



Document 2022 GW1012

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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

CHEK

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

**TRANSFEROR:**

Name Eric Artzer

Address 812 Lake Rd Ottumwa IA 52501  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name Devin Mandi

Address 1030 Union Ln Van Meter IA 50261  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

1030 Union Ln Van Meter IA 50261  
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary)

**Parcel "C" located in the Northwest Quarter (1/4) of the Northwest Quarter (1/4) of Section Four (4), Township Seventy-seven (77) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing 3.17 acres, AND Parcel "D" located in the Southwest Quarter (1/4) of the Northwest Quarter (1/4) of said Section Four (4), containing 7.16 acres, both as shown in Plat of Survey filed in Book 2005, Page 1824 on April 26, 2005, 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 610-22.

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

*Well is NW of home*

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

Signature: *[Signature]* Telephone No.: (515) 705-8610  
(Transferor or Agent)

**MADISON COUNTY ENVIRONMENTAL HEALTH DEPARTMENT  
PRIVATE SEWAGE SYSTEM INSPECTION REPORT  
Septic Tank and D-Box replacement**

| GENERAL INFORMATION             |  |
|---------------------------------|--|
| Owner: <u>Eric Arter</u>        | Contractor: <u>Bobs Seohc</u>  |
| Address: <u>1030 Union Ln</u>   | Inspector: <u>knmg</u>   |
| Inspection Date: <u>3-21-22</u> | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied |
| S = Satisfactory                | U = Unsatisfactory NA = Not Applicable                                       |

| S U NA                              | SITE PREPARATION  |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Septic Permit Issued # <u>010-22</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Soils Analyst ID:                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> System Exposed for Inspection        |

| S U NA  | SETBACKS   |
|---|--|
| Minimum Setbacks to Closed/Open Portions of Septic System |  |
| <input checked="" type="checkbox"/>                       | <input type="checkbox"/> Private Water Well 50'/100'                                   |
| <input checked="" type="checkbox"/>                       | <input type="checkbox"/> Shallow Public Water Well 200'/400'                           |
| <input checked="" type="checkbox"/>                       | <input type="checkbox"/> Deep Public Water Well 100'/200'                              |
| <input checked="" type="checkbox"/>                       | <input type="checkbox"/> Heat Pump Borehole 50'/100'                                   |
| <input checked="" type="checkbox"/>                       | <input type="checkbox"/> Lake or Reservoir 50'/100'                                    |
| <input checked="" type="checkbox"/>                       | <input type="checkbox"/> Stream or Pond 25'/25'  |
| <input checked="" type="checkbox"/>                       | <input type="checkbox"/> Edge of Drainage Ditch 10'/10'                                |
| <input checked="" type="checkbox"/>                       | <input type="checkbox"/> Dwelling or Other Structure 10'/10'                           |
| <input checked="" type="checkbox"/>                       | <input type="checkbox"/> Property Lines 10'/10' (unless an easement signed & recorded) |
| <input checked="" type="checkbox"/>                       | <input type="checkbox"/> Other Subsurface Treatment Systems 5'/10'                     |
| <input checked="" type="checkbox"/>                       | <input type="checkbox"/> Water Line Under Pressure 10'/10'                             |
| <input checked="" type="checkbox"/>                       | <input type="checkbox"/> Suction Water Line 50'/100'                                   |
| <input checked="" type="checkbox"/>                       | <input type="checkbox"/> Foundation Drain or Subsurface Tiles 10'/10'                  |

| S U NA                              | SEWER PIPE FROM BUILDING TO PRIMARY TREATMENT  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Minimum Setbacks to Wells Private Wells 10' / Public Wells 25'    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Material Sch.40 Plastic Pipe (or SDR 26 or Stronger) or Cast Iron |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Cleanouts At Building & every 100' & each >45° Direction Change   |

