



Document 2015 GW2217

Book 2015 Page 2217 Type 43 001 Pages 5

Date 8/05/2015 Time 1:28:08PM

Rec Amt \$.00

INDX  
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SCAN

LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

CHEK

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

**TRANSFEROR:**

Name Alex G. Broadbent and Jodi Lea Broadbent

Address 2615 - 160th Street, Van Meter, IA 50261

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Dean Alan Coobs and Jamie Lynn Coobs

Address 1940 NW 81st Street, Clive, IA 50325

Number and Street or RR

City, Town or P.O.

State

Zip

**Address of Property Transferred:**

2615 - 160th Street, Van Meter, IA 50261

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) Lot Two (2) of Americana Acres, located in the Southwest Quarter (SW 1/4) of the Southwest Quarter (SW 1/4) of Section Thirty-five (35), in Township Seventy-seven (77) North, Range Twenty-seven (27) 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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**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) 971-7398

Closing atty.

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

Property information

Current owner Alex Broadbent  
Buyer \_\_\_\_\_ Realtor \_\_\_\_\_  
Mailing address \_\_\_\_\_

Site Address/County 2615-1600 ft. Van Meter, Ia. 50261  
Legal Description Madison Co.

No. of bedrooms 3 Last occupied? is now Records available yes  
Permit# 02905 installation date 2005 Separation distances ok/ no? ok

Septic system information

Septic tank(s): size 1500 gal. material concrete condition good  
Tank pumped? yes date 8-1-13 licensed pumper Forest Septic  
Septic/trash/processing tank: size \_\_\_\_\_ material \_\_\_\_\_ condition \_\_\_\_\_  
Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_

Aerobic treatment unit (ATU) mfg \_\_\_\_\_ size \_\_\_\_\_  
Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_  
Maintenance contract? \_\_\_\_\_ expiration date \_\_\_\_\_ service provider \_\_\_\_\_  
Condition \_\_\_\_\_

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 50 x 100 ft. determined by cs maps  
condition of fields good + dry determined by walking & probing  
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 \_\_\_\_\_  
Maintenance contract? \_\_\_\_\_ expiration date \_\_\_\_\_ service provider \_\_\_\_\_  
Condition \_\_\_\_\_

NPDES General Permit No. 4: required? \_\_\_\_\_ permitted? \_\_\_\_\_ NOI provided? \_\_\_\_\_



### Time of Transfer Inspection Report

Other components:

Alarms \_\_\_\_\_ Working? \_\_\_\_\_ disinfection \_\_\_\_\_ working? \_\_\_\_\_

Control box \_\_\_\_\_ Times \_\_\_\_\_ inspection ports \_\_\_\_\_

Other components Pump in basement for basement bathroom

#### Overall condition of the private sewage disposal system

Report system status The septic system at 2615-160th St.

Explain (attach additional pages as needed): Van Meter, Co. 50261-  
is in good working cond. The tank was pumped on 8-1-13  
and was opened and checked again on 6-10-15.  
Comments: The tank has 2 Comp. & inlet & outflow baffles are  
in place - there are no cracks in the tank & water was at  
correct level in tank & filter was cleaned - on 6-10-15

The Dests box was opened on 6-10-15 & is in good cond - water  
was in from tank & all laterals took water.

all gray water goes to system

#### Site status & conclusion of Time of Transfer inspection:

- OK • Verify that controls are set on the appropriate mode.
- OK • Power is on to all components.
- Done • Revisit all components to verify lids are secure.
- Done • Gather all tools for removal from the site.
- Done • Verify that no sewage is on the ground surface.

