

Document 2011 GW2666

Book 2011 Page 2666 Type 43 001 Pages 6 Date 10/07/2011 Time 1:38 PM

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INDX **ANNO SCAN** 

CHEK

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

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

TR	ANSF	FEROR:					
Na	те <u>С</u>	Craig D. Hemmen					
Add	dress	3227 Valleyview Trl Number and Street or RR	Prole City, Town or P.O.	IA State	50229 Zip		
TR	ANSF	FEREE:					
Na	me <u>T</u>	haddeus R. Smith					
Add	dress	6565 Wistful Vista Dr, #14301	West Des Moines	IA	50266		
		Number and Street or RR	City, Town or P.O.	State	Zip		
Add	dress	of Property Transferred:					
<u>322</u>	?7 Va	lleyview Trl	Prole	IA	50229		
		Number and Street or RR	City, Town or P.O.	State	Zip		
<ol> <li>2.</li> </ol>	Soli	<ul> <li>Wells (check one)</li> <li>☐ There are no known wells situated on this property.</li> <li>☐ 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.</li> <li>Solid Waste Disposal (check one)</li> <li>☐ There is no known solid waste disposal site on this property.</li> </ul>					
	☐ 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 propattached to this document.	perty and information related t	nereto is provided in	n Attachment #1,		
4.	Und	erground Storage Tanks (check one)	)				
		There are no known underground stor and residential motor fuel tanks, most h					
		There is an underground storage tank contained are listed below or on an atta			own substance(s)		

5.	Pri	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)						
	白	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 temporary physical conditions prevent the certified inspection of the private sewage disposal system being conducted. The buyer has executed a binding acknowledgment with the county board of hear conduct a certified inspection of the private sewage disposal system at the earliest practicable time as be responsible for any required modifications to the private sewage disposal system as identified by 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 execute 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 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]:					
		ation required by statements checked above should be provided here or on separate sheets ed hereto:					
		·					
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM					
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.					
Sig	natu	re: My Voff mmen Telephone No.: (515) 681-2583					

## **EXHIBIT "A"**

Parcel "A," located in the South Half (1/2) of the Northwest Quarter (1/4) of Section Twenty-three (23), Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing 3.41 acres, as shown in Amended Plat of Survey filed in Book 2005, Page 2379 on May 26, 2005, in the Office of the Recorder of Madison County, Iowa.



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

Property information
Current owner <u>Staig</u> Hemmen  Buyer Realtor <u>Striva Realty-Boff Woodss</u> Mailing address
Site Address/County 3227 Valleyviour Fil. Prole da. Madison, Legal Description
No. of bedrooms 3 Last occupied? Last Now Records available 405
Permit/installation date 7-15-05 Separation distances ok/ no? 0 K
Septic system information
Septic tank(s): size / 50 0 9a material Plastic condition 900d  Tank pumped? 40 date 6-22-2010 licensed pumper Mayor 5.75.75  Septic/trash/processing tank: size material condition  Tank pumped? date licensed pumper
Aerobic treatment unit (ATU) mfgr size
Pump tanks/vaults: type size condition
Distribution system: distribution box Plastic outlets used 5 condition Good  Header pipe(s) 4 # of lines 5 Pressure dosed?
Secondary treatment:  length of absorption fields 5 of 8 lo 2d.  condition of fields food determined by mapt Profing determined by walking of Profing 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 expiration date service provider Condition
NPDES General Permit No. 4: required? permitted? NOI provided

6-2009

Pletures on Backs 19191



## Time of Transfer Inspection Report

Other components:		• • •
Alarms Working?	disinfection	working?
Control box Timers	inspection po	rts
Other components		
Overall condition of the private sewage disposal		
Report system status The Septiosy	ten at 3227	Valleyviou T
Explain (attach additional pages as needed): Listura Pumped 6-22-10-45	in good condi	The sentists
Comments: The destrood was open	of tod labralin	place to water and no
severage come to ground leve	Hursa dalla de 7	3-11
Site status at conclusion of Time of Transfer insp  Verify that controls are set on the	ection: tank	ter goesto septie. n-9-23-11
Power is on to all components.		, ,
Revisit all components to verify li  Gather all tools for removal from		
• Verify that no sewage is on the gre	ound surface. Mo	ne on 9-23
Using this worksheet, write a narrative report of the	the inspection results and	attach a site sketch.
This report indicates the condition of the private the inspection. It does not guarantee that it will o		
Signature of Certified inspector:	are a constant	Date: 9-23-2011
Name (print): Address:	JOHN MAYER	Certificate #:8979
	TIC TANK PUMPING 1509 St. Hwy. 92	·
Provide a copy of this report, the narrative report county sanitarian/environmental health office, co conducted and to;	and skelch to the selfella unty Recorder in the cour	gent, buyer/agent, the atty the inspection was
Iowa DNR Onsite Wastewater Program 502 E. 9th St.		÷
Des Moines, IA 50319	nnah	ron back

