



Document 2013 GW2468

Book 2013 Page 2468 Type 43 001 Pages 6

Date 8/21/2013 Time 12:26 PM

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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name Kevin L. Morlan

Address 1127 Euclid Ave. Des Moines, IA 50313

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Monte Cohenour

Address 1048 Kingsdale Dr. Waukee, IA 50263

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

1501 Valleyview Ave. Van Meter, IA 50261

Number and Street or RR

City, Town, or P.O.

State

Zip

Legal Description of Property: (Attach if necessary)

Parcel "A" located in the Northeast Quarter (1/4) of the Northeast Quarter (1/4) of Section Thirty-three (33) Township Seventy-seven (77) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa.

**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 which has or is required by law to have a sewage disposal system.
- 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:**

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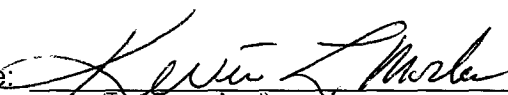


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**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature:   
(Transferor or Agent)

Telephone No.: (515) 707-3231



# Time of Transfer Inspection Report

### Property Information

Current Owner: Kevin Moran

Buyer: \_\_\_\_\_ Realtor: GARY LOARUIS - Remax

Mailing Address: 1501 Valley View Ave, VAN Meter IN 50201

Site Address/County: SAME AS ABOVE - MADISON CO

Legal Description: AS ABSTRACT

No. of bedrooms: 4 Last occupied: present Records available: NO

Permit/ installation date: ? Separation distances (ok/no?): ok

### Septic System Information

Septic tank(s): Size: 1250 gal Material: concrete Condition: ok

Tank pumped?  Y  N Date: 8-1-73 Licensed pumpers: Fursti-Septic

Septic/Trash/Processing tank: Size: \_\_\_\_\_ Material: \_\_\_\_\_ Condition: \_\_\_\_\_

Tank pumped?  Y  N Date: \_\_\_\_\_ Licensed pumpers: \_\_\_\_\_

Acrobic treatment unit (ATU) mfg \_\_\_\_\_ Size \_\_\_\_\_

Tank pumped?  Y  N Date: \_\_\_\_\_ Licensed pumpers: \_\_\_\_\_

Maintenance contract?  Y  N Expiration date: \_\_\_\_\_ Service provider: \_\_\_\_\_

Condition: \_\_\_\_\_

Pump tank/vault: Type: \_\_\_\_\_ Size: \_\_\_\_\_ Condition: \_\_\_\_\_

Distribution system: Distribution box Yes Outlets used 3 Condition: ok

Header pipe(s): \_\_\_\_\_ No. of lines: \_\_\_\_\_ Pressure tested? \_\_\_\_\_

### Secondary Treatment:

Length of absorption field: 3 108' Determined by: probing

Condition of field: ok dry Determined by: probing

Type of trench material: Rock

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: Sump pump in Basement

Overall condition of the private sewage disposal system:

Report system status: See Notes

Explain (attach additional pages as needed): \_\_\_\_\_

Comments: Laundry Water & Kitchen sink goes INTO DRAIN TO Sump pump AND then to OUTSIDE TO ditch.

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: 8-1-13

Name (print): BRIAN RINARD Certificate #: 8805

Address: P.O. Box 219 I MANOLA IA 50125

Phone #: 202-4895

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office and to:

Iowa DNR  
Private Sewage Disposal Program  
502 E 9<sup>th</sup> St  
Des Moines IA 50319

**DNR Time of Transfer Report System Status**

**Address:** 1501 Valley View Ave **Date:** 8-1-13

**Comments:** VAN Meter, TA 50261 Technician BRIAN

All wastewater from house goes into septic system \* except Laundry water and kitchen sink.

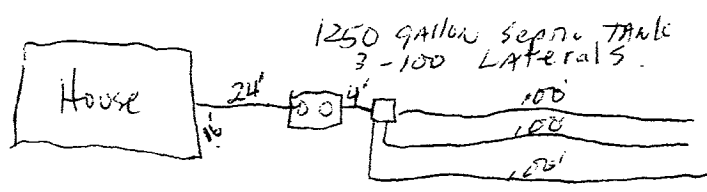
1250 gallon concrete (2) compartment septic tank with risers & effluent filter was in working condition

Plastic distribution box with baffles and speed loaders used for (3) 100 laterals which took water in at time of inspection.

THIS IS NOT A GUARANTEE  
THIS CERTIFIES THE CONDITION OF  
THE SEPTIC SYSTEM AT THE  
TIME OF THE INSPECTION

WATER

**DIAGRAM OF SYSTEM**



Ditch  
ROAD

#52340

PAULA FORREST <plforest@wildblue.net>

**M** New form arrived  
1 message

ForestSeptic.com <admin@forestseptic.com>  
To: service@forestseptic.com

Pd

Thursday  
1-2

**Contact Person**

First & Last Name: Kevin Morland  
Phone: 707-3231

**About the Seller Agent/Realtor or Seller (if For Sale by Owner)**

First & Last Name: GARY GARVIS  
Company Name: REMAX  
Street Address: GARYJCONSULTANT.COM  
City: State: Zip: 265-7206 FAX  
Email: 229-3061  
Phone: Cell: 229-3061

6 miles  
West - I-35  
South on  
ValleyView Ave

**About the Home**

Address of Inspection: 1501 Valley View Ave  
City: State: IA Zip: VAN Meter 50261  
County: MADISON  
Age of Septic System: EARLY 1900's - 12 yrs old septic system  
Number of Bed Rooms: 4  
Occupied: Yes Vacant: -  
Water Service: Yes Type: RURAL  
Legal Description: Township Name:  
Section Number:

**Mailing Address:**

Owner's First & Last Name(s): KEVIN MORLAND  
Owner's Mailing Address: 1501 Valley View Ave  
City: State: IA Zip: VAN Meter, IA 50261  
Home Phone: Cell:

**About the Buyer Agent/Realtor**

Buyer Agent's First & Last Name: LISA Pierce 50138  
Office Street Address: Summit Realty 306 E Robinson Knoxville, TN  
City: State: IA Zip: 360-6442  
Email: lpierce02@hotmail.com  
Office Phone: Cell:

**About the Buyer**

Buyer's First & Last Name(s):  
Cell: Home Phone:  
Closing Date:  
Comments: