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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name	Stacie McCrory a/k/a Stacie	Geneser		
Address	1729 105th St., Earlham, IA:	50072		
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF	EREE:			
Name	Nicholas A. Comes			
Address	540 NE Sycamore Ave., Earl	ham, IA 50072		
	Number and Street or RR	City, Town or P.O.	State	Zip
	of Property Transferred: 5th St., Earlham, IA 50072			
		0: 7		
Nur	mber and Street or RR	City, Town or P.O.	State	Zip
Legal De	scription of Property: (Attach if	necessary) See 1 in Addendum		
1 Walls	(check one)			
	here are no known wells situat	red on this property		
		on this property. The type(s), loca	ation(s) and legal sta	atus are
		attached separate sheet, as neces	` '	
2. Soljd	Waste Disposal (check one)			
	here is no known solid waste o			
	•	site on this property and information	n related thereto is	provided
	Attachment #1, attached to th	is document.		
,	dous Wastes (check one)	racta on this property		
	here is no known hazardous w	is property and information related	thoroto is provided	in
	ttachment #1, attached to this	• •	ilieleio is provided	
	rground Storage Tanks (che			
		nd storage tanks on this property.	(Note exclusions su	ich as
		r fuel tanks, most heating oil tanks	•	
	structions.)	, , , , , , , , , , , , , , , , , , , ,	•	,
TI	here is an underground storag	e tank on this property. The type(s), size(s) and any k	known
SL	ubstance(s) contained are liste	d below or on an attached separat	e sheet, as necessa	ary.

).	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. 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
	ormation required by statements checked above should be provided here or on separate eets attached hereto:
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

DNR form 542-0960 (July 18, 2012)

Telephone No.: (515) 577-6017

Addendum

1. Parcel "B" in the Southwest Quarter of the Northwest Quarter of Section Five (5), Township Seventy-seven (77) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, more particularly described as follows: Beginning at the Southwest corner of the Southwest Quarter (1/4) of the Northwest Quarter (1/4) of Section Five (5), Township Seventy-seven (77) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa; thence along the East line of said Southwest Quarter (1/4) of the Northwest Quarter (1/4), North 00° 06' 11" East, 439.15 feet; thence North 90° 00' 00" West, 388.04 feet; thence South 00° 00' 00", 124.23 feet; thence North 88° 30' 36" East, 121.78 feet; thence South 01° 09' 28" East, 318.15 feet to the South line of said Southwest Quarter (1/4) of the Northwest Quarter (1/4); thence along said South line, South 90° 00' 00" East, 259.08 feet to the Point of Beginning. Said Parcel "B" contains 3.000 Acres including 0.293 Acres of County Road Right of Way.



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

Property information Current Owner Stacie Geneser Buyer Nick + Tess Comes Realtor None Mailing Address 1729 1057 St, Earthson, IA 50072					
Current Owner Stage Geneser					
Buyer Nick & Jess Comes Realtor None					
Mailing Address 1729 105 10 St, Lerlham, IA 50072					
Site Address/County 1729 105th St, Earlham, IA Madison					
No. of Bedrooms 3 Last Occupied Urrun Disposal (7)/N Softener? Y (1) H2O Supply?					
Records Available WS Permit/Installation Date 2003? Installer WA					
Septic System Information Septic Tank(s): Size 1250 gal. Material Plastic Condition see comer's Tank Pumped? Clast Date 4-27-10 Licensed Pumper Clast Septic/Trash/Processing Tank: Size w/k Material N/A Condition N/A					
Sentic/Trash/Processing Tank: Size w/4 Material N/A Condition N/A					
Tank pumped? No Date NA Licensed Pumper NO					
Aerobic treatment unit (ATU) MFGR					
Tank Pumped? Date Licensed Pumper					
Maintenance Contract? Expiration Date Service Provider					
Condition					
Pump Ttanks/Vaults: Type <u>N/A</u> Size <u>A/A</u> Condition <u>Good</u>					
Distribution System: Distribution Box Plastic Outlets Used Three Condition good Header Pipe(s) Number of Lines					
Pressure Dosed?					
Secondary Treatment Length of Absorption Fields (25 300') Determined by 500 kg/					
Length of Absorption Fields 100' x 3 = 300' Determined by 100 below Determined by 100 below 100 below 100 by 100 below 100 by 100 below 100 by 100 below 100					
Type of Trench Material Chamburs					
Size of Sand Filter Determined by N/A Vent Pipes Above Grade? Discharge Pipe Located?					
Vent Pipes Above Grade? Discharge Pipe Located?					
Effluent Sample Taken? Results					
Media Filters: Type					
Maintenance Contract? Expiration Date Service Provider					
Condition					
NPDES General Permit No. 4; Required? No Permitted? No NOI submitted No					

