

Book 2016 Page 1594 Type 43 001 Pages 7 Date 6/09/2016 Time 12:52:33PM Rec Amt \$ 00 IND)

INDX **ANNO SCAN**

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

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

TRA	NS	SFEROR:			
Nam	ne	Amy Nederhoff			
Addı	res	s 345 Waterford Cove Trl Number and Street or RR	Calera City, Town or P.O.	ALState	35040 Zip
TRA	NS	SFEREE:			
Nam	ne	Nathan B. Wall			
Addr	res	s 7335 Dusk Dr Number and Street or RR	Johnston City, Town or P.O.	IA State	50131
		Number and Offeet of All	City, Town or P.O.	State	Zip
Addr	res	s of Property Transferred:			
<u> 2457</u>	7 1	60th St	Van Meter	IA	50261
		Number and Street or RR	City, Town or P.O.	State	Zip
Lega	al C	Description of Property: (Attach if nece	essarv)		
[There are no known wells situated on the comparison of the compari	nis property. The type(s), locati	on(s) and legal statu	s are stated below
2. 5	Sol	lid Waste Disposal (check one)	onoot, as noocosary.		
	_	There is no known solid waste dispo	sal site on this property.		
•		There is a solid waste disposal s Attachment #1, attached to this docu	ite on this property and infor	mation related there	eto is provided in
3. H	Ha:	zardous Wastes (check one)			
ĭ	$ \mathbf{x}$	There is no known hazardous waste	on this property.		
[There is hazardous waste on this p attached to this document.	roperty and information related	thereto is provided	in Attachment #1,
4. l	Un	derground Storage Tanks (check o	ne)		
[赵	There are no known underground s and residential motor fuel tanks, mos			
(There is an underground storage tar contained are listed below or on an a			nown substance(s)

5.	Pri	vate Burial Site (check one)					
	区	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 pur number							
		ation required by statements checked above should be provided here or on separate sheets					
		See attached.					
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM					
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.					
Sia	natii	re: UMU 1 1 1 d Ca holl Telephone No: (205) 873-6527					

160th St

x well

Shed



Time of Transfer Inspection Report

1 toperty information
Current Owner: #MY NeclerhoFF
Buyer: Realtor:
Mailing Address: 2457 165th ST VAN Meter 74 56261
Mailing Address: 2457 165th ST VAN Mater 7A 56261 Site Address/County: FAME AT ABOVE - MAdison Co.
Legal Description As Abstract
No of bedrooms: Last occupied: Q(ese. + Records available: Y \ N
No of bedrooms: Last occupied: Present Records available: Y N Permit installation date: 055 - 09 Separation distances (ok/no?): 60
Septic System Information
Septic tank(s): Size: 1500 91 Material: Concrete Poly Condition:
Tank pumped? N Date: 9-17-16 Licensed pumper: Forest Septe
Septic/Trash/Processing tank: Size: Material: Condition:
Tank pumped? Y N Date: Licensed pumper:
Aerobic treatment unit (ATU) mfgr
Tank pumped? Y N Date: Licensed pumper:
Maintenance contract? Y N Expiration date: Service provider:
Condition:
Pump tanks/vaults: Type: Concrete/Poly Size: Condition:
Distribution system: Distribution box 465 Outlets used 5 Condition:
Header pipe(s): No. of lines: Pressure dosed?
Secondary Treatment:
Length of absorption fields: 3 100 Determined by: County Record
Condition of fields: Ok - Ory Determined by: Hydraulic Test and Probing
Type of trench material: ChamBER
Size of sand filter:Petermined 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? Y N Permitted? Y N NOI provided: DNR Form 542-0191



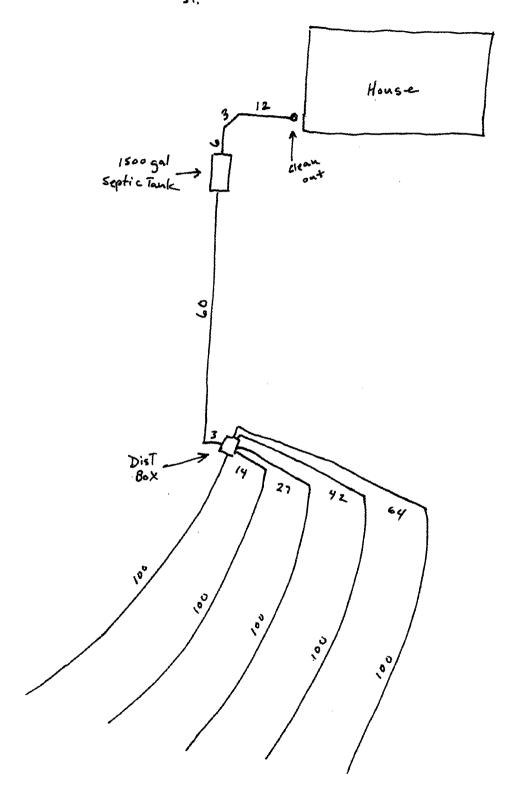
Time of Transfer Inspection Report

Other components:							
Alarms: Y Working: Y N Disinfection: Y N Working: Y N							
Control Box: Timers: Inspection Ports:							
Other components: NO WE							
Overall condition of the private sewage disposal system:							
Report system status: See AttachED.							
Explain (attach additional pages as needed):							
Comments: LATERAL FEILD IS LOCATED IN +All Grassly AREA IN FROM OF House							
+AIL Grassly AREA IN FROM OF House							
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. 							
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: 9-17-15							
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/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 th St							
Des Moines IA 50319							

DNR Time of Transfer Report System Status

Address:	2457	160Th 5		Date: 7-17-19
	VAN V	Meter, Pa	写ひしり Technician _	Brian Rinard
All waste water f	rom house drain	s to septic system	ı. Yes No	
Remarks:				
The tank is a P	Poly Concrete C	500 gallon to	ank. In good conditi	on. Yes No
The distribution be Remarks:	oox is in good cor	ndition. Yes 🗌	No None	
The laterals are in Remarks:		/		
A //	L4Terals	PIOBED	Dry	
		<u> </u>		
This certifies that	t the septic system v	This is not a gua	condition at the time o	f the inspection.
This certifies the	condition of the sep	otic system at the tim	e of the inspection.	

Permit # 055-09 Inspection 8/25/09 2457 160th St.



North A