

Book 2016 Page 2307 Type 43 001 Pages 7 Date 8/09/2016 Time 11:15:26AM

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	e	DERRICK MOORE			
Addre	ess	1349 Nature Court	Van Meter	lowa	50261
		Number and Street or RR	City, Town or P.O.	State	Zip
TRAI	NSFERE	E:			
Name	е	KEVIN J. MILLER			
Addre	ess	315 - 1st Street South #204	Newton	lowa	50208
		Number and Street or RR	City, Town or P.O.	State	Zip
Δddr	ess of Pr	operty Transferred:			
Addit	C33 01 1 1	1349 Nature Court	Van Meter	Iowa	50261
		Number and Street or RR	City, Town or P.O.	State	Zip
2. 5	There stated	e are no known wells situated on this e is a well or wells situated on this pr d below or set forth on an attached s ste Disposal (check one) e is no known solid waste disposal si	operty. The type(s), locate sparate sheet, as necess		tatus are
r j	There	is a solid waste disposal site on thinnent # 1, attached to this documer	s property and information	n related thereto is	provided in
3. H		us Wastes (check one)	•••		
D		is no known hazardous waste on th	nis property.		
Ĺ] There	is hazardous waste on this property	y and information related t	thereto is provided	j in
		nment # 1, attached to this documer	nt.		
_		ound Storage Tanks (check one)			
Ŋ	farm	e are no known underground storage and residential motor fuel tanks, mos ctions.)			
] There	e is an underground storage tank on ance(s) contained are listed below c			

P	ivate Burial Site (check one)	
Σ	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 ident	fying
	information of the decedent(s) is stated below or on an attached separate sheet, as necessary	ary.
	ivate 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 lav	
_	have a sewage disposal system.	
ᡌ	<u>-</u> , , , , , , , , , , , , , , , , , , ,	a
_	without any lawful sewage disposal system. A certified inspector's report is attached which	3
	documents the condition of the private sewage disposal system and whether any modification	าทร
	are required to conform to standards adopted by the Department of Natural Resources. A	5110
	certified inspection report must be accompanied by this form when recording.	
_	· · · · · · · · · · · · · · · · · · ·	
J	There is a building served by a private sewage disposal system on this property. Weather of	זנ
	other temporary physical conditions prevent the certified inspection of the private sewage	
	disposal system from being conducted. The buyer has executed a binding acknowledgement	
	with the county board of health to conduct a certified inspection of the private sewage dispo	
	system at the earliest practicable time and to be responsible for any required modifications	
	private sewage disposal system as identified by the certified inspection. A copy of the bindi	ng
	acknowledgement is attached to this form.	
	There is a building served by private sewage disposal system on this property. The buyer h	as
	executed a binding acknowledgement with the county board of health to install a new private	Э
	sewage disposal system on this property with an agreed-upon time period. A copy of the bi	nding
	acknowledgement is provided with this form.	_
٦	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.	
	buyer has executed a binding acknowledgement with the county board of health to demolish	
	building within an agreed-upon time period. A copy of the binding acknowledgement is prov	
	with this form. [Exemption #9]	luou
ì	This property is exempt from the private sewage disposal inspection requirements pursuant	to the
_		to the
7	following exemption [Note: for Exemption #9, use prior check box]:	
J	The private sewage disposal system has been installed within the past two years pursuant to	0
	permit number	
٠,	formation required by statements checked above should be provided here or on separa	ıto
	reets attached hereto:	116
-		
	EREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THE	11S
	FORM	
4	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT	•
	M	
ļ	ure/ Telephone No.: (515) 333-9384	



