

Document 2011 GW2479

Book 2011 Page 2479 Type 43 001 Pages 6 Date 9/20/2011 Time 12:40 PM

Rec Amt \$.00

INDX V ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER – GROUNDWATER HAZARD STATEMENT TO BE COMPLETED BY TRANSFEROR

TRANSFEROR: Name RICKY LEE WARMACK Address 1290 Upland Lane Van Meter lowa 50261 Number and Street or RR City, Town or P.O. State TRANSFEREE: Name _____CONSTANCE S. HAYES Address 513 N.E. 3rd Street Grimes lowa 50111 Number and Street or RR City, Town or P.O. State Zip Address of Property Transferred: Van Meter Address 1290 Upland Lane lowa 50261 Number and Street or RR City, Town or P.O. State Zip Legal Description of Property: (Attach if necessary) LONG LEGAL - SEE ATTACHED 1. Wells (check one) There are no known wells situated on this property. \Box 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.

	yate Burial Site (check one)
\mathbf{Z}	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.
Pri	vate 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.
X	There is a building served by a private sewage disposal system on this property or a building
$\overline{}$	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.
\Box	There is a building served by a 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 acknowledgement
	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
	acknowledgement is attached to this form.
\Box	There is a building served by a private sewage disposal system on this property. The buyer has
	executed a binding acknowledgement with the county board of health to install a new private
	sewage disposal system on this property with an agreed-upon time period. A copy of the binding
	acknowledgement is provided with this form.
_	
	There is a building served by a 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 acknowledgement with the county board of health to demolish the
	building within an agreed-upon time period. A copy of the binding acknowledgement 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]:
Ш	The private sewage disposal system has been installed within the past two years pursuant to
	permit number
Info	ormation required by statements checked above should be provided here or on separate
she	ets attached hereto:
	· · · · · · · · · · · · · · · · · · ·
НΕ	REBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS
, ,,_	
	FORM
Α	ND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
	The state of the s
	Walls
atu	re: 10 Wa Telephone No.: (575) 468 8314



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

Property information
Current owner R: CK War Mack 515-559-3113 Buyer Connie Hayes 515-586-7399 Realtor
Buyer Connie Halles 515-186-139 Realtor
Mailing address
Site Address/County 1290 Upknd Lanc 50261 Van Meter Legal Description
No. of bedrooms Last occupied? Records available
Permit/installation date 10-7-92 Separation distances ok/ no? 01/2
Septic system information
Septic tank(s): size 1000 material Control. condition Good Tank pumped? Yes date 8-26-11 licensed pumper Best Particle To kts. Ac Septic/trash/processing tank: size material 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 system: distribution box Yes outlets used 3 condition Good Header pipe(s) # of lines Pressure dosed?
Secondary treatment: length of absorption fields 10 determined by Scot Assistance type of trench material PVC Assistance determined by Scot Assistance determined by Scot Assistance
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

6-2009

542-0191

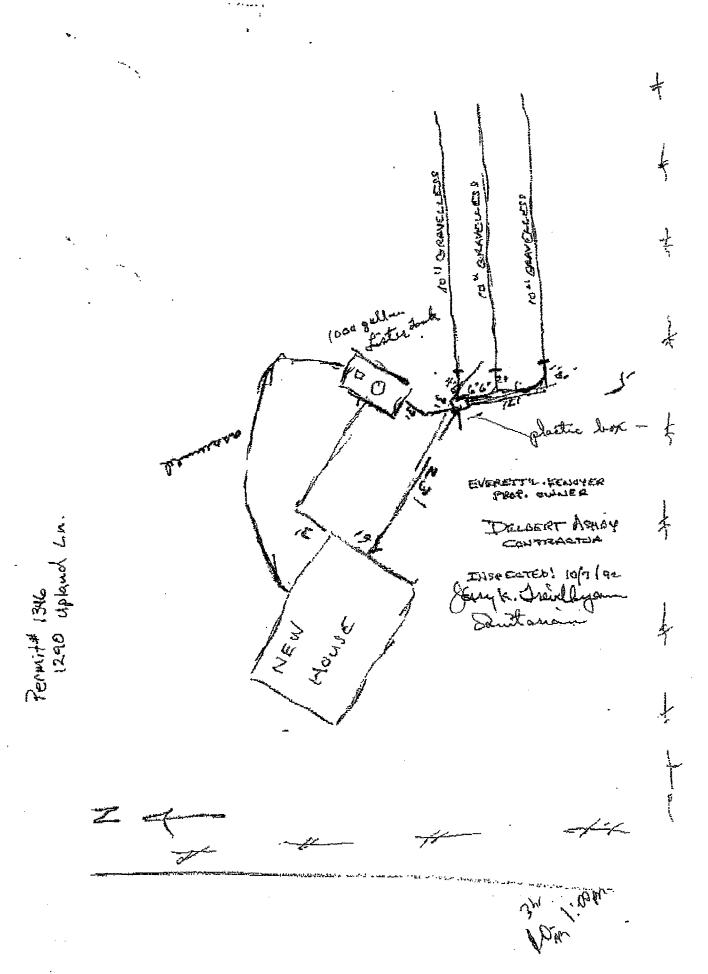


Time of Transfer Inspection Report

Other components: Alarms Working?		disinfection	working?
Control box	Timers	inspection	ports
Other components			
Overall condition of the private se	swage disposal s	<u>ystem</u>	
Report system status An in	, breet a	condition	
Explain (attach additional pages a	is needed):		
Comments:			
Site status at conclusion of Time Verify that control Power is on to all c Revisit all compor Gather all tools for Verify that no sew	s are set on the a components. nents to verify lid r removal from the	ppropriate mode. Is are secure. he site.	
Using this worksheet, write a name	rative report of the	he inspection results a	nd attach a site sketch.
This report indicates the condition the inspection. It does not guarar	_		
Signature of Certified inspector: Name (print): Scot Hears Address: 1.0. Box 3835	Ç	ole # 50373	Date: <u>8-27-11</u> Certificate #: <u>91(e)</u>
Phone # 515-208-7481 Provide a copy of this report, the county sanitarian/environmental conducted and to;			
Iowa DNR Onsite Wastewater Pr 502 E, 9th St.	ogram		

542-019

6-2009



(No Subject)

From: Scot Henss (scot@bestportabletoiletsinc.com)

Sent: Mon 8/29/11 8:52 AM

To: Mary Henss (henssmt@msn.com)

1290 UPLAND LN, VAN METER 50261

THE SEPTIC SYSTEM IS IN GREAT CONDITION. THE HYDROLIC TEST WAS GOOD FROM HOUSE, TANK, DISTRIBUTION BOX, AND FINALLY LATTERALS. THE DBOX WAS IN GREAT CONDITION ALSO RIGHT DOWN TO THE LATTERAL FLOW CONTROL ADJUSTMENTS. THERE WERE NOT ANY VISABLE CRACKS OR DEFECTS IN OR ON THE TANK. FROM THE PICURES AND MY INSPECTION THE SYSTEM IS IN GREAT SHAPE.