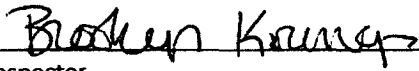
| S U NA                              | PRIMARY TREATMENT – SEPTIC TANK  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Gallon Capacity <input type="checkbox"/> 1250 <input checked="" type="checkbox"/> 1500 <input type="checkbox"/> 1750 <input type="checkbox"/> 2000 <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Watertight Material <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Plastic (ribbed const.)                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Manufacturer  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Compartments At least 2 Compartments or 2 tanks in series   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Influent Compartment 1/2 to 2/3 of total tank capacity  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Effluent Compartment 1/3 to 1/2 of total tank capacity  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Inlet 2" to 4" higher than outlet   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Baffles 4" Diameter Schedule 40 plastic tees  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Effluent Screen Meets NSF Standard 46 or equivalent   |

|                                     |                          |                          |                                 |   |
|-------------------------------------|--------------------------|--------------------------|---------------------------------|---|
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <b>Watertight Risers</b>        | Minimum 18" Diameter at or above ground surface   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Inlet/Outlet Connections</b> | Self-sealing gaskets formed or cast into tank material  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Schedule 40 Pipe</b>         | At least 5' past outlet & 2' past disturbed ground  |
| <b>S U NA</b>                       |                          | <b>DOSING SYSTEMS</b>    |                                 |   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <b>Type</b>                     | <input type="checkbox"/> Pump <input type="checkbox"/> Siphon <input type="checkbox"/> Other: |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <b>Watertight Pit</b>           | At least 24" in diameter  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <b>Watertight Riser</b>         | With tight-fitting cover at or above ground level   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <b>Pump</b>                     | Submersible Pump of corrosion-resistant material  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <b>Pressure Line Size</b>       | Not smaller than outlet of pump it serves   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <b>Pressure Line Drainage</b>   | Drains between dosing or buried below frost level   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <b>High Water Alarm</b>         | Visual or Audio Alarm to alert of high water in pit   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <b>Electrical Connection</b>    | No Connections located inside pump pit  |

|                          |                          |                          |                       |  |
|--------------------------|--------------------------|--------------------------|-----------------------|--|
| <b>S U NA</b>            |                          | <b>DISTRIBUTION BOX</b>  |                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Placement</b>      | Placed on undisturbed soil                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Material</b>       | Corrosion-resistant rigid plastic                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Baffle</b>         | Pipe tee or baffle at inlet                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Outlet Heights</b> | Outlets at same level & minimum 4" above bottom of box |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Levelers</b>       | Outlets equipped with leveling device for equal flow   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Unused Outlets</b> | Securely closed  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Header Pipes</b>   | Rigid PVC (ASTM Standard 2729 or stronger)             |

**Additional Comments:**

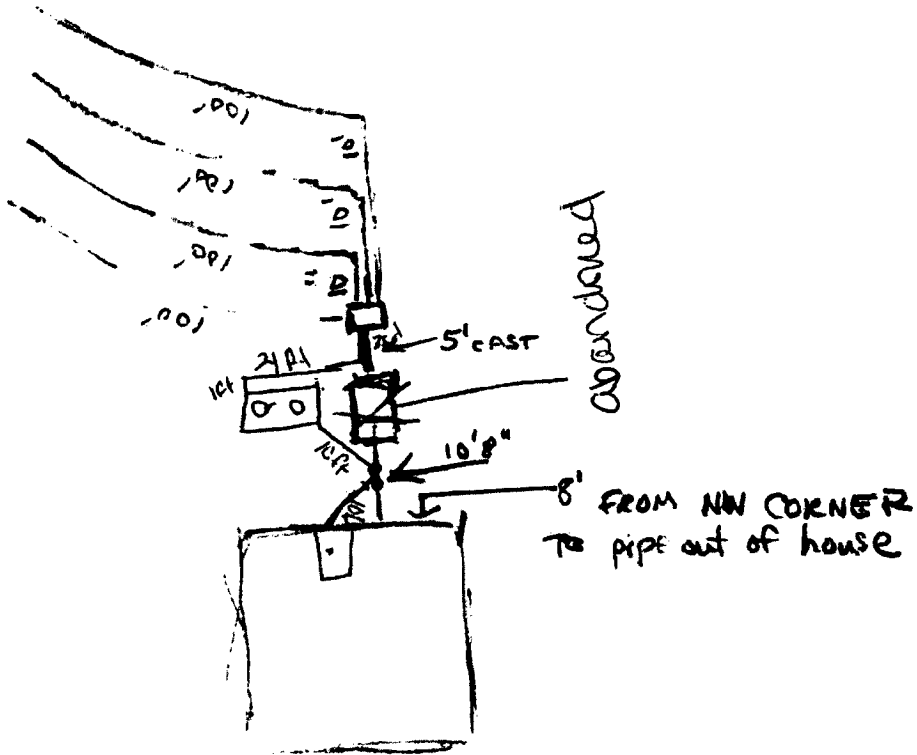
This report indicates the condition of the installed private sewage system at the time of inspection & does not guarantee the future condition or proper function of the system. To the best of my knowledge, all listed local & state ordinances have been adhered to.

