian Pi</del> a	jai piasuc pump iarik ii stic distribiition hov in	r good working condition. Ent pump good working condition. Hydraulic I
				erals took water and probed dry and
a <del>n.</del>			<del></del>	
Comments:	his is not a guara	ntee but a re	port of condition at the	time of inspection.
	anto and side has then	appropriate m	node.	
Gather all tools	Il components. conents to verify li- for removal from t	ds are secure. the site.		
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Power is on to a Revisit all comp Gather all tools Verify that no se Using this work Submit a copy of DNR and the co This report indi- does not guaran Signature of Ce Name (print):	Il components. conents to verify li- for removal from to ewage is on the gre sheet, write a narro of this report, inclu- ounty Recorder in to cates the condition tee that it will con- rtified Inspector:	ds are secure. the site. ound surface. ative report o ding your nar the county whe of the private tinue to funct	f the inspection results.  rative, to the city/count tere the inspection was to sewage disposal system ion satisfactorily.	m at the time of the inspection. It

542-0191