

Document 2018 GW1557

Book 2018 Page 1557 Type 43 001 Pages 6 Date 5/18/2018 Time 12:03:00PM Rec Amt \$.00

INDX **ANNO** SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

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

TRANSF				
Name Address	Diane E. Thompson	W. West 119 50273		
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF	EREE:			
Name	Alex Broadbent			
Address	2523 225th Trail, Winterset, IA	A 50273		
	Number and Street or RR	City, Town or P.O.	State	Zip
	of Property Transferred: 5th Trail, Winterset, IA 50273			
Nur	nber and Street or RR	City, Town or P.O.	State	Zip
▼ TI st 2. Solid		n this property. The type(s), loc tached separate sheet, as neces		tus are
in	Attachment #1, attached to this	te on this property and informati document.	on related thereto is p	provided
× T — T A	ttachment #1, attached to this d	property and information related ocument.	d thereto is provided	in
<u>X</u> T sr in T	mall farm and residential motor f structions.) here is an underground storage	k one) I storage tanks on this property. fuel tanks, most heating oil tanks tank on this property. The type below or on an attached separa	s, cisterns and septic (s), size(s) and any k	tanks, in nown

5.	Private 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
In	formation required by statements checked above should be provided here or on separate
sh	eets attached hereto:
_	Well Iscaled behind born
_	
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Siz	gnature: N Lane Champson Telephone No.: 515-468-1118
J.,	(Transferor or Agent)

Addendum

1. A tract of land located in the Northwest Quarter (1/4) of the Southwest Quarter (1/4) of Section Three (3), Township Seventy-five (75) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, more particularly described as follows, to-wit: Commencing at the Northwest corner of the Northwest Quarter (1/4) of the Southwest Quarter (1/4) of said Section Three (3), running thence Southeast on a straight line to a point on the East line of said 40-acre tract 40 rods south of the Northeast corner thereof, thence North to the Northeast corner thereof, thence West to the place of beginning, which lies East and South of the public highway as now located and traveled over and across the same; AND the West Half (1/2) of the Northeast Quarter (1/4) of the Southwest Quarter (1/4) of said Section Three (3), EXCEPT that part of a tract of land located therein as shown in Plat of Survey filed in Book 1, Page 288 on May 27, 1983, in the Office of the Recorder of Madison County, Iowa.



Time of Transfer Inspection Report

Property Information					
Current Owner: Roser + Diane Thompson Buyer: Alex Broad bent Realtor:					
Buyer: Alex Broad bent Realtor:					
Mailing Address:					
Site Address/County: 2523 225th Troil Winterset, IH 50273					
Legal Description					
No. of bedrooms: Last occupied: Current Records available: Yes					
Permit/ installation date: 11-28-07 Separation distances (ok/no?):					
Septic System Information					
Septic tank(s): Size: 1500 gal Material: Concrete Condition: Cond					
Tank pumped? Y N Date: 5-18 Licensed pumper: 5+-237					
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: Size: 500 ga / Condition: 900 d					
Distribution system: Distribution box Outlets used Condition:					
Header pipe(s): No. of lines: Pressure dosed?					
Secondary Treatment:					
Length of absorption fields: 26/00 pressure Determined by: map, probe Condition of fields: Determined by: Determined by:					
Condition of fields: Good, Dry Determined by: Pump dosing Probing					
Type of trench material:					
Size of sand filter: Determined by:					
Vent pipes above grade?					
Effluent sample taken Results:					
Media Filters: Type:					
Maintenance contract? YN Expiration date: Service provider:					
Condition:					
NPDES General Permit No. 4: Required? YN Permitted? YN NOI provided:					

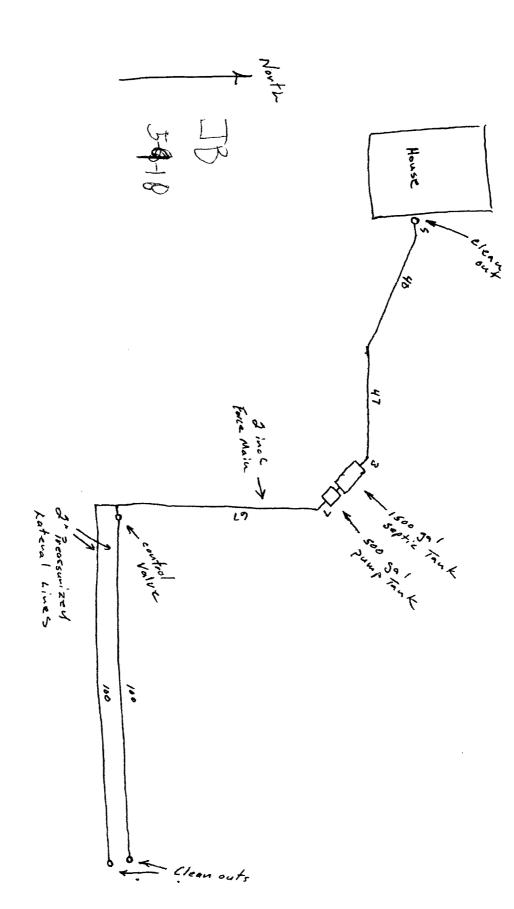




Des Moines IA 50319

Time of Transfer Inspection Report

Other components:					
Alarms: XY N Working: XY N Disinfection: Y N Working: Y N					
Control Box: Inspection Ports: Available					
Other components:					
Overall condition of the private sewage disposal system: 6-60 ?					
Report system status: System was working properly on day of inspec					
Explain (attach additional pages as needed): All components were working					
property on the day of inspection. Comments: Lots of free's have grown up around the System. One is pushing against a Lid and pievents it from					
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: Leadell Date: 5-9-18					
Name (print): Joe Beduell Certificate #: 10974					
Address: 1310 East (1: Mon Arenue Inlianola, IA 50125					
Phone #: 515-681-5885					
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					



1