

Document 2016 GW872

Book 2016 Page 872 Type 43 001 Pages 7 Date 4/11/2016 Time 11:15:38AM 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

TRANSFEROR.

Name Joel W Eline and Brenda G Eline					
Address	1297 Village Dr	Spring Grove	PA	17362	
	Number and Street or RR	City, Town or P.O.	State	Zip	
TRANSFER	EE:				
Name		fer Anhalt and Nathen Anhalt			
Address	3204 SE 22nd St.	Ankeny	IA	50021	
	Number and Street or RR	City, Town or P.O.	State	Zip	
Address of P	roperty Transferred: D Fieldstone Avenue	Earlham	IA	50072	
	Number and Street or RR	City, Town or P.O.	State	Zip	
	e is a well or wells situated on the d below or set forth on an attacl		` '	status are	
	o below or set forth on an attacl ste Disposal (check one)	ned separate sneet, as necessa	агу.		
	e is no known solid waste dispo	sal site on this property.			
	e is a solid waste disposal site on the site of the si	• • •	related thereto	is provided	
3. Hazardou	ıs Wastes (check one)				
	e is no known hazardous waste				
	e is hazardous waste on this pro hment #1, attached to this docu		hereto is provide	ed in	
	ound Storage Tanks (check o				
⊠ There small	e are no known underground sto farm and residential motor fuel ctions.)	orage tanks on this property. (I			
☐ There	e is an underground storage tan ance(s) contained are listed be				

5.	Priv	vate 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.	Priv	vate 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.
	图	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.
	П	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.
	П	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. Th
		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]:
	Ш	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
sh	eets	attached hereto:
		The well is located to the south and East of the house.
_		
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS
		FORM  AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Si	gnati	ure: Telephone No.:
		(Hansieror or Agent)

	12-1-15 to Kate
Forest Septic < service@forestseptic.com>	Wed, May 21, 2014 at 5:00 PM
To: plforest@wildblue.net 5.9805 , i	12-1-15 emailed Madison Co.
Contact Barson April 7	12-7-15 emailed report
Brenda Eline	12-1-13 INVILLE REPORT
Phone 515-758-3921 emai	
210218 7 7121 EMUL	
Seller Agent/Realtor or Seller (if For Sale b	y Owner)
Name: Hoystman Realty / Eva Horstma	m 1 (C)
Email:	[ eva.horstman@questoffice.net
Phone: 515,245-2289 EMOUT	
About the Home	
Address: 1620 Fieldstone Ave., Ear	Thama in 50072
Address: 1920 Field Store 1144 17 500	110001/2
<u> </u>	
county Madison DNR	<b>,</b>
Age System: TVVS.	
# Bedrooms - 3 Occupied: X Vacant-	$\cap$
Water Service: yes Type: rural Well Water Legal:	4-11-13 Pumped
Township:	The Lank
Section Number:	4-11-13 Pumped 1000 gal. tank
Owner	U
First & Last Name(s): Brenda Elin	$\nu$
Address:	
1620 Fieldstone Avenue	
Garlham, 10Wa, 50072	
Phone: 515 - 758 - 2012	
Email:	
Buyer Agent/Realtor	
Name: V/A Email: V/A	
Phone:	
Buyer	
-	
Name(s): Phone	
Email: ( \	
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	HMI )
Closing Date: TBD	$F   \bigcirc I \rightarrow /$

The Cleaning and Inspection takes us 1 ½ to 2 hours to complete.

Someone must be present to gain access in the home for us to check the plumbing and trip under which



## Time of Transfer Inspection Report

Property Information
Current Owner: Brenda Eline
Buyer: Realtor: Eva Horstman
Mailing Address:
Site Address/County: 1620 Fieldstone Ave. Eurlham Ia. 50072
Legal Description As Abstract
No. of bedrooms: Last occupied: Occopied Records available:N
Permit/installation date: 10-4-06 Separation distances (ok/no?):
Septic System Information
Septic tank(s): Size: 1850 gal. Material: Concrete/Poly Condition: 2000
Tank pumped? VIN Date: 4-11-13 Licensed pumper: Forest Saptic En
Septic/Trash/Processing tank: Size: Material: Condition:
Tank pumped?
Aerobic treatment unit (ATU) mfgr
Tank pumped? YN Date: Licensed pumper:
Maintenance contract?
Condition:
Pump tanks/vaults: Type: Concrete/Poly Size: Condition:
Distribution system: Distribution box 4e5 Outlets used 2 Condition:
Header pipe(s): No. of lines: Pressure dosed?
Secondary Treatment:
Length of absorption fields: 2 106   lateral Determined by: drawing.
Condition of fields: good dry Determined by: Hydraulic Test and Probing
Type of trench material: 36 chamber
Size of sand filter: Determined by:
Vent pipes above grade? YN Discharge pipe located? YN
Effluent sample taken Results:
Media Filters: Type:
Maintenance contract?  Y N Expiration date: Service provider:
Condition:
NPDES General Permit No. 4: Required?



## **Time of Transfer Inspection Report**

Other components:
Alarms: YN Working: YN Disinfection: YN Working: YN
Control Box: Inspection Ports:
Other components:
Overall condition of the private sewage disposal system:
Report system status: <u>See</u> attatched
Explain (attach additional pages as needed):
Comments:
Site status at conclusion of Time of Transfer inspection:
<ul> <li>Verify that controls are set on the appropriate mode.</li> <li>Power is on to all components.</li> <li>Revisit all components to verify lids are secure.</li> <li>Gather all tools for removal from the site.</li> <li>Verify that no sewage is on the ground surface.</li> </ul>
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:  Date: 12-2-15
Name (print): Tyler Forest Certificate #: 10041
Address: PO Box 219, Indianola, IA 50125
Phone #: 515-208-3863
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:	1620	Freld	stone	Ave.		Date:/	2-2-15
	Earlho	in I	a. 5	0072	Technician _		
	•				Technician _	Tyler	Forest
						, , , , , , , , , , , , , , , , , , , ,	
All waste w	ater from ho	use drains	to septic	system.	LYes I No		
Remarks:							
				-			
The tank is	a Poly C	Concrete /25	5 D g	allon tank.	In good condit	ion. 🗓 🔀	1No
Remarks:	<u> </u>	, , , , , , , , , , , , , , , , , , ,					
itemarks.							
		·····					
The distribu	ution box is in	good con	dition [	No D No	None		
	THOLLDOX 12 III	i good com	aition.   C	VICS   TINO	TNOILE		
Remarks:							<del></del>
The leterals	and in good	oondition		Nia Di Niana			
	are in good	condition.	Yres	NOL INONE	:		
Remarks:							
						·	
		<u></u>	<u>,</u>				
		<u> </u>	<del></del>				
			, , , , , , , , , , , , , , , , , , ,			<del></del>	
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							<del> </del>
						· · · · · · · · · · · · · · · · · · ·	
	C 41	4: a aurat	•	ot a guara		a.C.41. a. (	
	-	•	_	_	dition at the time f the inspection.	or the inspecti	UN.

4/2010 cmz/dao DNR Form 542-0191

North

100

1300 gal

Septic Touk

House

) - well