

Book 2019 Page 1726 Type 43 001 Pages 5 Date 6/11/2019 Time 10:46:32AM Rec Amt \$.00 IND

INDX **ANNO** SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

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

TRANSFEROR.

IICA	NOFER	JR.						
Nam	e <u>Leo T</u>	. O'Brien						
Addr	ess <u>24</u>	63 Bittersweet Ave Number and Street or RR	Winterset City, Town or P.O.	IA State	50273 Zip			
TRA	NSFER	EE:						
Nam	e <u>Austi</u>	n M. Grapp						
Addr	ess <u>10</u> 2	21 W South St	Winterset	IA	50273			
		Number and Street or RR	City, Town or P.O.	State	Zip			
Addr	ess of F	roperty Transferred:						
<u>2463</u>	Bitters\	veet Ave	Winterset	IA	50273			
		Number and Street or RR	City, Town or P.O.	State	Zîp			
		Recorder of Madison County heck one)	, Iowa.					
		e are no known wells situated o	n this property.					
	The	re is a well or wells situated on the forth on an attached separate	nis property. The type(s), locati	on(s) and legal statu	is are stated below			
2.	Solid Waste Disposal (check one)							
7	There is no known solid waste disposal site on this property.							
1		There is a solid waste disposal site on this property and information related thereto is provided in Attachment #1, attached to this document.						
3. I	Hazardous Wastes (check one)							
d	The	There is no known hazardous waste on this property.						
ا		re is hazardous waste on this p ched to this document.	roperty and information related	thereto is provided	in Attachment #1,			

4.	Un	derground Storage Tanks (check one)					
	X	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 .	Pri	rjvate 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.	Pri	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 lawful sewage disposal system. A certified inspector's report is attached which documents the condition the private sewage disposal system and whether any modifications are required to conform to standa adopted by the Department of Natural Resources. A certified inspection report must be accompanied 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 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					
		ation required by statements checked above should be provided here or on separate sheets of hereto: Ophical New SE Cor. of Ut 10x. 75 feet SE. of Hawk					
_0	P	rox. 75 feet USE. of House					
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM					
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.					
Sig	natu	re: <u>Joo B</u> Telephone No.: (<u>5/5</u>) <u>493-6028</u> (Transferor or Agent)					



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

Property information

Current owner Leo Obrien Shaula Obrien 515-493-6028
Current owner Leo Obrien Shayla Obrien 515-493-6028 Buyer Austan + Ame Melissa Grapp Realtor Cindry Stanford Towa Resident Mailing address 1021 West South St Winterset 5th 50273
Mailing address 1021 west South St Winterset 15A 50273
Site Address/County 2463 Betterswett Ave Waterset IA 50213 Legal Description Same as Editions
F. 1 - 19
No. of bedrooms 2 Last occupied? Still then Records available 400
Permit/installation date 2/7/08 Separation distances (ok) no?
Septic system information
Septic tank(s): size 1250 material Coment condition COK's ok at this
Tank pumped? 400 date 5-1-19 licensed pumper 400
Tank pumped? 400 date 5-1-19 licensed pumper 400 Septic/trash/processing tank: size material condition
Tank pumped? date licensed pumper
Aerobic treatment unit (ATU) mfgr size Tank pumped? date licensed pumper
Tank pumped? date licensed pumper
Maintenance contract? expiration date service provider Condition
Collegatori
Pump tanks/vaults: type size condition
Distribution system: distribution box pleases outlets used outlets used condition look of Header pipe(s) \$1.35 4" # of lines 5 Pressure dosed?
Secondary treatment:
length of absorption fields 5-801/4 = 400/4 determined by Man + Plake
condition of fields Looks of the time determined by grase look good
iength of absorption fields 5-8044 = 40064 determined by Map + Plake condition of fields 100ks ok at this time determined by grave lot good type of trench material EQ 24 Chambers 120 water in graves
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? (A) = nermitted? — NOI provided —



Time of Transfer Inspection Report

Other components:
Alarms None Working? disinfection More working?
Control box 12 Timers Pone inspection ports
Other components Rizers to top of Ground . 2 Clean outs
Overall condition of the private sewage disposal system
Report system status <u>Ilter</u> <u>Pack</u> Side of <u>Tank</u> 2 Compantment <u>Tank</u> Cernent Explain (attach additional pages as needed):
Comments:
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: Allen Ches Date: 203 Name (print): Allen Akers Certificate #: 203 Address: 2204 1754 at winterset TA 70273 Phone # 515.462-1015
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. 9 th St. Des Moines, IA 50319

East Randy Jeffs July 19-2008

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