

Document 2013 GW217

Book 2013 Page 217 Type 43 001 Pages 7 Date 1/18/2013 Time 12:10 PM Rec Amt \$.00

INDX 1 ANNO SCAN

CHEK

LISA SMITH, COUNTY RECORDER

MADISON COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSF		··				
Name Stanford Alexander and Dorothy C. Alexander						
Address 333 S.E. Chelsea Lane, Lee's Summit, MO 64603						
	Number and Street or RR	City, Town or P.O.	State	Zip		
TRANSF	EREE:					
Name	Glen D. Cosner and Tammy M. B	Brown				
Address						
	Number and Street or RR	City, Town or P.O.	State	Zip		
Address (of Property Transferred: 3 / 2 3 5 () u al Sulgo nber and Street or RR	Gno Van Meter	Qa: 50261	<u> </u>		
Nur	nber and Street or RR	City, Town or P.O.	State Zip	•		
Twenty-s	scription of Property: (Attach if necest Quarter (1/4) of Section Fourteen seven (27) West of the 5th Principa Book 2 on Page 362 in the Office of	d Meridian, Madison County,	Iowa, filed on February 2,	<u>tne</u>		
<u> </u>	(check one) here are no known wells situated on there is a well or wells situated on the ated below or set forth on an attac	his property. The type(s), loca		e		
<u>X</u> TI TI	 Solid Waste Disposal (check one) X 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 					
	Attachment #1, attached to this do	ocument.				
<u>X</u> TI	 3. Hazardous Wastes (check one) X 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. 					
	rground Storage Tanks (check o					
<u>X</u> T	\underline{X} 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.)					
	here is an underground storage tar ubstance(s) contained are listed be					

5.	Private Burial Site (check one)
	X 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
c	necessary. Private Source Dianocal System (check and)
о.	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.
	X 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
_	
	ormation required by statements checked above should be provided here or on separate eets attached hereto:
	eets attached hereto: e well is located approximately 200 feet South of the Southeast Corner of the mobile home sitting in
pla	ice on the property.
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Si	gnature: Atan and Collection by Telephone No.: (515) 326-2108
∪ı(gnature: Atabas College and Telephone No.: (515) 326-2108
	016-212-0211

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)

Alekt

225-12

Time of Transfer Inspection Report

Property Information Contacts! at 515-728-3231
Current Owner: STANFORD ALEXANDER CHRIS TOHNSON)
Buyer Realtor:
Mailing Address: 773 ASHBY ON WAUKOR IA 50263
Mailing Address: 713 ASHBY ON WAUKER, IA 50263 Site Address/County: 1235 QUAIRIDGE VAN METER IA 50261-MADE
Legal Description AS ABSTRACT
No. of bedrooms: 2 Last occupied: 6 Months Records available: 405
Permit installation date: 7 5- /- 97 Separation distances (ok/no?): Olc
Septic System Information
Septic tank(s): Size: 1000 Opallon Material: Concrete Condition: OC
Tank pumped? XY N Date: 5-23-12 Licensed pumper: Forast Sop Tec
Septic/Trash/Processing tank: Size:Material: Condition:
Tank pumped? Y N Date: Licensed pumper:
Aerobic treatment unit (ATU) mfgr Size
Tank pumped? YN Date: Licensed pumper:
Maintenance contract?
Condition:
Pump tanks/vaults: Type: Size: Condition:
Distribution system: Distribution box $\sqrt{e_5}$ Outlets used 3 Condition: Notes
Header pipe(s): No. of lines: Pressure dosed?
Secondary Treatment:
Length of absorption fields: (3) 100 Determined by: (UV1+4 ROCUTO)
Condition of fields: OK-See Notes Determined by: PIDBING
Type of trench material:
Size of sand filter: Determined by
Vent pipes above grade? YN Discharge pipe located? YNN
Effluent sample taken Results:
Media Filters: Type:
Maintenance contract?
Condition:
NPDES General Permit No. 4: Required?
4/2010 cmz/dao DNR Form 542-019



1235 Quailrige Ave, Van Meter 5026/ Time of Transfer Inspection Report

Other components:		
Alarms: YN Working: YN Disinfection:	Y N Worl	king: YNN
Control Box: Timers: Inspection I	Ports:	
Other components: NONE		
Overall condition of the private sewage disposal system:		
Report system status: See NOTES		
Explain (attach additional pages as needed):		
	1	
Comments: Hove HAS BLEN VALANT FOR A	FBOUT 6	months
NAMENT MAY PROVE A EFFECT ON RESULTS O	15 Hb =	ENSPECTSON
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 an	nd attach a site sk	etch.
This report indicates the condition of the private sewage disposal system not guarantee that it will continue to function satisfactorily. Signature of Certified Inspector:	n at the time of th Date:	e inspection. It does
Name (print): BLIAN KINARD	Certificate #:	8805
Address: D.A. Box 219 TNdiAnolA	_ confidence #.	1/26—
Phone #: $208-38/.7$	7 * " 	<u>''2)</u>
Provide a copy of this report, the narrative report and sketch to the selle ordering the inspection, the county sanitarian/environmental health office		ent or the person
Iowa DNR Private Sewage Disposal Program 502 E 9 th St Des Moines IA 50319	· · ·	

DNR Time of Transfer Report System Status

Address: 1235 QUAIRidge Ave VAN Meter In 50261	Date: 5-23-17
VAN Meter In 50261	Q. 01.
Comments: Technici	an DRIAN KINARY
Comments: Technici All Wastewater From House goes	12/0
Sefti System.	
1,000 gAllow Concrete 2) Compartner	1 Septic Muk
1,000 gallow Concrete 2 Compartner WITH RISER IN WORKING CONC	1, tow
D LATERALI All took WATER - HIME OF THE INSPECTION.	ole AT
- HIME OF THE INSPECTION.	
PLASTIC DISTIUBUTION AT TIME OF	= INSPECTION
HAD A Cracked Bottom Alla	WING WATER
to Leak our AROUND Bottom OF	Box
linable to level 1-Bex as	se to this
condition. This is not a g	avarantee1
This centifies the condition of	F the sastic
system at the time of the	inspection.
1	•

DIAGRAM OF SYSTEM

See County Record, TREE

100' 10" GRAVELLESS PIPE

100' TREE

DRIVEWAY

ROAD

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Rex Shambaugh / Sec. 14 Jefferson Twp. mobile home/farm tenant system installed by: Bob Wallace, Adel

1000 gallon dbl.compartment tank 1 – plastic distribution box 3 – 100 ft. 10inch gravelless laterals

inspected: 5/1/92 Jerry K. Trevillyan Sanitarian

not drawn to scale..

Permit # 1324 1235 Quail Ridge Ave

12 554 40 SCH 40 SCH 40 SCH 40 SCH 40 SCH 40 AD SCH 40 A

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Stanford Alexander Permit No 076-12 Name:

Site Address 1235 Quail ridge Avenue Date of Inspection: November 9, 2012 Inspected by: Elton Root

Contractor: John Johnson

Distribution Box Replacement permit and inspection only.

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N W			

•	Brand	<u>Tuf-Tite</u>	Other		
•	Bedded in	cement.		Yes⊠	No Will be
•	Has require	ed inlet baffle	•	Yes⊠	No Will be
•	Outlet leve	els –are level.		Yes⊠	No Unknown
Co	mments:				