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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 Claire L. Moxon

Address 1048 Terrace Ct. Van Meter IA 50261
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Alan J. Coobs and Sonya J. Coobs

Address 8154 Northwest Dr. Clive IA 50325
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

1048 Terrace Ct. Van Meter IA 50261
Number and Street or RR City, Town, or P.O. State Zip

Legal Description of Property: (Attach if necessary)

LOT 1 5.52A BLUEBIRD ESTATES SEC 5 & 6

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.
- 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: Clare L. Moran Telephone No.: (902) 499-5777
(Transferor or Agent)



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

Property information

Current owner CLAUDE MOXON
Buyer ALAN COOBS Realtor REMAX (JOHN BROWN)
Mailing address

Site Address/County 1048 TERRACE CT - MADISON CO.
Legal Description AS ABSTRACT VanMeter 50261-8025

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

Permit/installation date 2008 Separation distances ok/no? OK

Septic system information

Septic tank(s): size 1500 gal material Concrete condition Good
Tank pumped? YES date 4-4-11 licensed pumper Forest 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 3-1 90 TO DROP BOX WITH 2 LATERALS condition GOOD
Header pipe(s) # of lines Pressure dosed?

Secondary treatment:
length of absorption fields 4-52' determined by County Records
condition of fields DR Y determined by PROBING
type of trench material CHAMBER

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



1048 Terrace Ct, Van Meter 50261-8025

Time of Transfer Inspection Report

Other components:

Alarms Working? disinfection working?

Control box Timers inspection ports

Other components NONE

Overall condition of the private sewage disposal system

Report system status See NOTES

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: [Signature] Date: 4-4-11
 Name (print): Brian Kinard Certificate #: 5805
 Address: PO Box 219 Indianola, IA 50125
 Phone #: 208-3863

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. 9th St.
 Des Moines, IA 50319

DNR Time of Transfer Report System Status

Address: 1048 Terrace Ct Date: 4-4-11

Comments: Van Meter, PA 50261 Technician Brian Rinard

ALL WASTEWATER FROM HOUSE GOES INTO SEPTIC SYSTEM.

1500 GALLON CONCRETE (2) COMPARTMENT SEPTIC TANK WITH BAFER IN PLACE AND EFFLUENT FILTER IN GOOD WORKING CONDITION AT TIME OF INSPECTION.

PLASTIC DISTRIBUTION BOX WITH DROP BOX TO (2) OTHER LATERALS, ALL DRY AND LEVEL AND IN GOOD WORKING CONDITION AT TIME OF THE INSPECTION.

LATERALS ALL DRY AND TOOK WATER FOR ABOUT 1/2 HR AT TIME OF THE INSPECTION.

DIAGRAM OF SYSTEM

See
County
Records

Permit # 037-08

Moxon

1048 Terrace Ct., Madison Co, ~~Dist~~ Van Meter

50261-8025

