

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

TRANSFEROR:

Name Carl Alvin Barr, III and LaRay M. Ripperger
Address 1917 Summerhill Trail, Winterset, IA 50273
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Sara J. Deugan
Address 2889 235th Street, St. Charles, IA 50240
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:
2889 235th Street, St. Charles, IA 50240
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) For Legal Description see Exhibit "A" attached hereto and by this reference incorporated herein.

1. Wells (check one)

- There are no known wells situated on this property.
 There is a well or wells situated on this property. The type(s), location(s) and legal status are stated below or set forth on an attached separate sheet, as necessary.

2. Solid Waste Disposal (check one)

- There is no known solid waste disposal site on this property.
 There is a solid waste disposal site on this property and information related thereto is provided in Attachment #1, attached to this document.

3. Hazardous Wastes (check one)

- There is no known hazardous waste on this property.
 There is hazardous waste on this property and information related thereto is provided in Attachment #1, attached to this document.

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

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 _____.

Information required by statements checked above should be provided here or on separate sheets attached hereto:

One (1) active well is located approximately 100 feet Southwest of the dwelling unit. _____

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature:  Telephone No.: (515) 480-2466
(Transferor or Agent)

EXHIBIT "A"

A tract of land located in the Southeast Quarter ($\frac{1}{4}$) of the Northeast Quarter ($\frac{1}{4}$) of Section Seven (7), Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, more particularly described as follows, to-wit: Commencing on the quarter section line at a point 1805 feet East of the Southwest Corner of the Northeast Quarter ($\frac{1}{4}$) of said Section Seven (7), running thence North 201 feet, thence Westerly 149 feet, thence North 243 feet 4 inches, thence Easterly 384 feet, thence South 435 feet 3 inches to the South line of said quarter section, thence Westerly along said quarter section line to the point of beginning, containing 3.15 acres, more or less.

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

Property information

Current owner Carl Alvin Barr III
Buyer Sarah Deugen Realtor Covered Bridge Realtor Bob D. Se
Mailing address 2889-235th St Charles IA 50240

Site Address/County 2889-235th St Charles IA 50240
Legal Description Same as Abstract

No. of bedrooms 3 Last occupied? still there Records available yes
06-09

Permit/installation date 9-17-09 Separation distances OK no? _____

Septic system information

Septic tank(s): size 1500 gal material Cement condition good
Tank pumped? yes date 6-13-18 licensed pumper yes
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? - date _____ licensed pumper _____

Aerobic treatment unit (ATU) mfg _____ size _____
Tank pumped? _____ date _____ licensed pumper _____
Maintenance contract? _____ expiration date _____ service provider _____
Condition _____

Pump tanks/vaults: type _____ size _____ condition _____

Distribution system: distribution box Plastic ^{Cement} outlets used 3 condition good
Header pipe(s) sch 35 4" # of lines 3 Pressure dosed? no

Secondary treatment:
length of absorption fields 85 x 3 determined by map & probe
condition of fields looks ok determined by map & probe
type of trench material 10" Guck

Size of sand filter _____ determined by _____
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? _____ NOI provided _____



Time of Transfer Inspection Report

Other components:

Alarms no Working? - disinfection no working? -

Control box no Timers no inspection ports yes

Other components has filter in tank Rizers to top of ground

Overall condition of the private sewage disposal system

Report system status Everything looks good at this time

Explain (attach additional pages as needed): _____

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: Allen Akers Date: 6-14-18
 Name (print): Allen Akers Certificate #: 203
 Address: 2204 175th ct Winterset IA 50273
 Phone #: 515-462-1015

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office, county Recorder in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

Permit # 061-09
Inspection 9/17/09
2889 235th St

