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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 Timothy P. Hansen and Mary J. Hansen

Address 40810 Centennial Cir. Palm Desert, CA 92260

Number and Street or RR

City, Town or PO

State

Zip

TRANSFeree:

Name Mitchell J. Simonson and Amanda J. Simonson

Address 36853 Forest Ln. Van Meter, IA 50261

Number and Street or RR

City, Town or PO

State

Zip

Address of Property Transferred:

1066 Prairieview Ave. Van Meter, IA 50261

Number and Street or RR

City, Town or PO

State

Zip

Legal Description of Property: (Attach if necessary)

Parcel "A" located in the Northwest Quarter (1/4) of the Southwest Quarter (1/4) of Section Three (3), Township Seventy-seven (77) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, as shown in Plat of Survey filed in Book 2, Page 747 on January 13, 1997 in the Office of the Recorder of Madison County, Iowa.

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:

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

Signature: _____

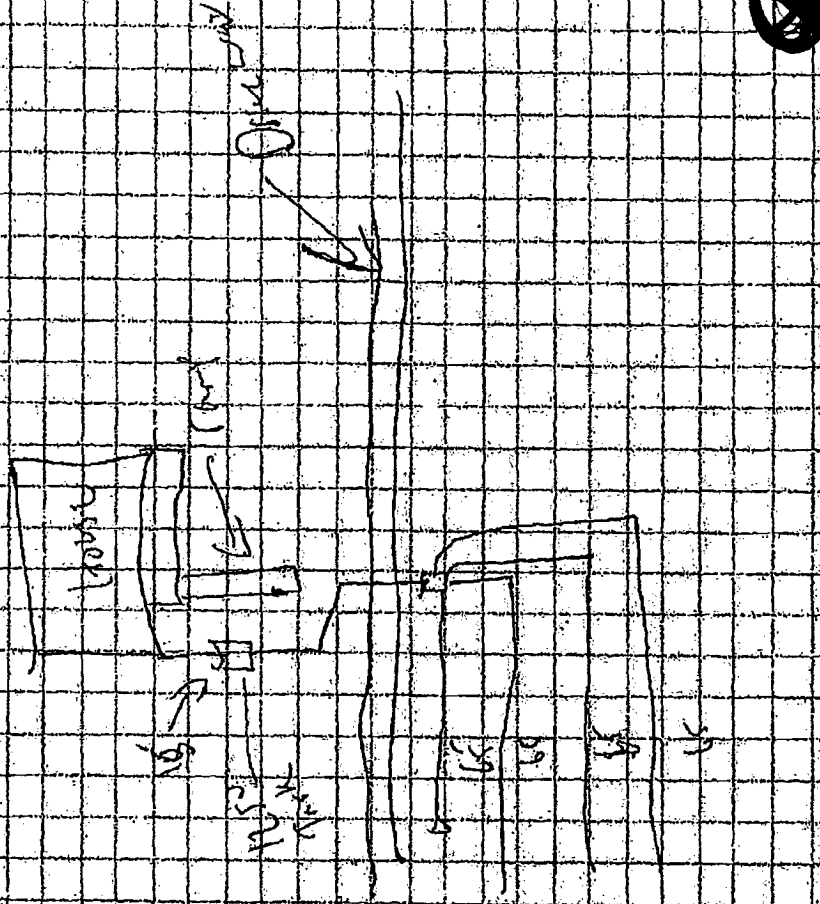
(Transferor or Agent)

Telephone No.: _____

515-224-8872

10606 Prairieview Ave.
Well Location

PRELIMINARY ONSITE WASTEWATER TREATMENT SHE SPECIFICATIONS AND LAYOUT





BOB'S SEPTIC
2785 NE 46th Avenue
Des Moines, IA 50317
515-262-9174

TIME OF TRANSFER COVERSHEET

PROPERTY ADDRESS: 1066 PRAIRIEVIEW AVE, VAN METER, IA 50261

OWNER/SELLER: **TIMOTHY & MARY HANSEN**
ADDRESS: 1066 PRAIRIEVIEW AVENUE, IA 50261
PHONE NUMBER: 515-418-4143
EMAIL:

SELLER'S REALTOR: N/A
ADDRESS:
PHONE NUMBER:
EMAIL:

BUYER'S NAME: N/A
ADDRESS:
PHONE NUMBER:
EMAIL:

BUYER'S REALTOR: N/A
ADDRESS:
PHONE NUMBER:
EMAIL:

FEEL FREE TO CALL IF YOU HAVE ANY QUESTIONS!

515-262-9174

BOB'S SEPTIC
DES MOINES, IA 50317
OFFICE@BOBSSEPTIC.COM



045-19

3-Jefferson

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

Property informationCurrent owner TIMOTHY P & MARY J HANSENBuyer N/ARealtor N/AMailing address 1066 Prairieview Avenue, Van Meter IA 50261Site Address/County 1066 Prairieview Avenue, Van Meter, IA 50261Legal Description PARCEL A NW SW 3ANo. of bedrooms 6 Last occupied? CURRENT Records available NOPermit/installation date N/A Separation distances ok/ no?Septic system informationSeptic tank(s): size 1250 gal material PLASTIC condition GOOD/FAIRTank pumped? YES date within 1 year licensed pumper ROTO ROOTERSeptic/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 YES outlets used 4 condition GOODHeader pipe(s) # of lines Pressure tested? Secondary treatment:length of absorption fields 260FT APPROX determined by PROB & DIGcondition of fields GOOD determined by HYDRAULIC TESTtype of trench material ROCKSize 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 SYSTEM WAS OPERATING AS DESIGNED AT TIME OF INSPECTION

Explain (attach additional pages as needed): ALL SET BACKS WERE GOOD A HYDRAULIC TEST WAS DONE.
APPROX 350 GALLONS ALL SEWAGE PIPING GOES TO SEPTIC.

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: Bryce Bailey

Date: 7/23/19

Name (print): BRYCE BAILEY

Certificate #: 11454

Address: GALLON INC. 2785 NE 46TH AVE DES MOINES, IA 50317

Phone # 515-331-0030

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

10666 Prairieview Ave.

PRELIMINARY ONSITE WASTEWATER TREATMENT SITE SPECIFICATIONS AND LAYOUT

