

BK: 2018 PG: 1188 Recorded: 4/18/2018 at 11:26:16.0 AM

Fee Amount: \$0.00 **Revenue Tax:**

LISA SMITH RECORDER Madison County, Iowa

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSF						
Name	Mark A. and Sandra A.					
Address	4895 NW 53rd Court, D					
	Number and Street or RR	City, Town or P.O.	State	Zip		
TRANSF	EREE:					
Name	Megan and Joshua Hayr					
Address 2117 Warren Avenue, Saint Charles, IA 50240						
	Number and Street or RR	City, Town or P.O.	State	Zip		
	of Property Transferred: arren Avenue, Saint Charl	les, IA 50240				
Nu	mber and Street or RR	City, Town or P.O.	State	Zip		
		ach if necessary) See 1 in Addendum				
2. Solid T T in 3. Hazar	rated below or set forth or Waste Disposal (check here is no known solid waste disposal trachment #1, attached rdous Wastes (check or here is no known hazardo	uated on this property. The type(s), location an attached separate sheet, as necessate. one) aste disposal site on this property. oosal site on this property and information in the this document. ne) ous waste on this property.	related thereto is	provided		
 There is hazardous waste on this property and information related thereto is provided in Attachment #1, attached to this document. Underground Storage Tanks (check one) There are no known underground storage tanks on this property. (Note exclusions such as small farm and residential motor fuel tanks, most heating oil tanks, cisterns and septic tanks, in instructions.) There is an underground storage tank on this property. The type(s), size(s) and any known 						
SI	ubstance(s) contained are	e listed below or on an attached separate	sheet, as necessa	ary.		

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)
	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
	formation required by statements checked above should be provided here or on separate
sn	eets attached hereto:
_	
	421
	house.
	[Marie]
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
	AND THAT THE INFORMATION STATED ADOVE IS TRUE AND CORRECT.
Qi.	mature: 70 4 0 00 A TO 00 Telephone No. 515 - 609 - 5987

Addendum

1. A tract of land commencing at the Northeast Corner of Section Thirty-six (36), in Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa; thence South 00°00'00" East along the East line of said Section Thirty-six (36), 2150.42 feet to the point of beginning, thence South 90°00'00' West 414.0 feet to a point, thence South 90°00'00" East, 414.0 feet to point on the East line of said Section Thirty-six (36), thence North 00°00'00" West along said East line, 210.43 feet to the point of beginning, said parcel containing 2.0 acres more or less subject to existing road right of way and easements thereon if any, EXCEPT commencing at the Northeast Corner of said Section Thirty-six (36), thence South 00°00'00" 2,360.85 feet along the section line thence continuing South 90°00'00" West, 207.00 feet to the point of beginning. Thence North 64°12'54" West 229.89 feet; thence South 00°00'00" feet; thence North 90°00'00" East 207.00 feet to the point of beginning, containing 0.238 acres.



Time of Transfer Inspection Report

Property Information					
Current Owner: Mark 4 Sandy Tomlinson					
Buyer: Megan Itaynes Realtor: NA					
Mailing Address: 4895 N.W. 53td ct. Des Moints Ia, 50310					
Site Address/County: 2117 Warren Ave. St. Chas Fa, 50240					
Legal Description As Abstract					
No. of bedrooms: 3 Last occupied: Occupied Records available: YN					
Permit/ installation date: Separation distance (ok/po?):					
Septic System Information					
Septic tank(s): Size: 1000 Sq. Material: Concrete/Poly Condition: 3000 Tank pumped? VY N Date: 11-5-17 Licensed pumper: 1000 Sq. EAV.					
Tank pumped? VY N Date: 11-5-17 Licensed pumper: Tenest Septe ON.					
Septic/Trash/Processing tank: Size: Material: Condition:					
Tank pumped? Y N Date: Licensed pumper:					
Aerobic treatment unit (ATU) mfgr Size					
Tank pumped? Y N Date: Licensed pumper:					
Maintenance contract?					
Condition:					
Pump tanks/vaults: Type: Concrete/Poly Size: Condition:					
Distribution system: Distribution box 40.5 Outlets used 4 Condition: peop					
Header pipe(s): No. of lines: Pressure dosed?					
Secondary Treatment:					
Length of absorption fields: 4 75 / laterals Determined by: Problems					
Condition of fields: good / dry Determined by: Hydraulic Test and Probing Type of trench material: 811 Cock less pipe					
Type of trench material: 8" rockless pife					
Size of sand filter: Determined by:					
Vent pipes above grade?					
Effluent sample taken Results:					
Media Filters: Type:					
Maintenance contract?					
Condition:					
NPDES General Permit No. 4: Required?					
4/2010 cmz/dao DNR Form 542-019T					