  
 Inspector

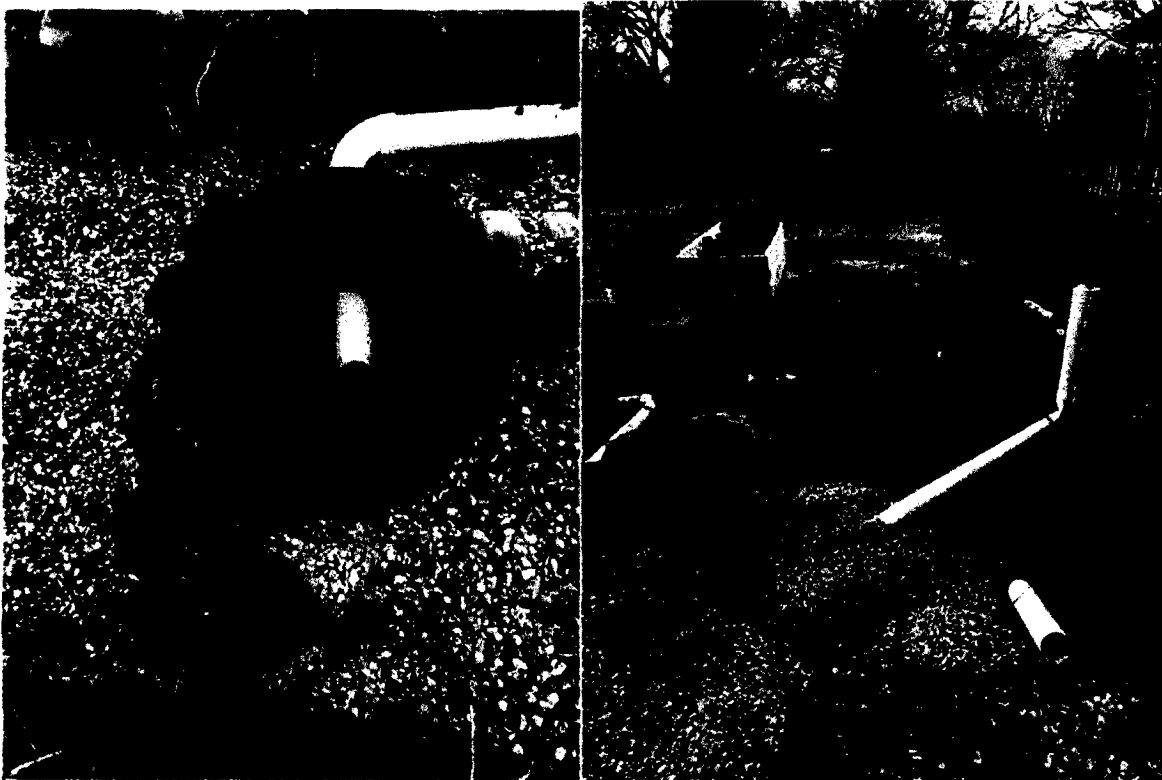
3-21-22  
 Date

Permit # 1003 Old  
1050 Union Lane

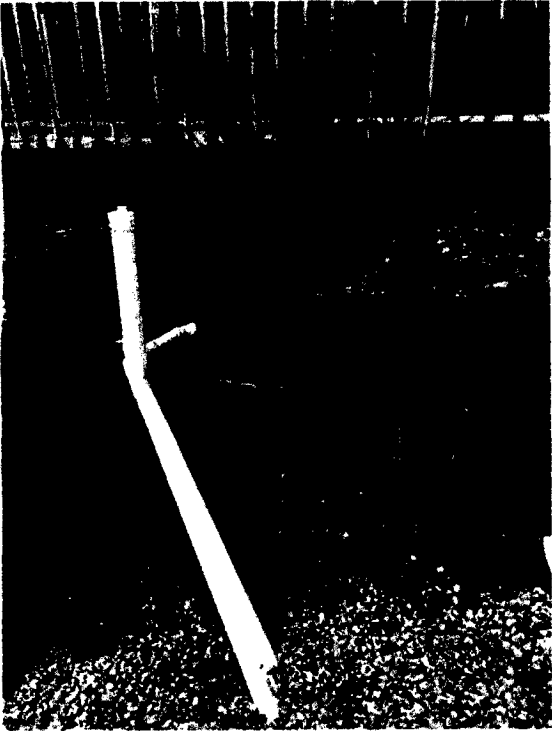
News 010-22



1030 Union Ln  
Permit Number: 010-22  
Inspection Date 03/21/22



1030 Union Ln  
Permit Number: 010-22  
Inspection Date 03/21/22





**BOB'S SEPTIC**  
2785 NE 46<sup>th</sup> Avenue  
Des Moines, IA 50317  
515-262-9174

## **TIME OF TRANSFER COVERSHEET**

**PROPERTY ADDRESS: 1030 UNION LANE, VAN METER, IA 50261**

**OWNER/SELLER: Eric & Jeanne Artzer**  
**ADDRESS: 1030 Union Lane, Van Meter, IA 50261**  
**PHONE NUMBER: 515-705-8610**  
**EMAIL: eartzert@gmail.com**

**SELLER'S REALTOR: Anita Nemmers – Iowa Realty**  
**ADDRESS: n/a**  
**PHONE NUMBER: 515-689-6271**  
**EMAIL: anemmers@iowarealty.com**

**BUYER'S NAME: Devin & Amanda Mandi**  
**ADDRESS: n/a**  
**PHONE NUMBER: 515-979-5213**  
**EMAIL: acasson21@hotmail.com**

**BUYER'S REALTOR: Heather Brittenham – Precision DSM**  
**ADDRESS: n/a**  
**PHONE NUMBER: 515-250-7716**  
**EMAIL: heatherb@precisiondsm.com**

**FEEL FREE TO CALL IF YOU HAVE ANY QUESTIONS!**

**515-262-9174**

**BOB'S SEPTIC**

**DES MOINES, IA 50317**

**OFFICE@BOBSSEPTIC.COM**





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

#### Property information

Current owner ERIC & JEANNE ARTZER  
 Buyer DEVIN & AMANDA MANDI Realtor ANITA NEMMERS - IOWA REALTY  
 Mailing address 1030 UNION LANE, VAN METER, IA 50261

Site Address/County 1030 UNION LANE, VAN METER, IA 50261  
