

Book 2019 Page 2863 Type 43 001 Pages 5 Date 9/11/2019 Time 12:22:36PM

Rec Amt \$.00

INDX ANNO **SCAN**

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSF	EROR: Rebecca Bollin		•				
Name Address	1574 Prairieview	Ave Van Meter	IA	5076			
	Number and Street or RR	City, Town or P.O.	State	Zip			
TRANSFI	EREE:						
Name	Brian P. Van Pelt						
Address	1578 Prairieview Avenue, Van Meter, IA 50261						
	Number and Street or RR	City, Town or P.O.	State	Zip			
	of Property Transferred: irieview Avenue, Van Mete	er, IA 50261					
Num	ber and Street or RR	City, Town or P.O.	State	Zip			
 1. Wells (check one) X 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) X There is no known solid waste disposal site on this property. Y 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) Y There is no known hazardous waste on this property. There is hazardous waste on this property and information related thereto is provided in 							
4. Under X The series instance.	nall farm and residential mo structions.) nere is an underground stor		s, cisterns and septice e(s), size(s) and any l	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:
311	eets attached hereto.
_	
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
	$\bigcap_{i} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{j} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{j$
Çi.	Telephone No. (515) 401-7308

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a. Solid \	Waste Disposal (check one)	
De Th ha	epartment of Natural Resources that the site in the nere is a solid waste disposal site on this prop Pazardous by the Department of Natural Resou	erty which has been deemed to be potentially rces. The location(s) of the site(s) is stated
	elow or on an attached separate sheet, as ned rdous Wastes (check one)	essary.
Th	nere is hazardous waste on this property and epartment of Natural Resources rules.	it is being managed in accordance with
Th		the appropriate response or remediation actions, nined.
	escriptive information:	
I HE	EREBY DECLARE THAT I HAVE REVIEWE AND THAT THE INFORMATION STATED	
Clamatur	MB (DD in)	Telephone No.: (515)401-7308
Signature:	. The state of the	relephone No.: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \



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

Property information							
Current Owner Becky Bollin, rrbollin@gmail.com							
Buyer unknown Realtor Tobi Sharon							
Mailing Address 1500 NW 75th St, Clive, IA 50325							
Site Address/County 1578 Prairieview Dr, Van Meter, IA 50261 Madison County, tburk@madisoncoia.us							
No. of Bedrooms 4 Last Occupied? vaca Separation distances ok? Yes							
Records Available YES Permit/Installation Date 3/22/05							
Septic System Information							
Septic Tank(s): Size 2000 gal Material Co	oncrete Condition Working						
Septic Tank(s): Size 2000 gal Material Co	Licensed Pumper Forest Septic						
Septic/Trash/Processing Tank: Size Mar	terial Condition						
Tank pumped? Date	Licensed Pumper						
Aerobic treatment unit (ATU) MFGR	Size						
Tank Pumped? Date	Licensed Pumper						
Maintenance Contract? Expiration Date	Service Provider						
Condition							
Pump Tanks/Vaults: Type Size	Condition						
Distribution Systems Distribution Day Plastic Over	tlata Hand A Condition Working						
Distribution System: Distribution Box Plastic Out							
Pressure Dosed?	Number of Lines						
Tessure Dosed:							
Secondary Treatment							
Length of Absorption Fields 4x100ft=400ft	Determined by County record/probe						
Condition of Fields Working	Determined by Hydraulic load test/probe						
Type of Trench Material Rock and pipe							
G' 6G 1771	D						
Size of Sand Filter Vent Pipes Above Grade?	Discharge Pine Learner 12						
Vent Pipes Above Grade?	Discharge ripe Located?						
Effluent Sample Taken?	Results						
Media Filters: Type							
Media Filters: Type Expiration Date Condition	Service Provider						
Condition							
NPDES General Permit No. 4: Required? P	ermitted? NOI submitted						

4/2010 542-0191



Time of Transfer Inspection Worksheet

Other Components			
Alarms Work	ing?	Disinfection	Working?
Control Box	Timers	Inspection	n Ports
Other Components			
Overall condition of the pri	vate sewage disposa	l system	
Report of system status			
	om house to sept dition. Plastic dist t=400ft Rock and	ribution box in work	te tank with risers and ling condition. Hydraulic 100 gal water. All laterals
Site status at conclusion of	Time of Transfer ins	spection:	
 Verify that controls at Power is on to all com Revisit all component Gather all tools for re Verify that no sewage 	nponents. s to verify lids are so moval from the site.	ecure.	
Using this worksheet, write	a narrative report of	f the inspection results	and attach a site sketch.
This report indicates the co does not guarantee that it w	_		em at the time of the inspection. It
Signature of Certified Inspension Name (print): <u>Rick Rogers</u>			Date: <u>8/16/2019</u> Certficate #: <u>9597</u>
Address: 401 NE 52nd Ave, Phone # (515)282-0777		3	

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

542-0191