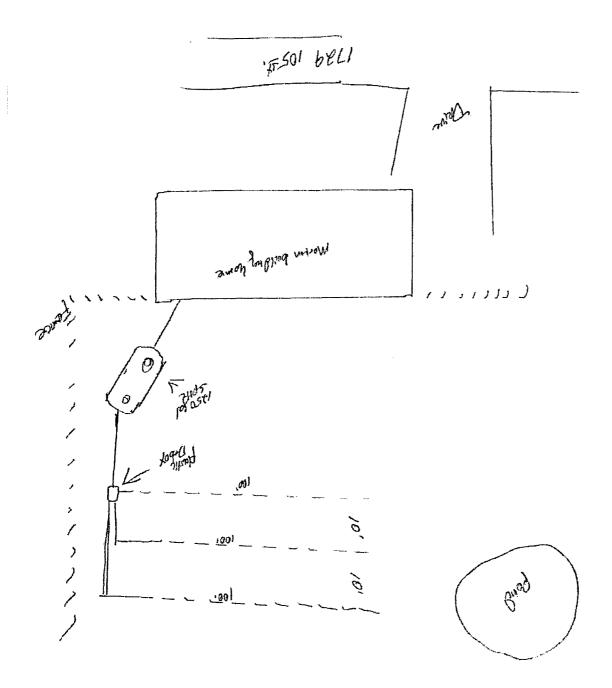


Time of Transfer Inspection Worksheet

Other Components	
Alarms No Working? No Disinfection 1	
Control Box N/A Timers N/A Inspection	on Ports <u>N/A</u>
Other Components None	
Overall condition of the private sewage disposal system	
Acceptable? Unacceptable?	
Explain (attach additional pages as needed): The soption took was be older affekt plantic took it was pushed oform but sides afronk to be traking the tak was also pumper forwells were in people wasting condition at that I 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.	
Submit a copy of this report, including your narrative, to the city/count DNR and the county Recorder in the county where the inspection was	
This report indicates the condition of the private sewage disposal syste does not guarantee that it will continue to function satisfactorily.	em at the time of the inspection. It
Signature of Certified Inspector: Name (print): Panky Dails Address: Por 148 Dranch Fa Co32 Phone # 54x 202-0540	Date: 5-1-18 Certficate #: 915 9

Madison Courty Environmental Health

Time of Transfer (TOT) Inspection Review Coversheet
This coversheet must be completed and accompany all lowa DNR TOT inspection forms.
Address of Property: 1729 105th St City: Ear I ham Zip: 50072
Property Owner/Seller Stacie Geneser Email Stacle, Mccrory agricul. com
Address / 129 105th St City Earlham zip: 50072 Phone: 515 517 6017
Seller Real Estate Agent: Email:
Phone:
Buyer Nick + Jess Comesemall
Address: city: <u>Earlham</u> zip 50072 Phone: 615 - 249 - 4371
Buyer Real Estate Agent: None Email:
Phone:
If a Real Estate Agent(s) is not involved, enter "N/A".
Polk County will only accept coversheets and Iowa DNR inspection forms by email.
Email to: totinspection.review@polkcountyjowa.gov



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