

Document 2018 GW1914

Book 2018 Page 1914 Type 43 001 Pages 6 Date 6/18/2018 Time 11:15:26AM Rec Amt \$.00 IND

INDX **ANNO** SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

		E COMPLETED BY TRANSFEROR					
TRANSF		D 0 4					
Name Stephen R. Spitz and Susan E. Spitz							
Address	1867 Nature Court, Winterset, IA 50273						
	Number and Street or RR	City, Town or P.O.	State	Zip			
TRANSF	EREE:						
Name	Stephen M. Devos and Am	anda K. Devos					
Address	1867 Nature Court, Winterset, IA 50273						
	Number and Street or RR	City, Town or P.O.	State	Zip			
Addrass	of Property Transferred:						
	ture Court, Winterset, IA 502	273					
	mber and Street or RR	City, Town or P.O.	State	Zip			
		I at Nina (0) af Cana	P P-4-4 C1-4'-				
Legal De	scription of Property: (Attach	n if necessary) Lot Nine (9) of Copp Southeast Quarter (1/4) of Section Se	venteen (17) in Town	vision			
Seventy-	six (76) North Range Twen	ty-seven (27) West of the 5th P.M., I	Madison County Town	isilib			
Seventy-	Six (70) North, Range 1 Well	ty-seven (27) west of the 5th f .ivi., i	viadison County, 10w	<u>. </u>			
1. Wells	(check one)						
	here are no known wells situ	uated on this property.					
TI	here is a well or wells situate	ed on this property. The type(s), loca	ation(s) and legal stat	us are			
		n attached separate sheet, as neces	sary.				
	Waste Disposal (check on						
		e disposal site on this property.					
		al site on this property and information	on related thereto is p	rovided			
	Attachment #1, attached to	this document.					
	dous Wastes (check one)						
	here is no known hazardous						
		this property and information related	I thereto is provided in	1			
	ttachment #1, attached to thi						
	rground Storage Tanks (ch	•					
		ound storage tanks on this property.					
		tor fuel tanks, most heating oil tanks	, cisterns and septic t	anks, in			
	structions.) here is an underground stor:	age tank on this property. The hine/	a) pizo(a) and any lan	.01470			
!!	nere is an unuerground stora	age tank on this property. The type(s), size(s) and any kn	OWN			

substance(s) contained are listed below or on an attached separate sheet, as necessary.

5.	Private 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.	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
	buyer has executed a binding acknowledgment with the county board of health to demoist 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
14	to more than we will not be a section on the absolute of bours of bould be a sectional to be a section of the s
	ormation required by statements checked above should be provided here or on separate eets attached hereto:
sn	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.
Sic	gnature: 541 (1952) Telephone No.: 319-43(=3127)
ع، ح	(Transferor or Agent)

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)



Time of Transfer Inspection Report

Property Information Current Owner: STEVE - SUSAN SPITZ Buyer: STEVEN: Amanda DeVos Realtor: Sarah Comman Mailing Address: 1867 NATURE CT WINTERSET TA 50273 Site Address/County: SAME AS ABOVE / MADISON Legal Description No. of bedrooms: 3 Last occupied: Preset Records available: Yes

Permit/installation date: 110-05/9:16-05 Separation distances (ok/no?): 0K Septic System Information Septic tank(s): Size: 2 oov GA/ Material: Concrete Condition: ot Tank pumped? XY N Date: 5-22-18 Licensed pumper: (worth side 5 apr Septic/Trash/Processing tank: Size: Material: Tank pumped? YMN Licensed pumper: Aerobic treatment unit (ATU) nfgr Size Tank pumped? YN Date: Licensed pupper: Maintenance comract? ☐ Y ☐ N Expiration date: Service provider: Condition! Punto tanks/vaults: Type: Size Condition: Distribution system: Distribution box 15 Outlets used 4 Condition: 26 Header pipe(s): No. of lines: Pressure dosed? Secondary Treatment: Determined by: / 80 ntv Length of absorption fields: Condition of fields: Type of trench material: Size of sand filter: Determined by: Vent pipes above grade? TYTN Discharge pipe located? \square Λ \square NEffluent sample taken Results: Media Filters: Type: Maintenance contract? Y N Expiration date: Service provider: Condition: MPDES General Permit No. 4: Required? YN Permitted? YN MOI provided: DNR Form 542-0191



Time of Transfer Inspection Report

Alarms: YN Working: YN Disinfection: YN Working: YN					
Control Box: Timers: Inspection Ports:					
Other components: ETECTOR pump 1 Sump pump					
Overall condition of the private sewage disposal system:					
Report system status: See AHACHED 14985					
Explain (attach additional pages as needed):					
Comments: AT TIME OF INSPECTION ETECTOR PUMP WASN'T					
WARKING TO TEST FOR INTRECTION TO SOFTIE					
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					
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.					
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 satisfactority. Signature of Certified Inspector: Date: 5-72-18					
not guarantee that it will continue to function satisfactorily.					
not guarantee that it will continue to function satisfactority. Signature of Certified Inspector: Date: 5-72-18					
Name (print): Brian Rimard Date: 5-72-18 Certificate #: 8805					
Name (print): Brian Rinard Certificate #: 8805 Address: P. O. Box 204 NORWALK IN 50211					
Name (print): Brian Rinard Certificate #: 8805 Address: P. O. Box 204 NGRWALK IN 50211 Phone #: 515-202-4895 Provide a copy of this report, the narrative report and sketch to the seller/agent, buver/agent or the person					

मार Time of Transfer Report System Status

Address:	1867	NATURE	cT	D	ate: <u>5-22-18</u>
Comments:	Winterse	t, PA S	<i>50273</i> Tecl	nnician	24N
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		W. 444	Tem	AT the	
	TIME OF	the	IN-	ERCTIO.	<u> </u>

DIAGRAM OF SYSTEM

Gee County Records

1010 cmz/dap	DNR Form 542-019)

