BK: 2019 PG: 2070

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Pages 4

County Recording Fee: lowa E-Filing Fee: \$0.00

Combined Fee: Revenue Tax:

LISA SMITH RECORDER Madison County, Iowa

## REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

|  | ТОВ  | E COMPLETED BY TRANSFEROR                      |  |   |  |  |  |  |
|--|--|--|--|---|--|--|--|--|
| <b>TRANSF</b>  | EROR:  |  |  |   |  |  |  |  |
| Name   | Name Jean L. Howe and Richard D. Howe  |  |  |   |  |  |  |  |
| Address 2369 NW 163rd Street, Clive, IA 50325  |  |  |  |   |  |  |  |  |
|  | Number and Street or RR  | City, Town or P.O.                             | State  | Zip                                     |  |  |  |  |
| TRANSF   | ERFE-  |  |  |   |  |  |  |  |
| Name   | Bryan Wickett and Alexan   | dra Wickett                                    |  |   |  |  |  |  |
| Address  |  |  |  |   |  |  |  |  |
| , taa, 555   |  |  | Supplies it is a subsequent on the supplier of | *************************************** |  |  |  |  |
|  | Number and Street or RR  | City, Town or P,O.                             | State  | Zip                                     |  |  |  |  |
| Address  | of Property Transferred:   |  |  |   |  |  |  |  |
| 1465 Un  | ion Lane, Van Meter, IA 50   | 0261   |  |   |  |  |  |  |
|  | nber and Street or RR  | City, Town or P <sub>4</sub> O <sub>4</sub>    | State  | Zip                                     |  |  |  |  |
|  |  | 51ty 15 titl 51 1 202                          | State  | Ziβ                                     |  |  |  |  |
| Legal De   | scription of Property: (Attacl   | h if necessary) Parcel "I" located in the Nor  | rtheast Quarter (1/4) of t   | he                                      |  |  |  |  |
| Southeast (  | Quarter (1/4) of Section Twenty-ni   | ne(29), Township Seventy-seven (77) North, Ra  | inge Twenty-six (26) W   | est of the                              |  |  |  |  |
| 5th P.M., N  | Aadison County, Iowa, containing   | 3.00 acres, as shown in Amended Plat of Survey | / filed in Book 2015, Pa   | ge 319 on                               |  |  |  |  |
| February 5   | , 2015, in the Office of the Record  | er of Madison County, Iowa.                    |  | *************************************** |  |  |  |  |
| 4 884 11   |  |  |  |   |  |  |  |  |
|  | (check one)  |  |  |   |  |  |  |  |
| <u> </u>   | X There are no known wells situated on this property.  |  |  |   |  |  |  |  |
|  | nere is a well or wells situate  | ed on this property. The type(s), locati       | ion(s) and legal stat  | tus are                                 |  |  |  |  |
| اک<br>امالم  | ated below or set forth on a   | n attached separate sheet, as necessa          | ary.   |   |  |  |  |  |
| 2. 30110<br>V T  | 2. Solid Waste Disposal (check one)  |  |  |   |  |  |  |  |
|  | <ul> <li>X There is no known solid waste disposal site on this property.</li> <li>There is a solid waste disposal site on this property and information related thereto is provided</li> </ul> |  |  |   |  |  |  |  |
| ' '<br>in  | Attachment #1, attached to   | at site off this property and information      | related thereto is p   | rovided                                 |  |  |  |  |
| 3 Hazar  | dous Wastes (check one)  | this document.                                 |  |   |  |  |  |  |
| X TI   | nere is no known hazardous   | weste on this property                         |  |   |  |  |  |  |
| T  | X 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. |  |  |  |   |  |  |  |  |
|  |  |  |  |   |  |  |  |  |
| X TI   | <ul> <li>Underground Storage Tanks (check one)</li> <li>X There are no known underground storage tanks on this property. (Note exclusions such as</li> </ul>                                   |  |  |   |  |  |  |  |
| sr   | small farm and residential motor fuel tanks, most heating oil tanks, cisterns and septic tanks, in   |  |  |   |  |  |  |  |
| in   | structions.)   | to. Too tarks, most nearing on tarks, t        | natorna and soptici  | iaino, III                              |  |  |  |  |
|  |  | age tank on this property. The type(s)         | size(s) and any br   | າດພາກ                                   |  |  |  |  |
| SU   | ibstance(s) contained are lis  | sted below or on an attached senarate          | sheet se necessar  | ru<br>ru                                |  |  |  |  |

| 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)   |  |  |  |  |
| Inf   | 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 |  |  |  |  |
| sh  | eets attached hereto:  |  |  |  |  |
| c <del>a de p</del> ortema (po  |  |  |  |  |  |
| ***************************************   |  |  |  |  |  |
| abshelmolamous  |  |  |  |  |  |
|   |  |  |  |  |  |
| I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT. |  |  |  |  |  |
|   | Q = 1 M 1  |  |  |  |  |
| Sig   | nature: Telephone No.: (515) 201-3332  |  |  |  |  |
|   | (shored of rigon)  |  |  |  |  |



