

Document 2019 GW173

Book 2019 Page 173 Type 43 001 Pages 5 Date 1/07/2019 Time 12:08:43PM Rec Amt \$.00

INDX **ANNO** SCAN CHEK

LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

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

| TRANSF | EROR: | | | |
|--|--|--|--|-----------|
| Name | RAH Investments LLC | | | |
| Address | 997 SE Waterview Circle, Wauk | kee, IA 50263 | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip |
| TRANSF | EREE: | | | |
| Name | Curtis D. Barber and Kylee D. B | Barber | | |
| Address | 1576 200th Street, Winterset, IA | | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip |
| | of Property Transferred: lham Road, Winterset, IA 50273 | | | |
| Nun | nber and Street or RR | City, Town or P.O. | State | Zip |
| the 5th P.M 1986, in the | rest Quarter (1/4) of Section Thirty-one (3 1., Madison County, Iowa, containing 3.8 te Office of the Recorder of Madison Coun | 3 acres, as shown in Plat of Survey | | |
| TI TI st 2. Solid TI TI | (check one) here are no known wells situated here is a well or wells situated on ated below or set forth on an atta Waste Disposal (check one) here is no known solid waste disposal site Attachment #1, attached to this of | this property. The type(s), ched separate sheet, as necessal site on this property. | cessary. | |
| <u>X</u> Th — Th At 4. Under | dous Wastes (check one) here is no known hazardous wast here is hazardous waste on this p httachment #1, attached to this doc rground Storage Tanks (check o | property and information relaction relaction control one () and () are control one () are control on () are control | | |
| sn in: Th | nere are no known underground s nall farm and residential motor fu structions.) nere is an underground storage ta ubstance(s) contained are listed b | el tanks, most heating oil tar ank on this property. The ty | nks, cisterns and seption pe(s), size(s) and any k | tanks, in |

| 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 |
| | 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 |
| | permit number |
| Inf | ormation required by statements checked above should be provided here or on separate |
| | eets attached hereto: |
| | |
| | |
| 70 | DO yards South of home in poster |
| | · |
| | |
| | |
| | |
| | I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM |
| | AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT. |
| | |
| | O , I , I , I |
| Sig | mature: Telephone No.: <u>(515) 371-5998</u> |
| | (1ransferor or Agent) |

Time of Transfer Inspection Report

| Property Information |
|---|
| Current Owner: RAH Investments, LLC |
| Buyer: Realtor: Jennifer Storer |
| Mailing Address: |
| Site Address/County: 2108 Earlham Road Winterset IA 50273 |
| Legal Description |
| No. of bedrooms: 3 Last occupied: Unknown (foreclosed) Records available: Yes |
| Permit/ installation date: 3-78-13 Separation distances (ok/no?): |
| Septic System Information |
| Septic tank(s): Size: 1250 gallon Material: Concrete Condition: good |
| Tank pumped? NY N Date: 12-21-18 Licensed pumper: 51-23.7 |
| Septic/Trash/Processing tank: Size: Material: Condition: |
| Tank pumped? Y N Date: Licensed pumper: |
| Aerobic treatment unit (ATU) mfgr 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 Plastic Outlets used 3 Condition: |
| Header pipe(s): 2 No. of lines: 3 Pressure dosed? |
| Secondary Treatment: |
| Length of absorption fields: 30 97 Determined by: Probe measuring |
| Condition of fields: good, dry Determined by: hydraulic test, Abe |
| Type of trench material: 36 Chambers |
| Size of sand filter: Determined by: |
| Vent pipes above grade? |
| Effluent sample taken Results: |
| Media Filters: Type: |
| Maintenance contract? |
| Condition: |
| NPDES General Permit No. 4: Required? |
| |



Time of Transfer Inspection Report

| Other components: | | | | | |
|--|--|--|--|--|--|
| Alarms: Y N Working: Y N Disinfection: Y N Working: Y N | | | | | |
| Control Box: — Inspection Ports: — | | | | | |
| Other components: NONE | | | | | |
| Overall condition of the private sewage disposal system: 6-00 d | | | | | |
| Report system status: System was working properly on day of inspection. | | | | | |
| Explain (attach additional pages as needed): Sconory treatment hundled hydraulic | | | | | |
| test and was working properly on the day of inspection. | | | | | |
| Comments: System was working properly on day of inspection. | | | | | |
| | | | | | |
| 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: Refault Date: 12-21-18 | | | | | |
| Name (print): Joe Beduell Certificate #: 10974 | | | | | |
| Address: 1310 East Clinton Avenue Indianola IA 50125 | | | | | |
| Phone #: 5 5-68 -588.5 | | | | | |
| 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 | | | | | |