Time of Transfer Inspection Report

Other components:						
Alarms: YN Working: YN Disinfection: YN Working: YN						
Control Box: Timers: Inspection Ports:						
Other components:						
Overall condition of the private sewage disposal system:						
Report system status: Concrete Dotribution Box is deteriated						
Explain (attach additional pages as needed): 60 your repour						
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: Legler bre Date: 4-17-18						
Name (print): Tyler Forest Certificate #: 10041						
Address: PO Box 369, Norwalk, IA 50211						
Phone #: 515-202-4897						
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 F 9th St						

Des Moines IA 50319

DNR Time of Transfer Report System Status

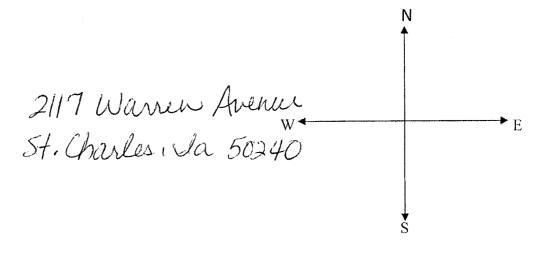
Address:	211) wa	rcen	Aue.		_Date: <u>4-/7-/8</u>
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5+.	Char.	Ia.	Ave. 50240		
		• •		,	Technician _	Tyler Forest
					Marketon Company	
All waste w	<u>rater fron</u>	<u>n house dra</u>	ains to ser	otic system. 🕠	fes No	
Remarks:	······································					
			Inon	callon tank in	n good conditio	n. □ Yes □ No
	a Poly	Concrete	1000	ganon tank. n	rgood conditio	11. \$\Phi = 100
Remarks:					and the same of th	
The distrib	ution box	x is in good	condition	. Yes Vo	None	
Remarks:		idly d				
The lateral	s are in g	ood condit	ion. Ve	s No None		
Remarks:	· · · · · · · · · · · · · · · · · · ·	ALTERNATION OF THE PROPERTY OF				
					and the second s	
THE RESERVE OF THE PARTY OF THE		AND REPORT OF THE PARTY OF THE				
**************************************			***************************************			
***************************************		A STATE OF THE STA				
the same to the same of the sa	www.					

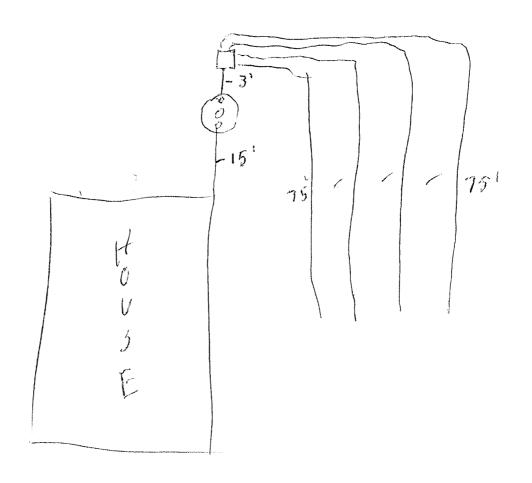
			and the second s			

		was against the Management of the Control of the Co				
			This	s is not a guaran	itee!	
This cer	tifies that 1	the septic sys	tem was in	good working con-	dition at the time o	of the inspection.
This cer	tifies the c	ondition of th	ne septic sy:	stem at the time of	the inspection.	

4/2010 cmz/dao DNR Form 542-0191

DIAGRAM OF SYSTEM





R Rogers Septic LLC

401 NE 52nd Ave.

Des Moines, IA 50313 Phone: (515) 745-8352

E-mail: rick@rogersseptic.com

Service Information

2117 Warren Ave St. Charles, IA 50240

Contact: Sandy Tomlinson Phone: (515) 669-5980

E-mail: sa.tom57@yahoo.com

Job Name

Tomlinson, Sandy - REPLACE D-BOX

Billing Information

2117 Warren Ave St. Charles, IA 50240

Job Type Septic Repair	PO #	Invoice #	Scheduled 04/17/2018	Start 9:30 AM	End 11:30 AM
Item D-BOX:D-BOX 2 yr Warranty:D-Box 2yr 4 Hole	Distribution Box inst inlet and outlet, inca to top of existing D-	ode or decay, and concrete to	Quantity 1.0000	Rate \$1,017.0000	Amount \$1,017.00
PERMITS	\$100	c permit for D-Box replacement t to issue permit \$85	1.0000	\$185.0000	\$185.00

Job Subtotal: \$1,202.00 Polk County: \$0.00

Total Due: \$1,202.00

Work Order

4/17/2018

Job Notes and Instructions:

RickR - Rick Rogers - 4/17/2018 8:52:47 AM - REPLACE D-BOX MUST DO TUESDAY - Needs new D-Box. Jody Forest did TOT.

Permit: 35050

Payment Due upon completion and/or at time of service. Other payment arrangement must be approved before work/service begins.

Late payments are subject to 5% late fee per month calculated monthly from the day of service. Attorney and collection fees will also apply to all accounts 30 days past due. Returned checks result in a \$50 returned check charge.

Signature: