

Document 2020 GW2819

Book 2020 Page 2819 Type 43 001 Pages 5 Date 8/04/2020 Time 2:21:50PM Rec Amt \$.00 IND

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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

## **REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT**

TO BE COMPLETED BY TRANSFEROR

TRANSF	EROR:						
Name	Jon J. Kleen and Kristen M	1. Kleen					
Address	2981 Cumming Rd., Van I	Meter, IA 50261					
	Number and Street or RR	City, Town or P.O.	State	Zip			
TRANSF	EREE:						
Name	Brian G. Hartman and Jodi	i L. Hartman					
Address	605 Catalina, Waverly, IA	50677	<del></del>				
	Number and Street or RR	City, Town or P.O.	State	Zip			
	of Property Transferred: mming Rd., Van Meter, IA:	50261					
Nur	mber and Street or RR	City, Town or P.O.	State	Zip			
<u>X</u> TI		uated on this property. ed on this property. The type(s), loon attached separate sheet, as neces		us are			
2. Solid ' X Ti	<b>Waste Disposal (check on</b> nere is no known solid wast	<b>ie)</b> e disposal site on this property. al site on this property and informati	•	ovided			
	3. Hazardous Wastes (check one)						
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.							
4. Under	ground Storage Tanks (cl	neck one)					
sn		ound storage tanks on this property. tor fuel tanks, most heating oil tanks					
		age tank on this property. The type sted below or on an attached separa					

5. P	Private Burial Site (check one)	
,	X There are no known private burial sites on thi	s property.
	There is a private burial site on this property.	
_		ated below or on an attached separate sheet, as
	necessary.	
6 D		
0. F	Private Sewage Disposal System (check one)	aublia ar nami nublia saugra dianogal austam
_	All buildings on this property are served by a	
-		of any building which has or is required by law to
	have a sewage disposal system.	
ì	X There is a building served by private sewage	disposal system on this property or a building
_	without any lawful sewage disposal system. A	A certified inspector's report is attached which
		e disposal system and whether any modifications
	are required to conform to standards adopted	• •
		•
	certified inspection report must be accompani	
	There is a building served by private sewage	
	other temporary physical conditions prevent the	
	disposal system from being conducted. The t	buyer has executed a binding acknowledgment
	with the county board of health to conduct a c	ertified inspection of the private sewage disposal
		be responsible for any required modifications to
	the private sewage disposal system as identif	
	binding acknowledgment is attached to this fo	
		disposal system on this property. The buyer has
	executed a binding acknowledgment with the	
	sewage disposal system on this property with	n 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
_		ed will be demolished without being occupied. The
		nt with the county board of health to demolish the
		copy of the binding acknowledgment is provided
		copy of the billiding acknowledgment is provided
	with this form. [Exemption #9]	
_		ge disposal inspection requirements pursuant to
	the following exemption [Note: for exemption a	
	The private sewage disposal system has been	n installed within the past two years pursuant to
_	permit number	
Infor	rmation required by statements checked above	e should be provided here or on senarate
	ets attached hereto:	e should be provided here of on soparate
21166	ets attached hereto.	
	I HEREBY DECLARE THAT I HAVE REVIEW	EN THE INSTRICTIONS EOD THIS FORM
	AND THAT THE INFORMATION STATE	D MOUVE 19 INUE AND CURRECT.
	V. L. 111	
Signa	lature: KUSTO KULIN	Telephone No.: <u>(712) 830-8836</u>
_	(Transferor or Agent)	



## **Time of Transfer Inspection Report**

<b>Property Information</b>							
Current Owner:	Kristen Keen						
Buyer:				Realtor:	Jennifer	Stover	···
Mailing Address:	· · · · · · · · · · · · · · · · · · ·						
Site Address/County:	2981 Cum	ming Rd, Va	n Meter	/ Warren		***************************************	<u></u>
Legal Description				<del></del>			<del></del>
No. of bedrooms:	3 L	ast occupied:	•	Current	Records	available:	yes
Permit/ installation date:	11-2-1	7	Sepa	ration distances	(ok/no?):	ok -	<u></u>
Septic System Information			<del></del>				
Septic tank(s): Size:	1750 gal	Materi	al:	concrete	Condition:	good	
Tank pumped? XY□	N Date:	6-30	0-20	Licensed pumpe	er:	Wiegert	
Septic/Trash/Processing tan	k: Size:		M	aterial:		Condition:	
Tank pumped? □ Y □ 1	N Date:		]	Licensed pump	er:		
Aerobic treatment unit (AT)	U) mfgr				<del></del>	Size	
Tank pumped? □ Y □ 1	N Date:			Licensed pun	nper:		
Maintenance contract?	$\square$ Y $\square$ N	Expiration	date:	<del></del>	Service pro	vider:	
Condition:							
Pump tanks/vaults: Typ	e:	- · · · · · · · · · · · · · · · · · · ·	Size:		Condit	ion:	
Distribution system: D	istribution box	3	yes	Outlets used	3	Condition:	good
Header pipe	(s): 4	" sch40	No. of li	ines: 3	Press	ure dosed?	no
Secondary Treatment:		<del></del>				•	
Length of absorption fields:	3	x100'		Determined by	: (	County Records	
Condition of fields:	good/dry			Determined by	: <u>I</u>	Hydraulic testing	
Type of trench material:	Cham	bers		·			
Size of sand filter:		· · · · · · · · · · · · · · · · · · ·		Determined by	·		
Vent pipes above grade?				Discharge pipe	located?	□Y□N	······································
Effluent sample taken				Results:			
Media Filters: Type:	Coconut Fil	ter				On-Si	te Septic
Maintenance contract?	MYUN	Expiration	date:	12-31-20	Service pro	ovider: Serv	ices
Condition: good						· · · · · ·	
NPDES General Permit No.	4: Requir	red? DY	ZN.	Permitted?	□Y□N	NOI provide	d:
4/2010 cmz/dao					DNR Form	542-0191	



## **Time of Transfer Inspection Report**

Other components:							
Alarms: □Y□N	Working: □ Y □	N Disinfection:	$\Box$ Y $\Box$ N	Working:	$\square Y \square N$		
Control Box:	Timers:	Timers: Inspection					
Other components:							
Overall condition of the	e private sewage disp	osal system:					
Report system status:	Report system status: System working properly during Inspection						
Explain (attach addition	Explain (attach additional pages as needed): Tank is in good condition. Coconut Filter is in good						
condition. D-box is in good condition. Hydraulic test good. All plumbing goes to septic							
Comments:		Medical de la Mariante de management de management de la companya de la companya de la companya de la companya					
	A the Marketon and A second		· · · · · · · · · · · · · · · · · · ·				
<ul> <li>Verify that controls are set on the appropriate mode.</li> <li>Power is on to all components.</li> <li>Revisit all components to verify lids are secure.</li> <li>Gather all tools for removal from the site.</li> <li>Verify that no sewage is on the ground surface.</li> </ul> Using this worksheet, write a narrative report of the inspection results and attach a site sketch.							
This report indicates the not guarantee that it will	_	vate sewage disposal system n satisfactorily.	m at the time o	f the inspect	tion. It does		
Signature of Certified I	nspector: Bw	Beelel	Date	e:	7-8-20		
Name (print):	Ben Bedwell		Certificate	#:	11612		
Address: 1500	N B street, Indianola	a IA		•			
Phone #: 515-681-	-2053		· · · · · · · · · · · · · · · · · · ·	•••			
2.0	-	eport and sketch to the sellen/environmental health offi	~	agent or the	person		
Iowa DNR							

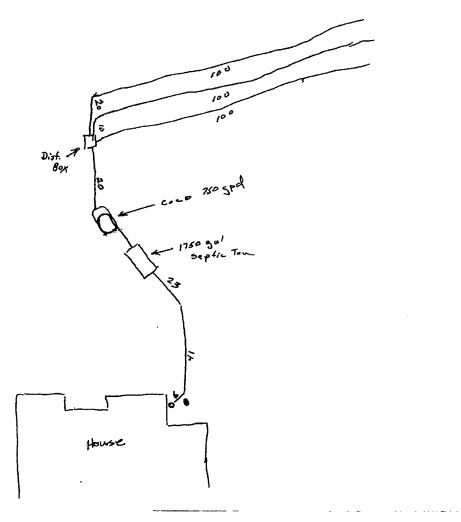
4/2010 cmz/dao DNR Form 542-0191

Private Sewage Disposal Program

502 E 9th St

Des Moines IA 50319

Permit #095-17
Inspection 11/2/17
2981 Cumming Rd



North