



Document 2011 GW2609

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Aaron B. Taylor

Address 3047 Cumming Rd Van Meter IA 50261
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Ron Lyon

Address 1454 Union Ln Van Meter IA 50261
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

3047 Cumming Rd Van Meter IA 50261
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary)

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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.**

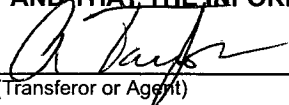
Signature:  Telephone No.: (641) 344 2799
(Transferor or Agent)

EXHIBIT "A"

A tract of land in the Southeast Quarter (SE 1/4) of the Northwest Quarter (NW 1/4) of Section Twenty-eight (28), Township Seventy-seven (77) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing .803 acres, as shown in Plat of Survey filed in Farm Plat Book 2, Page 82 on September 18, 1987, in the records of the Recorder of Madison County, Iowa.



Time of Transfer Inspection Report

Property Information

Current Owner: Aaron & Jacquelyn Taylor
 Buyer: Don & Terry Lyon Realtor: Jennifer Schaffer
 Mailing Address: 3047 Cumming Rd., Van Meter IA 50261
 Site Address/County: 3047 Cumming Rd., Van Meter IA 50261 - Madison Co.
 Legal Description .81A SE COR SE NW
 No. of bedrooms: 3 Last occupied: current Records available: pics only
 Permit/ installation date: 053-04 6/26/04 Separation distances (ok/no?): _____

Septic System Information

Septic tank(s): Size: 1250 gal Material: Plastic-Nash Condition: stable
 Tank pumped? Y N Date: 9/9/11 Licensed pumper: River To River
 Septic/Trash/Processing tank: Size: _____ Material: _____ Condition: _____
 Tank pumped? Y N Date: _____ Licensed pumper: _____
 Aerobic treatment unit (ATU) mfr _____ Size _____
 Tank pumped? Y N Date: _____ Licensed pumper: _____
 Maintenance contract? Y N Expiration date: _____ Service provider: _____
 Condition: _____
 Pump tanks/vaults: Type: _____ Size: _____ Condition: _____
 Distribution system: Distribution box yes Outlets used 3 Condition: good
 Header pipe(s): 3 No. of lines: 3 Pressure dosed? no

Secondary Treatment:

Length of absorption fields: 300, Determined by: probe
 Condition of fields: good Determined by: uncover & probe
 Type of trench material: 36" chamber
 Size of sand filter: _____ Determined by: _____
 Vent pipes above grade? Y N Discharge pipe located? Y N
 Effluent sample taken _____ Results: _____
 Media Filters: Type: _____
 Maintenance contract? Y N Expiration date: _____ Service provider: _____
 Condition: _____
 NPDES General Permit No. 4: Required? Y N Permitted? Y N NOI provided: _____



Time of Transfer Inspection Report

Other components:

Alarms: Y N Working: Y N Disinfection: Y N Working: Y N

Control Box: _____ Timers: _____ Inspection Ports: _____

Other components: _____

Overall condition of the private sewage disposal system:

Report system status: Laterals appear to be dry after running water for 1 hr Tank appears to be pushing in on the ends of tank can not say for certain

Explain (attach additional pages as needed): _____

Comments: System seems to be working fine there is a well 20' from 1st lat that seems to be filled

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: *Robert D. McKinney* Date: 9/8/11

Name (print): Robert D. McKinney Certificate #: 8875

Address: PO Box 460 Waukee IA 50263

Phone #: 515-987-3913

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office in the county the inspection was conducted, the county recorder and to:

Iowa DNR Onsite Wastewater Program
502 E 9th St
Des Moines IA 50319

Permit No **053-04**
Date of Inspection: **6-26-04**
Contractor: **Allen Akers**

Name: **William Vasey**
Inspected by: **Jean Thompson**

Existing House Yes No
Setbacks

- Meets required setbacks.
- Rise Water Yes No
- Private wells/groundwater heat pump bore holes/suction water lines/lakes
 - Outside required 50-foot setback for tank Yes No
 - Outside required 100-foot setback for laterals Yes No
- Streams/ponds (25-25 ft)-ditches (10-10 ft) Yes No
- Indications of water lines under pressure Yes No

Comments: **The well is being abandoned by Allen Akers**

Building Sewer

- Clean outs – one right outside of house Yes No Will be
- location of cleanout inside house and set requirement
- Pipe is sch 40 and has a 4-inch diameter. Yes No
- Grade – has adequate fall. Yes No

Comments:

Tank

- Tank. Manufacture **Nash** Concrete Plastic
- Capacity **1500** -gallon
- Two compartments, both meet the specifications for capacity. Yes No
- Baffle Yes No
- Inlet/Outlet tees are ok. Yes No
- Effluent filter in the outlet. Yes No Manuf. **Polly**
- Tank depth. **Less than 12"**
- Risers Yes No Less than 12"
- Lids above grade screwed on Yes No Will be

Comments:

Distribution Box

- Brand **Tuf-Tite** Other
- Bedded in cement. Yes No Will be
- Has required inlet baffle. Yes No Will be
- Outlet levels –are level. Yes No Unknown

Comments:

Laterals

- Distribution lines: **4** -inch PVC pipe – **35** SDR.
- Distribution lines screwed to laterals. Yes Will be
- Lateral used. **36" Chamber 3 @ 100"** Reduction? Yes No
- Lateral depth **less than 24"** Perc depth **24** inches
- Laterals were level. Yes No
- Adequate amount of undisturbed soil between laterals. Yes No
- Between **6 - 7** feet between laterals.

Comments: