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INDX
ANNO
SCAN

LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK



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

TRANSFEROR:

Name David J. Swaim

Address	<u>1596 State Hwy 92</u>	<u>Winterset</u>	<u>IA</u>	<u>50273</u>
	Number and Street or RR	City, Town or P.O.	State	Zip

TRANSFeree:

Name Andrew J. Lawrance

Address	<u>504 SW Maple St.</u>	<u>Ankeny</u>	<u>IA</u>	<u>50023</u>
	Number and Street or RR	City, Town or P.O.	State	Zip

Address of Property Transferred:

<u>1596 State Hwy 92</u>	<u>Winterset</u>	<u>IA</u>	<u>50273</u>
Number and Street or RR	City, Town or P.O.	State	Zip

Legal Description of Property: (Attach if necessary)

See Attached

1. Wells (check one)

- ☐ There 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. Underground Storage Tanks (check one)

- ☒ 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. Private 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 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 _____

Information required by statements checked above should be provided here or on separate sheets attached hereto:

SW side of property

**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature: _____

Daved J. Swan

(Transferor or Agent)

Telephone No.: 515-822-5654

Legal for 1596 State Hwy 92, Winterset, IA 50273

A tract of land located in the Northeast Quarter (1/4) of the Northeast Quarter (1/4) of Section One (1), Township Seventy-five (75) North, Range Twenty-nine(29) West of the 5th P.M., Madison County, Iowa, containing 2.65 acres, as show in Retracement Plat of Survey filed in Book 2006, Page 4351 on October 23, 2006 in the Office of the Recorder of Madison County, Iowa.



Closing atty

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

Property information

Current owner David Swain
Buyer _____ Realtor Nevitt Perry & Realty
Mailing address _____
Site Address/County 1596th Hwy 92 Winterset, Ia. 50273
Legal Description Madison Co.
No. of bedrooms 3 Last occupied? is now Records available yes
Permit # 092-04 Installation date 9-24-04 Separation distances ok/no? OK

Septic system information

Septic tank(s): size 1500 gal material Plastic condition good
Tank pumped? yes date 2-26-16 licensed pumper Mayer Septic
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____
Aerobic treatment unit (ATU) mfg _____ size _____
Tank pumped? _____ date _____ licensed pumper _____
Maintenance contract? _____ expiration date _____ service provider _____
Condition _____
Pump tanks/vaults: type _____ size _____ condition _____
Distribution system: distribution box Plastic outlets used 4 condition good
Header pipe(s) 3 # of lines 4 Pressure dosed? _____

Secondary treatment:

length of absorption fields 4 at 100 ft determined by most probing
condition of fields good determined by walking & probing
type of trench material chamber

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 _____



Time of Transfer Inspection Report

Other components:

Alarms _____ Working? _____ disinfection _____ working? _____

Control box _____ Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status The sewage system at 1596 St. Hwy 92

Explain (attach additional pages as needed): Winterset, da 50273
is in good operating condition

Comments: The septic tank was opened & pumped on 2-26-16 -
the tank has 2 compartments & intake & out flow baffles are
in place - there are no cracks in the tank & sump are
in good shape - & all grey water goes to system

The dest. box was opened & box is in good condition
water was run into lateral lines & all laterals took water
also field is clean & dry

Site status at conclusion of Time of Transfer inspection:

- ✓ Verify that controls are set on the appropriate mode.
- ✓ Power is on to all components.
- Done ✓ Revisit all components to verify lids are secure.
- Done ✓ Gather all tools for removal from the site.
- ✓ Verify that no sewage is on the ground surface. none on 2-26-16

Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

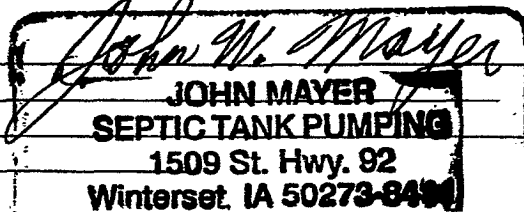
This report indicates the condition of the private sewage disposal system at the time of the inspection. It does not guarantee that it will continue to function satisfactorily.

Signature of Certified inspector: _____

Name (print): _____

Address: _____

Phone # 515-462-2624



Date: 2-26-2016

Certificate #: 8979

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. 9th St.
Des Moines, IA 50319

Permit # 092-04 DeVore Inspection 9/24/04

