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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 Jeffrey E. Hayes
Address 1477 Warren Avenue, Cumming, IA 50061
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Adam Daniel Weigert
Address 2941 MAIN ST CHURCHVILLE IA 50211
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:
1477 Warren Avenue, Cumming, IA 50061
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) See 1 in Addendum

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.

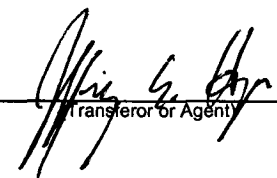
6. Private Sewage Disposal System (check one)

- 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:

well is located approximately 50' south of the southeast
corner of the house

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) 669-9918

Addendum

1. A tract of land located in the Southeast Quarter (1/4) of the Southeast Quarter (1/4) of Section 25, Township Seventy-seven (77) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, more particularly described as follows: Commencing at the Northeast Corner of the the Southeast Quarter (1/4) of the Southeast Quarter (1/4) of said Section Twenty-five (25), running thence South 38 rods, thence in a Northwesterly direction approximately 27 rods to a point 20 rods South of the North line of said Southeast Quarter (1/4) of the Southeast Quarter (1/4) thence North 20 rods to said North line, thence East approximately 21 rods to the point of beginning, and containing approximately 3.8 acres.



542-0191

Time of Transfer Inspection Report

Property Information

Current Owner: Jeff Hayes

Buyer: _____ Realtor: _____

Mailing Address: Same

Site Address/County: 1477 Warren Avenue Cumming, IA 50061

Legal Description

No. of bedrooms: 3 Last occupied: Current Records available: Yes

Permit/ installation date: 6-24-75 Separation distances (ok/no?): OK

Septic System Information

Septic tank(s): Size: 1000 Material: Concrete Condition: OK

Tank pumped? Y N Date: 10-12-18 Licensed pumper: ST-237

Septic/Trash/Processing tank: Size: — Material: _____ Condition: _____

Tank pumped? Y N Date: — Licensed pumper: _____

Aerobic treatment unit (ATU) mfg _____ Size _____

Tank pumped? Y N Date: _____ Licensed pumper: _____

Maintenance contract? Y N Expiration date: _____ Service provider: _____

Condition: _____

Pump tanks/vaults: Type: — Size: _____ Condition: _____

Distribution system: Distribution box Concrete Outlets used 4 Condition: Broken

Header pipe(s): 3 No. of lines: _____ Pressure dosed? NO

Secondary Treatment:

Length of absorption fields: 4 @ 90' Determined by: map, Probe, measuring.

Condition of fields: good, see description Determined by: hydraulic test

Type of trench material: Rock and Pipe

Size of sand filter: _____ Determined by: _____

Vent pipes above grade? Y N Discharge pipe located? Y N

Effluent sample taken _____ Results: _____

Media Filters: Type: —

Maintenance contract? Y N Expiration date: _____ Service provider: _____

Condition: _____

NPDES General Permit No. 4: Required? Y N Permitted? Y N NOI provided: _____



542-0191

Time of Transfer Inspection Report

Other components:

Alarms: Y N Working: Y N Disinfection: Y N Working: Y N

Control Box: _____ Timers: _____ Inspection Ports: _____

Other components: none

Overall condition of the private sewage disposal system: OK

Report system status: System was working properly on day of inspection

Explain (attach additional pages as needed): The system has a broken distribution box. Other components working on day of inspection

Comments: Secondary treatment handled hydraulic test. One line stopped taking water after 10 min. the rest took water

Site status at conclusion of Time of Transfer inspection: the entire test.

- 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: Joe Bedwell Date: 10-12-18

Name (print): Joe Bedwell Certificate #: 10974

Address: 1310 East Clinton Avenue Indianola 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
Des Moines IA 50319