

Book 2018 Page 3941 Type 43 001 Pages 5 Date 12/03/2018 Time 1:25:59PM

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

| TR | ANSFEROR: | | | | | | |
|-----|--|--------------------|-------|-------|--|--|--|
| Na | me Rick A. Vert | | | | | | |
| Ad | dress 610 Minnesota Ave | Lorimor | IA | 50149 | | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip | | | |
| TR | ANSFEREE: | | | | | | |
| Na | me Fredy Marroquin | | | | | | |
| Ad | dress 4600 Hickman Rd | Des Moines | IA | 50310 | | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip | | | |
| Ad | dress of Property Transferred: | | | | | | |
| 234 | 46 Saint Charles Rd | Winterset | IA | 50273 | | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip | | | |
| | unty, lowa. Wells (check one) | | | | | | |
| •• | ☐ Æhere 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. | Un | Underground Storage Tanks (check one) | | |
|------|----------|--|--|--|
| | Ø | 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. | Pri | vate Burial Site (check one) | | |
| | ø | 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. | Pri | vate 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. | | |
| | Ø. | 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 | | |
| | | ation required by statements checked above should be provided here or on separate sheets ed hereto: | | |
| # | 1 20. | Active well front yard. South east of house ding only the Andront | | |
| # | 42 | Septic tank See attatched time at transfer report | | |
| | | I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS | | |
| | | FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT. | | |
| Sigr | natu | Telephone No.: (575) 468-5470 | | |

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)



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

| Property information |
|---|
| Current owner Rick Vert Buyer Realtor Tane Crawford Mailing address Realtor Tane Crawford Mailing address |
| Mailing address Realton Anne Crawford |
| Site Address/County 2346 StCharles Rd Winterset IA 50273 Legal Description Same as address |
| No. of bedrooms 3 Last occupied? 54.11 There Records available 410 |
| Permit/installation date 9-4-2007 Separation distances © no? |
| Septic system information |
| Septic tank(s): size 1500 gal material & Connect condition looks of at his time. Tank pumped? 420 date 320-2018 licensed pumper 420 Forst 2910 Septic/trash/processing tank: size material condition Tank pumped? date licensed pumper |
| Aerobic treatment unit (ATU) mfgr size Tank pumped? date licensed pumper Maintenance contract? expiration date service provider Condition |
| Pump tanks/vaults: type // size condition |
| Distribution system: distribution box outlets used condition Header pipe(s) # of lines Pressure dosed? |
| Secondary treatment: length of absorption fields determined by condition of fields determined by type of trench material |
| Size of sand filter determined by Vent pipes above grade? discharge pipe located? Effluent sample taken? Results |
| Media filters: type <u>Co Co Premier teck</u> AQUA Ecotlo Biosister 1-38ed Room Maintenance contract? <u>Yes</u> expiration date 1-1-18 service provider <u>Aller Akus Saptie</u> Condition <u>Look of Athio Line Took</u> Sample in March 2018 |

NPDES General Permit No. 4: required? _____ NOI provided ____



Time of Transfer Inspection Report

| Other components: |
|---|
| Alarms Working? disinfection working? |
| Control box inspection ports |
| Other components has Riger to top of ground with filter intant |
| Overall condition of the private sewage disposal system |
| Report system status Ever Thing look of at this Time of Date |
| Report system status <u>Even Thing looks of at this Time T Date</u> Explain (attach additional pages as needed): <u>has 2 Compartment 1500 tank fuller</u> in it |
| 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 Cokes Date: 10-14-18 Name (print): Allen Akers Certificate #: 203 Address: 2204 1754 of Winterset IA 50273 Phone # 515-462-105 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. 9 th St. Des Moines, IA 50319 |

inspedie que 2007 Permit # 066-07 2346 St. Charles RI 12011 2760,26