None on 6-10-15

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:  
Name (print):  
Address:  
Phone #: 515-462-2624

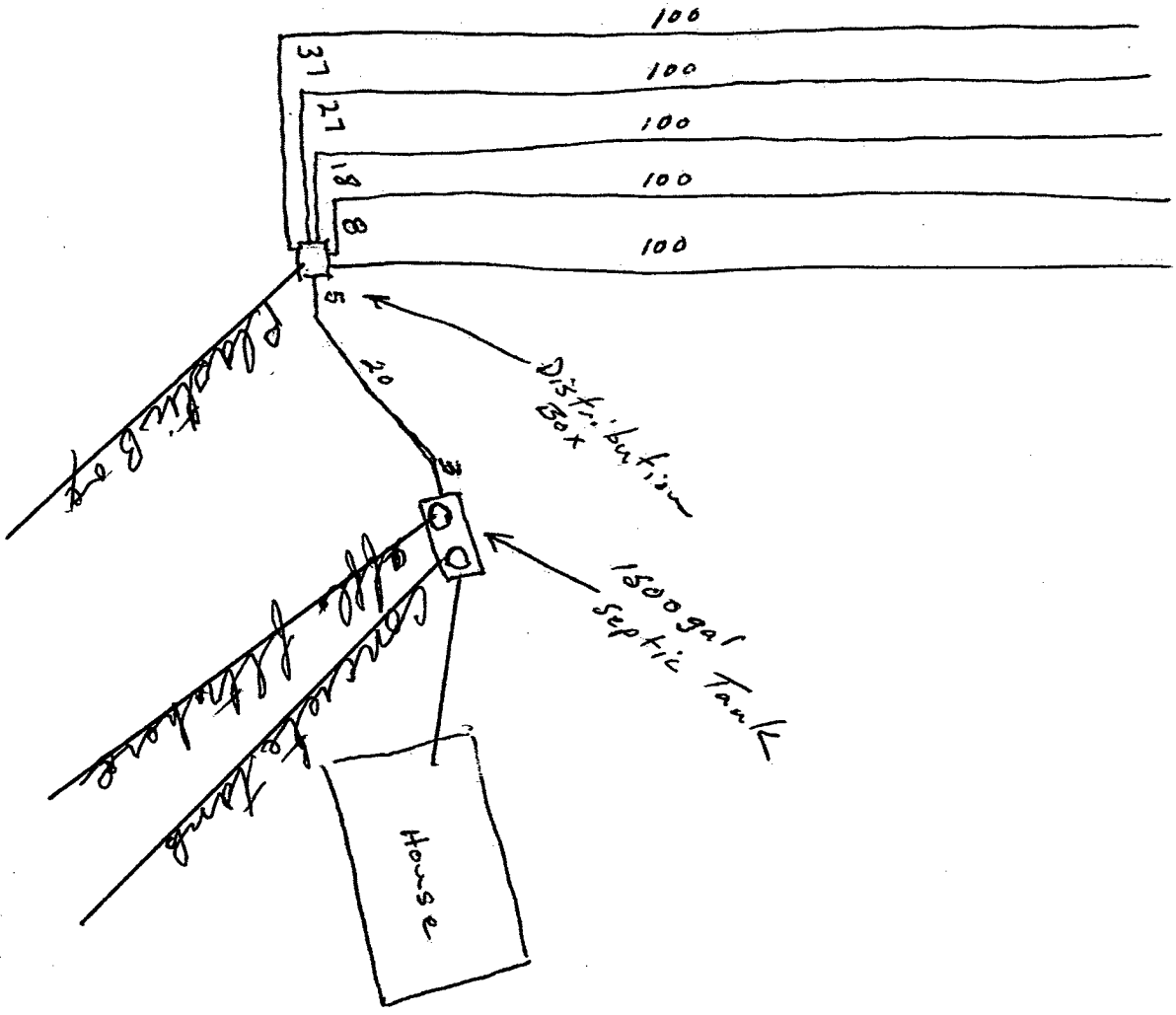
John W. Mayer  
**JOHN MAYER**  
**SEPTIC TANK PUMPING**  
 1508 St. Hwy. 92  
 Winterset, IA 50278-8998

Date: 6-10-2015  
Certificate #: 8979

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;

Iowa DNR Onsite Wastewater Program  
502 E. 9th St.  
Des Moines, IA 50319

Permit # 029-05 Cowito Inspection 5/5/05  
2615 160th St.



North  
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