4/2010

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

| Property information  |  |  |
|---|--|--|
| Current owner Jean Howe   |  |  |
| Ruster  |  |  |
| Buyer Realtor Mailing address 23 69 NW 163 rd 5+, Clive I A   |  |  |
|   |  |  |
| Site Address/County 1465 Union Lane, Van Meter/ Mad1so  |  |  |
| Legal Description   |  |  |
| No. of bedrooms 3 Last occupied? Current Records available  |  |  |
| Permit/installation date Separation distances (k) no?   |  |  |
| Septic system information   |  |  |
| Septic tank(s): size 1250 material Concrete condition 9000  Tank pumped? yes date 5-1-19 licensed pumper Wiegert  Septic/trash/processing tank: size material condition   |  |  |
| Septic tank(s): size 1200 material condition 9000   |  |  |
| Tank pumped? <u>Ves</u> date <u>5-1-19</u> licensed pumper <u>VV) togert</u>  |  |  |
| Septic/trash/processing tank: size material condition   |  |  |
| Tank pumped? date licensed pumper   |  |  |
| Aerobic treatment unit (ATU) mfgr size  |  |  |
| Tank numbed? date licensed pumper   |  |  |
| Maintenance contract? expiration date service provider  |  |  |
| Condition   |  |  |
|   |  |  |
| Pump tanks/vaults: type size condition  |  |  |
| Distribution system: distribution box 40 outlets used 3 condition 9000 Header pipe(s) 41 50000 # of lines 3 Pressure dosed? 00  |  |  |
| Secondary treatment:  |  |  |
| length of absorption fields 3 × 100 determined by + hspection   |  |  |
| condition of fields 9000/ Ury determined by ± nsptction   |  |  |
| Secondary treatment:  length of absorption fields $3 \times 100$ condition of fields $9000/0$ determined by $\pm 100$ type of trench material $\pm 100$ condition of fields $\pm 100$ determined by $\pm 100$ determined by $\pm 100$ |  |  |
| Size of sand filter determined by   |  |  |
| Vent nines above grade?  Vent nines above grade?  discharge nine located?   |  |  |
| nt pipes above grade? discharge pipe located?luent sample taken? Results  |  |  |
| Title Air Debrikes, wereast,  |  |  |
| Media filters: type   |  |  |
| Media filters: type   |  |  |
| Condition   |  |  |
| NPDES General Permit No. 4: required? permitted? NOI provided   |  |  |
| Page 1 of 2   |  |  |

542-0191



## Time of Transfer Inspection Report

| Other components: Alarms Working?  | disinfection  | working?   |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Control box Timers   | inspection ports_   | Nove the disconnected by the second s |  |  |  |  |  |
| Other components   |   |  |  |  |  |  |  |
| Overall condition of the private sewage disposal system  |   |  |  |  |  |  |  |
| Report system status System work?  Explain (attach additional pages as needed): to Oll Plumbing goer to seption Comments: Cleanout not for drainged to sump pump   | nb good D-<br>c, Lateral Field                                    | box good,  |  |  |  |  |  |
| Site status at conclusion of Time of Transfer insp  Verify that controls are set on the  Power is on to all components.  Revisit all components to verify li  Gather all tools for removal from  Verify that no sewage is on the green.        | appropriate mode.<br>ds are secure.<br>the site.<br>ound surface. | ach a site sketch  |  |  |  |  |  |
| Using this worksheet, write a narrative report of this report indicates the condition of the private the inspection. It does not guarantee that it will a Signature of Certified inspector:  Name (print):    Ben   Bechell     Address:   106 | sewage disposal system at the                                     | ne time of   |  |  |  |  |  |
| 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<br>Private Sewage Disposal Program<br>502 E. 9 <sup>th</sup> St.<br>Des Moines, IA 50319  |   |  |  |  |  |  |  |