 Legal Description PAR C & D W1/2 NW

No. of bedrooms 3 Last occupied? CURRENT Records available YES

Permit/installation date N/A Separation distances ok/ no?

#### Septic system information

Septic tank(s): size 1000 GALLONS material CONCRETE condition POOR  
 Tank pumped? YES date 3/2/2022 licensed pumper BOB'S 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 YES outlets used 4 condition GOOD  
 Header pipe(s) \_\_\_\_\_ # of lines \_\_\_\_\_ Pressure dosed? \_\_\_\_\_

#### Secondary treatment:

length of absorption fields 400FT APPROX determined by MAP  
 condition of fields GOOD determined by HYDRAULIC LOAD TEST  
 type of trench material ROCK & PIPE

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 \_\_\_\_\_

Explain (attach additional pages as needed): All waste from house goes to septic that is supposed too.  
The septic is badly deteriorated around the outlet pipe and is no longer water tight. See pictures.

Comments: The distribution box is in good condition. Hydraulic load test was performed using approx 350 gallons of water. All lines took water evenly.

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: 3/2/2022  
 Name (print): BRYCE BAILEY Certificate #: 11454  
 Address: BOB'S SEPTIC / 2785 NE 46TH AVE DES MOINES, IA 50317  
 Phone # 515-262-9174

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. 9<sup>th</sup> St.  
Des Moines, IA 50319

PRELIMINARY ONSITE WASTEWATER TREATMENT SITE SPECIFICATIONS AND LAYOUT

