BK: 2018 PG: 3973

Recorded: 12/6/2018 at 8:12:36.0 AM

Pages 6

County Recording Fee: \$0.00 Iowa E-Filing Fee: \$0.00 Combined Fee: \$0.00

Revenue Tax:

LISA SMITH RECORDER Madison County, Iowa

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name	Jason Jamison							
Address	1522 Highway 169, Winterset, IA 50273							
	Number and Street or RR	City, Town or P.O.	State	Zip				
TRANSF	EREE:							
Name								
Address 1405 S.E. Army Post Road, West Des Moines, IA 50265								
	Number and Street or RR	City, Town or P.O.	State	Zip				
Address	of Property Transferred:							
	iway 169, Winterset, IA 50273							
Nun	nber and Street or RR Ci	ly, Town or P.O.	State	Zip				
	scription of Property: (Attach if neces							
Fractional Half (½) of the Northwest Quarter (¼) of Section Thirty-one (31), Township Seventy-seven (77) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa.								
INOTHI, IXA	nge 1 wenty-seven (27) west of the 5th 1	1.1vr., Iviadison County, 10wa.						
			`					
	(check one)							
There are no known wells situated on this property.								
	\underline{X} 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)								
	X 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)								
	nere is no known hazardous waste o	n this property.						
TH	nere is hazardous waste on this prop	erty and information related ther	eto is provided i	in				
At	tachment #1, attached to this docum	ent.	·					
	ground Storage Tanks (check one							
	nere are no known underground store							
	nall farm and residential motor fuel ta	anks, most heating oil tanks, cist	erns and septic	tanks, in				
	structions.)	on this property. The type (a) of	zo(a) and any le	5 01.150				
	nere is an underground storage tank lbstance(s) contained are listed belov							
		•		-				

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.
ô.	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. X 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
	formation required by statements checked above should be provided here or on separate eets attached hereto:
<u>)n</u>	e (1) active well is located on the Southeast corner of the property.
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sig	gnature: Telephone No.: (515) 729-0278



State Hygienic Laboratory

The University of Iowa

ALLEN AKERS 2204 175TH CT WINTERSET, IA 50273-

Accession Number Date Sample Finalized

Date Received Sample Source

Project Date Collected Collection Site 2018-11-06 10:44 Non-Drinking Water

2018-11-13 09:33

2018-11-06 10:00 discharge

1522 HWY 169 Collection Address

WINTERSET,

Sample Description Client Reference

waste water jason jamison akers allen

Collector

Phone | 515/462-1015

Note: Upon arrival, sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

Results of Analyses

BOD, Carbonaceous 5 Day SM 5210 Box

Units Date Analyzed

2018-11-07 08:00 Analyst | AMJ

Analyzed In | Ankeny Date Verified

2018-11-12 13:51

Verifier | DLS

Analyte CBOD, 5 Day

Ouant Limit

Total Suspended Solids, USGS 1-3765-85

Units | mg/L

Date Analyzed | 2018-11-08 08:36

Analyst | KAR

Analyzed In | Ankeny Date Verified

2018-11-13 09:33

Verifier | AMJ

Total Suspended Solids

Quant Limit

Description of Units used within this report

mg/L = Milligrams per Liter

The result(s) of this report relate only to the items analyzed. This report shall not be reproduced except in full without the written approval of the laboratory.

Iowa Environmental Laboratory IDs are: Ankeny #397, Iowa City/Coralville #027, Lakeside #393.

If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500. Thank you.

Result

Page 1 of 1



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

Property information Current owner Jason Jamison Buyer Michael Shimdelar Realion Madison Co Realfor (Jenne Per Stour Mailing address 1522 Huy 169 Winterset FR 50273 Site Address/County 1522 Hwy 169 Winterset IA 50273 Legal Description Same as address No. of bedrooms 4 Last occupied? Wie There Records available #034-02 Permit/installation date 3/3/02 Separation distances 6km no? Septic tank(s): size 1500 gal material Blastic condition good Tank pumped? Use date 11-14-18 licensed number 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 determined by condition of fields type of trench material Size of sand filter _____ determined by _____ Vent pipes above grade? _____ discharge pipe located? _____ Effluent sample taken? Results 795-1 COOD-5- 2 Media filters: type _______

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

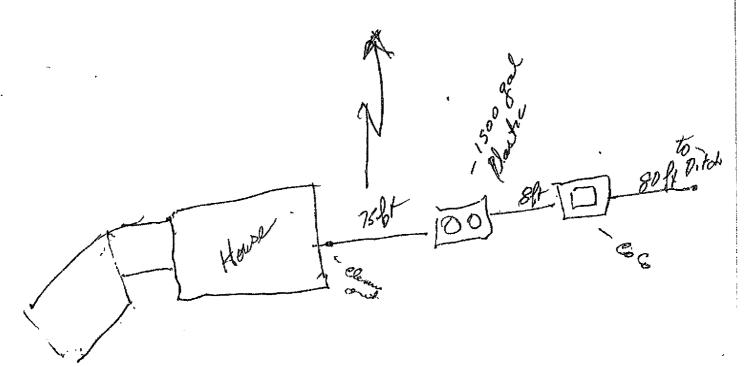


Time of Transfer Inspection Report

Other components:		,					
Alarms Working?	disinfection /2	working?					
Control box 100 Timers —	inspection ports	wes					
Control box 10 Timers Other components Sacy Thing look	at of this-	Time					
Overall condition of the private sewage disposal system							
Report system status							
Explain (attach additional pages as needed):							
Comments:							
Site status at conclusion of Time of Transfer inspecting Verify that controls are set on the appropriate Power is on to all components. Revisit all components to verify lids a Gather all tools for removal from the Verify that no sewage is on the ground	ion: propriate mode. are secure. site.						
Using this worksheet, write a narrative report of the	inspection results and atte	ach a site sketch.					
This report indicates the condition of the private sew the inspection. It does not guarantee that it will cont	tinue to function satisfact	orily.					
Signature of Certified inspector: Role Con Con Name (print): Allen Akers Address: 2203 1754 ct winterset Phone # 515-462-1015	2ken I EA 50273	Date: 203 ertificate #: 203					
Provide a copy of this report, the narrative report and county sanitarian/environmental health office, count conducted and to;	d sketch to the seller/ager ty Recorder in the county	nt, buyer/agent, the the inspection was					
Towa DNR Onsite Wastewater Program 502 E. 9 th St. Des Moines, IA 50319	•						

#034-02 5/3/02 Robert

Robert Crase 1522 U.S. Nay 169



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