

BK: 2015 PG: 3244 Type 43 001 Pages 7

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Fee Amount: **Revenue Tax:** 

LISA SMITH RECORDER Madison County, Iowa

INDX **ANNO SCAN** CHEK

### **REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT**

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:				
Name Ronald G. Boughton				
Address 1030 Union Ln	Van Meter	IA	50261	
Number and Street or RR	City, Town or P.O.	State	Zip	
TRANSFEREE:				
Name Eric Artzer				
Address 9810 N Paseo Corona	Tucson	AZ	85737	
Number and Street or RR	City, Town or P.O.	State	Zip	
Address of Property Transferred:				
1030 Union Ln	Van Meter	IA	50261	
Number and Street or RR	City, Town or P.O.	State	Zip	
1824 on April 26, 2005, in the Office of 1. Wells (check one)		, 10114		
There are no known wells situat	ed on this property.			
•	on this property. The type(s), locati	on(s) and legal statu	us are stated below	
2. Solid Waste Disposal (check one)	•			
There is no known solid waste of	isposal 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 document.				
3. Hazardous Wastes (check one)				
There is no known hazardous w	aste on this property.			
☐ There is hazardous waste on the attached to this document.	nis property and information related	thereto is provided	in Attachment #1	

4.	Un	derground 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.	Pri	vate Burial Site (check one)
	×	There are no known private burial sites on this property.
	` <sub>'</sub>	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.	Pri	vate Sewage Disposal System (check one)
•	M	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
		ation required by statements checked above should be provided here or on separate sheets ed hereto:
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sig	natu	re: Konald D. Baratta Telephone No.: (5/6) 994-2900

### **GROUNDWATER HAZARD STATEMENT**

#### ATTACHMENT #1

#### NOTICE OF WASTE DISPOSAL SITE

	- <b>6</b> 0	id Waste Disposal (check one)
P	***	There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.
		There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.
b.	Ha	zardous Wastes (check one)
		There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.
		There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.
Fu	rther	descriptive information:
_	<del>-</del> .	
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS
		FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sig	ınatı	Telephone No.: (515) 996-2960



# **Time of Transfer Inspection Report**

Property Information
Current Owner: RONALO BOUCH FON
Buver: FRIC HETZER Realtor: ANITA Nemmers
Mailing Address: 1830 UNION LN VAN Meter 7 5026/
Site Address/County: Same As Above MAdison (v.
Legal Description As Abstract
No. of bedrooms: 3 Last occupied: Plesent Records available: XY N
Permit/ installation date: Separation distances (ok/no?):
Septic System Information 50 e
Septic tank(s): Size: 1000 911 Material: Concrete/Poly Condition: Notes
Tank pumped? YN Date: 1-22-14 Licensed pumper: Forest Septi
Septic/Trash/Processing tank: Size: Material: Condition:
Tank pumped?
Aerobic treatment unit (ATU) mfgr Size
Tank pumped?
Maintenance contract? Y N Expiration date: Service provider:
Condition:
Pump tanks/yaults: Type: Concrete/Poly Size: Condition:
Distribution system: Distribution box $\frac{\sqrt{65}}{\sqrt{65}}$ Outlets used $\frac{\sqrt{65}}{\sqrt{6765}}$ Condition: $\frac{\sqrt{6765}}{\sqrt{6765}}$
Header pipe(s): No. of lines: Pressure dosed?
Secondary Treatment:
Length of absorption fields: (4) 100 Determined by: County Lecord!
Condition of fields: Dk - My Determined by: Hydraulic Test and Probing
Type of trench material: Rock
Size of sand filter: Determined by:
Vent pipes above grade?
Effluent sample taken Results:
Media Filters: Type:
Maintenance contract? Y N Expiration date: Service provider:
Condition:
NPDES General Permit No. 4: Required? YN Permitted? YN NOI provided:
4/2010 cmz/dao DNR Form 542-0191



## **Time of Transfer Inspection Report**

Other components:		
Alarms: YN Working: YN Disinfection:	□Y□N W	orking: YNN
Control Box: Timers: Inspection	n Ports:	ann oraș ann ann an ann ann ann ann ann ann an
Other components: NINE		
Overall condition of the private sewage disposal system:		
Report system status: <u>Leo AHACHED</u>		
Explain (attach additional pages as needed):		
Comments:		
	*******************************	
Site status at conclusion of Time of Transfer inspection:		
• Verify that controls are set on the appropriate mode.		
<ul> <li>Power is on to all components.</li> <li>Revisit all components to verify lids are secure.</li> </ul>		
Gather all tools for removal from the site.		
<ul> <li>Verify that no sewage is on the ground surface.</li> </ul>		
Using this worksheet, write a narrative report of the inspection results an	nd attach a site s	ketch.
This report indicates the condition of the private sewage disposal sy	stem at the time	e of the inspection. It
does not guarantee that it will continue to function satisfactorily.		
Signature of Certified Inspector:	Date:	10-8-15
Name (print): Brian Rinard	_ Certificate #:	8805
Address: PO Box 219, Indianola, IA 50125	····	
Phone #: 515-202-4895		
Provide a copy of this report, the narrative report and sketch to the seller ordering the inspection, the county sanitarian/environmental health office	r/agent, buyer/agee and to:	gent or the person
Iowa DNR		
Private Sewage Disposal Program		
502 E 9 <sup>th</sup> St Des Moines IA 50319		
TOO INTORNO ILY DODI S		

## **DNR Time of Transfer Report System Status**

Address:	1030	UNIO	N La	,	Date	: 10-8-15
	1/00/	notor	D) :	501001		
	UMINI	Licher	7-1 -	Tec	chnician <u>Brian Ri</u>	nard
All waste water from	n house dr	ains to ser	otic syste	m. 🗌 Yes [	X No	
Remarks: Sink	IN BAS	ement	DEARN	s Ta	FOUNdation	File Live
everyTHING						
The tank is a Poly	. ,			•		
Remarks: OUTLE	74	,		₹	•	
+ins	0F 7	ho I	NEREC	7700		
The distribution box	x is in good	condition	. Yes	No No	ne	
Remarks: O-Bux	W 95	BAdly	deter	inted	AND Foles	<i></i>
Remarks: O.Bux Soptic Rec	co menc	1 17	50vld	Bo	Replaced.	
					/	
The laterals are in g	ood condi	tion. 🛛 Ye	s No	None		
Remarks:						
RAN	NATER	For 1	18-15	MINUT	i.	
ANO	All La	ferals	toot	WATE	n AND	
the	10 1 IN 5/1	ECTION	/ <u>.</u>			
	,					
		This	is not a g	guarantee!		,
This certifies that t						spection.
This certifies the co	ondition of th	ne septic sys	tem at the	ime of the in	nspection.	
1/2010 emz/deo						

To por an of house to

K