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CHEK

LISA SMITH, COUNTY RECORDER

MADISON COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSF	EROR:					
Name	Richard Arnold	·				
Address	2377 132nd Court, Van Meter, Iowa 50261					
	Number and Street or RR	City, Town or P.O.	State	Zip		
TRANSF	EREE:					
Name	Ryan Matthias					
Address	2377 132nd Court, Van M	Ieter, Iowa 50261				
	Number and Street or RR	City, Town or P.O.	State	Zip		
	of Property Transferred: 2nd Court, Van Meter, Iowa	a 50261				
Nu	mber and Street or RR	City, Town or P.O.	State	Zip		
		•				
1. Wells	(check one)					
<u> </u>	here are no known wells si					
		ted on this property. The type(s), lo		itus are		
	Maste Disposal (check o	an attached separate sheet, as nec	essary.			
		te disposal site on this property.				
		sal site on this property and informa	tion related thereto is ا	provided		
	Attachment #1, attached to					
	dous Wastes (check one					
	here is no known hazardous waste on this property. here is hazardous waste on this property and information related thereto is provided in					
	ttachment #1, attached to t		ed inereto is provided i	111		
	ground Storage Tanks (c					
		ound storage tanks on this property	y. (Note exclusions suc	ch as		
		otor fuel tanks, most heating oil tanl	ks, cisterns and septic	tanks, in		
	structions.)	to the all the second section . The second	. (.)			
	•	rage tank on this property. The typ isted below or on an attached sepa				

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
_	
	rmation required by statements checked above should be provided here or on separate
she	ets attached hereto:
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
	ALL THE INTERNATION OF A LEGICAL TROP AND CONTROL
Sign	nature: Sucha Marvell Telephone No.: 515 L8/4056
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Addendum

1. Lot Sixteen (16) of Prairie Ridge Estates located in the North Half (½) of the Northeast Quarter (¼), the Southwest Quarter (¼) of the Northeast Quarter (¼), and the Northeast Quarter (¼) of the Northwest Quarter (¼) of Section Twenty (20), Township Seventy-seven (77) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, together with the undivided percentage interest in the general common elements as set forth in the Declaration of Association for Prairie Ridge Estates Association filed in Book 2002, Page 2126 of the Madison County Recorder's Office.





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

Property information	
Current owner Richard Cynthla ayn Buyer Realtor Kell Mailing address	old Le William
Mailing address	
Site Address/County <u>2377-132 VetVan gneton</u> Legal Description	L. da. 50261 Madison C
<u> </u>	:
No. of bedrooms J Last occupied? Records a Records a Permit/installation date fuly2004 Separation distances ok/no 1000000000000000000000000000000000000	0?_05
Septic system information	
Septic tank(s): size \(\frac{1500 \text{ gal}}{1500 \text{ gal}} \) material \(\frac{Converte}{1500 \text{ gal}}{1500 \text{ gal}} \) material \(\frac{Converte}{1500 \text{ gal}} \) licensed pumper \(\frac{Septic/trash/processing tank: size \qquad \text{material} \qquad \text{material} \qquad \text{licensed pumper } \) Tank pumped? \(\qquad \text{date} \qquad \text{date} \qquad \text{licensed pumper } \)	condition
Aerobic treatment unit (ATU) mfgr licensed pumper Tank pumped? date licensed pumper Maintenance contract? expiration date service Condition	sizeeprovider
Pump tanks/vaults: type size co	ondition
Distribution system: distribution box <u>lastic</u> outlets used <u>6</u> Header pipe(s) <u>6</u> # of lines <u>6</u>	Pressure dosed?
Secondary treatment: length of absorption fields 6 at 60 long determined by condition of fields 5 at 60 long determined by type of trench material 36 chamber	maps of Probing
Size of sand filter determined by	у
Vent pipes above grade? discharge pip	e located?
Effluent sample taken? Results	
Media filters: type expiration date service Condition	e provider
NPDES General Permit No. 4: required? permitted?	NOI provided



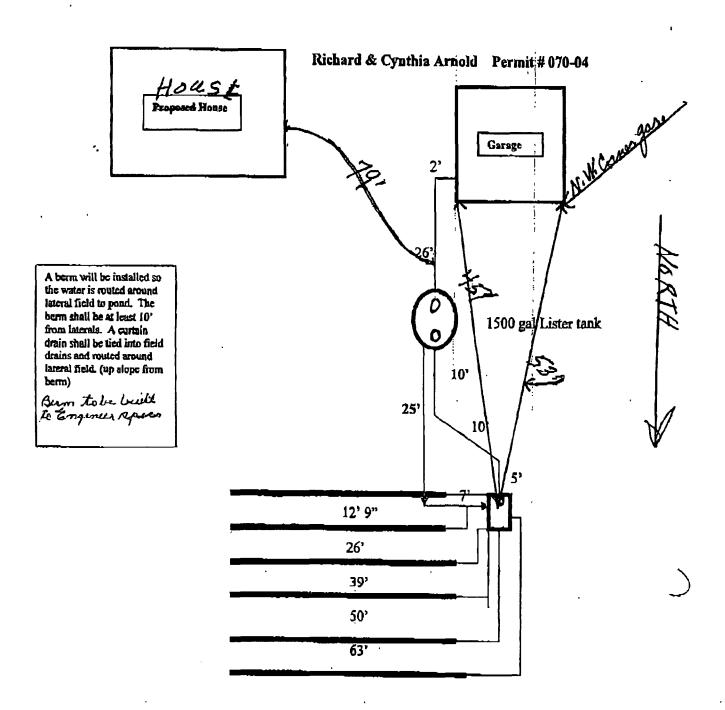
Time of Transfer Inspection Report
Other components: Alarms Working? disinfection working?
Alarms Working? disinfection working?
Control box Timers inspection ports
Control box
Other components
Overall condition of the private sewage disposal system
Report system status The soptio system at 2377-132 m. ct. Van meter, do
Explain (attach additional pages as needed): is in good working Conde
The septic tank was opened & Pumped on 4-10-5-hos detompartments
Comments: intohet sytflow baffler are in place there are no cracks in
the tank of water level was at correct level before pumping.
The sixt box was opened on - 9-10-13- + was in good Cond. also all laterals
it I at me a large allow a Manay wet a st with
tool water one 9-10-13 - also all gray water goes to system on - 9-10-13 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.
0-10-1-
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 John We Mayer. Date: 9-10-2013
Name (print):
Address:
Phone #5/5-462-2624 SEPTIC TANK POWPING
Winterset, IA 50273-8411 Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the
county sanitarian/environmental health office, county Recorder in the county the inspection was
conducted and to;
Town DAID Oppite Westernator Program
Iowa DNR Onsite Wastewater Program 502 E. 9th St. Des Moines IA 50310
Des Moines, IA 50319
DG 1010101 CO 113

6-2009

EH 5154625002>>

5152831802

P 1/1



36" chamber 6 @ 60'