

Book 2014 Page 1258 Type 43 001 Pages 4 Date 5/29/2014 Time 3:27 PM

Rec Amt \$.00

INDX **ANNO SCAN**

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR									
TRANSF	EROR:								
Name Matthew S. Lehman and Casey L. Lehman, husband and wife									
Address 1436 Tree Line Court, Van Meter, IA 50261									
	Number and Street or RR	City, Town or P.O.	State	Zip					
TRANSF	EREE:								
Name	Kurt A. Smith								
Address 145 Lincoln Place Drive, Des Moines, IA 50312									
	Number and Street or RR	City, Town or P.O.	State	Zip					
	of Property Transferred: e Line Court, Van Meter, IA	A 50261							
Nur	nber and Street or RR	City, Town or P.O.	State	Zip					
<u></u>	ated below or set forth on a Waste Disposal (check or	ed on this property. The type(s), lon n attached separate sheet, as nece ne)		tus are					
TI	nere is a solid waste dispos Attachment #1, attached to	e disposal site on this property. al site on this property and informa this document.	tion related thereto is p	orovided					
<u> </u>	 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. 								
TI sn in:	nall farm and residential mo structions.)	ound storage tanks on this property tor fuel tanks, most heating oil tank	ks, cisterns and septic	tanks, in					
-X II SL	nere is an underground stor ubstance(s) contained are lis 1000 Gallon Propan	rage tank on this property. The typested below or on an attached separ	e(s), size(s) and any ki rate sheet, as necessa	nown ry.					

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. 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. 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 e
sn	eets attached hereto:
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
٥.	anature: 1 aut 1000 Telephone No.: 675 371 -6185
Sig	gnature: Telephone No.: (575) 371 - 6/35



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

Property information
Current owner Mathew + Carcy Lehyon Buyer Kort Shith Realtor N/A Mailing address 1436 True line of the Metro Jour 50361
River Vect Su.th Realton N/A
Mailing address 1486 Tru line UT 1/20 Multic Tour 50268
Training access
Site Address/County 1436 Tree line UT Van Meter Towe 5026/
Legal Description LT 19 4.13 At T. mby Ridge Estates Phase 2
No. of bedrooms 5 Last occupied? 5-6-14 Records available
Permit/installation date 4-5-13 Separation distances on?
Septic system information
Septic tank(s): size 1000 material Central condition New
Tank pumped? date licensed pumper Septic/trash/processing tank: size material condition
Septic/trash/processing tank: size material condition
Tank pumped? date licensed pumper
Aerobic treatment unit (ATU) mfgr size
Tank pumped? date licensed pumper
Maintenance contract? expiration date service provider
Condition
Pump tanks/vaults: type size 1000 condition New
Distribution system: distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution <u>Plear</u> in the distribution box <u>Plastic</u> outlets used condition <u>Plear</u> in the distribution <u>Plear</u> in the distri
Secondary treatment:
length of absorption fields 85 ft determined by determined by
condition of fields determined by
type of trench material Charles Wisks
Size of sand filter determined by
Vent pipes above grade? discharge pipe located?
Effluent sample taken? Results
Media filters: type
Maintenance contract? expiration date service provider
Condition
NPDES General Permit No. 4: required? permitted? NOI provided



Time of Transfer Inspection Report

Other compor	nents: Working? _	yes	disinfection	working?
Control box		•	inspection por	rts
Other compor	nents			
Overall condi	tion of the private	sewage disposal sy	<u>ystem</u>	
Report system	status <u>Aeur</u>	need ble	rame up	
			5 tops of How	
Comments:		•	1	
	conclusion of Time	_		
	Power is on to all		ippropriate mode.	
	Revisit all compo		le ara camira	
	Gather all tools for			
<i>'</i>	Verify that no se	wage is on the gro	uc suc. und surface	
•	verify that no se	wage is on the gio	una surracc.	
Using this wo	rksheet, write a na	rrative report of the	he inspection results and	d attach a site sketch.
		-	ewage disposal system ontinue to function satis	
Signature of C	ertified inspector:	allen	akes	Date: 5-6-14
Name (print):	Allen	AKers		Date:
Address:	22.04 175	El Wu	sterset IA	50273
Phone #	5-462-1019			
	ian/environmental			/agent, buyer/agent, the unty the inspection was
Iowa DNR On 502 E. 9 th St. Des Moines, I	site Wastewater F A 50319	Program		

6-2009 542-0191