

Book 2019 Page 1467 Type 43 001 Pages 5 Date 5/21/2019 Time 12:09:14PM Rec Amt \$.00

INDX **ANNO SCAN**

CHEK

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFE	ROR:				
Name	TRAVIS F	PATE ·			
Address	2563 - 22	5 th Street	Winterset	lowa	50273
	Number and S	treet or RR	City, Town or P.O.	State	Zip
TRANSFE	DEE:				
Name		AMILY TRUST DATED AUG	SUST 28, 2000		
Address	2563	225th Street	Winterset	Laur	S0273
	Number and S	treet or RR	City, Town or P.O.	State	Zip
Address of	Property Trans	sferred.			
Addices of	2563 - 22		Winterset	lowa	50273
	Number and S	treet or RR	City, Town or P.O.	State	Zip
The sta	ere is a well or ted below or se Vaste Disposa	•	rty. The type(s), locat rate sheet, as necessa		atus are
☐ The	ere is a solid w	n solid waste disposal site o aste disposal site on this pro ttached to this document.	• • •	related thereto is	provided in
	lous Wastes (
The	ere is no knowr	n hazardous waste on this p	roperty.		
☐ The	ere is hazardou	is waste on this property an	d information related t	hereto is provided	in
		ttached to this document.			
` / '	-	e Tanks (check one)			
, ,		wn underground storage tar ial motor fuel tanks, most he			
	tructions.)	- ,	3 1 11 1, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,		•
☐ The	ere is an under	ground storage tank on this ained are listed below or or		• • •	

5.		vate 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
	لــا	information of the decedent(s) is stated below or on an attached separate sheet, as necessary.
6.	Pri	vate Sewage Disposal System (check one)
	\Box	All buildings on this property are served by a public or semi-public sewage disposal system.
	H	This transaction does not involve the transfer of any building which has or is required by law to
	ш,	have a sewage disposal system.
	, ZZ	There is a building served by a private sewage disposal system on this property or a building
	$\mathcal{P}_{\mathcal{S}}$	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 a 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 acknowledgement
		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
		acknowledgement is attached to this form.
		There is a building served by private sewage disposal system on this property. The buyer has
		executed a binding acknowledgement with the county board of health to install a new private
		sewage disposal system on this property with an agreed-upon time period. A copy of the binding
		acknowledgement is provided with this form.
	Ш	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 acknowledgement with the county board of health to demolish the
		building within an agreed-upon time period. A copy of the binding acknowledgement 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
		ormation required by statements checked above should be provided here or on separate
	sh	eets attached hereto:
		Southwest corner of property
	_	
	LUE	DEBY DECLARE THAT I HAVE BEVIEWED THE INSTRUCTIONS FOR THIS
	ו ווונ	REBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS
		FORM
	A	ND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sid	ınatı	re: O Telephone No.: (5/5) 6/2 - 35/19



4/2010

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

Property information
Current owner Iravis Pate
Buyer Realtor
Mailing address
Site Address/County 2563 225+h St. Winterset / Mudison
Site Address/County 2000 2200 The Address/County 2000 2000 The Address/County 2000 2000 The Address/County 2000 The Address/Co
Legal Description
No. of bedrooms 3 Last occupied? (UV rt nt Records available
Permit/installation date Separation distances ok/ no?
Septic system information
Septic tank(s): size 1250 material Concrete condition Good
Septic tank(s): size
Tank pumped? Yes date 5-9-18 licensed pumper Wieger 50 ptic Septic/trash/processing tank: size material condition
Tank pumped? date licensed pumper
Tank pumper:
Aerobic treatment unit (ATU) mfgr size
Aerobic treatment unit (ATU) mfgr size Tank pumped? date licensed pumper Maintenance contract? expiration date service provider
Maintenance contract? expiration date service provider
Condition
Pump tanks/vaults: type size condition
Distribution system: distribution box 925 outlets used 4 condition 600 Header pipe(s) 475040 # of lines 4 Pressure dosed? 8
Header pipe(s) 4750μ of lines 4 Pressure dosed? NO
Secondary treatment: length of absorption fields 100ffx4 determined by condition of fields 9000 determined by Frspecfion
condition of fields 4201 determined by This De (+10 h)
condition of fields 9000 determined by Inspection type of trench material 3611 Chambers
sypo of tronon material
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? permitted? NOI provided
Page 1 of 2
rage (0) 2

542-0191



Time of Transfer Inspection Report

Other components Alarms		disinfection	working?
Control box	Timers		
Other components	í		
	of the private sewage disp		
Report system stat	us System w	orking properly c	at Inspection
Explain (attach ad	ditional pages as needed)	orking property of: tank good, D-60; and Lateral Field we grade	dry
Comments: 1)-	15 alos	re grade	
VePoReGa	lusion of Time of Transfe rify that controls are set o wer is on to all componen visit all components to ve ther all tools for removal rify that no sewage is on t	on the appropriate mode. ats. crify lids are secure. from the site.	
Vsing this worksh	eet, write a narrative repo	ort of the inspection results and a	ttach a site sketch.
		rivate sewage disposal system at will continue to function satisfac	
Signature of Certifiame (print): 1 Address: 100 Phone # 515-	fied inspector: BM en Beidwell V 6th St. Unit - 681-2053	Health Internal A. I.A.	Date: 3)5- 4 Certificate #: 11612
Provide a copy of	this report, the narrative i	report and sketch to the seller/ag	ent, buyer/agent or
Iowa DNR Private Sewage D 502 E. 9 th St. Des Moines, IA 5	•		

Wiegert Septic Service

A Division of WIEGERT DISPOSAL INC. P.O. Box 344 • 1-800-728-4908 Martensdale, IA 50160

	No			Date	r		
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Address	s <u>- 1 </u>			e je to to to to			
CASH	CHARGE	CHARGE C.O.D SALESMAN		٧	RE. ON ACCT.		
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Net 15 I	Jays	The	ank Jos	TAX TOTAI		100	
SIGNAT	TURE	Name Add to the Control of the Contr					