Time of Transfer Inspection Report

Property Information
Current Owner: Kimberly Moore
Buyer: Realtor: Nigel Chapman
Mailing Address:
Site Address/County: 1349 Nature Court Vanneter ±a. 5026
Legal Description As Abstract
No. of bedrooms: 4 Last occupied: Occupied Records available: No. of bedrooms: 4 Records available: No. of bedrooms: Last occupied: Occupied Records available: No. of bedrooms:
Permit/ installation date: 2002 Separation distances (ok/plo?):
Septic System Information
Septic tank(s): Size: 1500 / 1000 gathaterial: Concrete/Poly Condition:
Septic tank(s): Size: 1500 / 1000 gallaterial: Concrete/Poly Condition: good Tank pumped? VY N Date: 7-29-16 Licensed pumper: Forest Saptic Envi
Septic/Trash/Processing tank: Size: Material: Condition:
Tank pumped? YN Date: Licensed pumper:
Aerobic treatment unit (ATU) mfgr Size
Tank pumped?
Maintenance contract?
Condition:
Pump tanks/vaults: Type: Concrete/Poly Size: Condition:
Distribution system: Distribution box 4e5 Outlets used 5 Condition: good
Header pipe(s): No. of lines: Pressure dosed?
Secondary Treatment:
Length of absorption fields: 4 100 laterals Determined by: drawing
Condition of fields: 4000 acy etermined by: Hydraulic Test and Probing
Type of trench material: 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? YN 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: good condition Explain (attach additional pages as needed):
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. 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: 7-29-16
Name (print): Tyler Forest Certificate #: 10041
Address: PO Box 369, Norwalk, IA 50211
Phone #: 515-202-4897
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

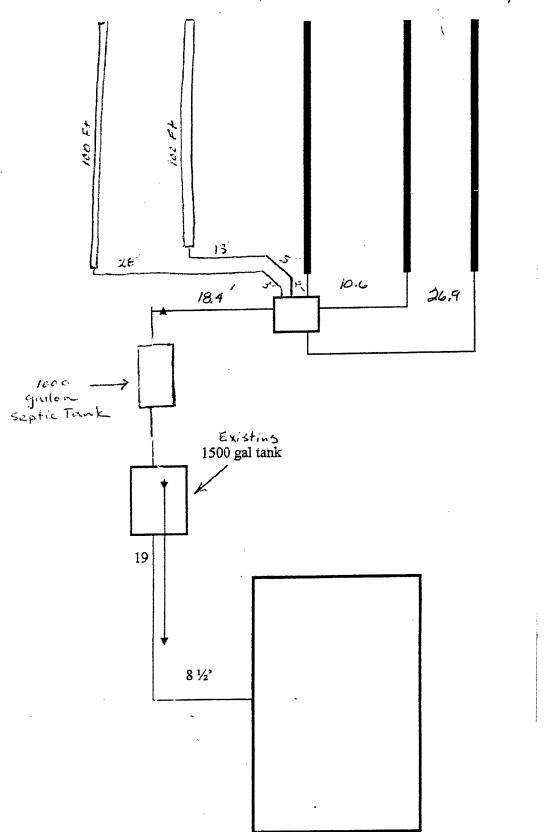
Address:	1349	Nature	ct.		_Date:	7-29-16
	Vanmete	<u>Nature</u> r Ia.	50261	Technician <u></u>		
All waste wate	er from house	drains to septic	system.	es 🗆 No		
Remarks:						
The tank is a [Remarks:	Poly Conci	rete <i>l500/1000</i> g	allon tank. In	good condition	ı. Xes	□ No
The distribution	on box is in god	od condition.	Yes No	None		
The laterals an Remarks:	re in good cond	dition. Yes	No None			
					···	
genter proposal and an analysis and an analysi						***************************************
			-			
			~		······································	
	,					

		This is n	ot a guarante	el		
		stem was in good the septic system	working conditi	ion at the time of t	he inspec	tion.

4/2010 cmz/dao

0RIGINAL Permit # 084-02 Permit # 102

Permit # 157-06 Revised system in Red



6	7-8-16 to your
ฟินิBlue Webmail	7-8-16 to Jody 7-7-16 emailed madison
1646 Kimberly Moore ime Of Transfer	8-8-16 emailed report
From : Your Website <info@forestseption< td=""><td>c.com> Wed, Jul 06, 2016 02:15 PM</td></info@forestseption<>	c.com> Wed, Jul 06, 2016 02:15 PM
Subject: Time Of Transfer	
To: plforest@wildblue.net	
Reply To: info@forestseptic.com	
	No Pamping Into.
Summary of web form submission:	No tumping Time.
Email Address	·
nigelchapmanteam@gmail.com	
Case Number 4438161	
Case Number 4438161 Order Form	ime: Nigel Chapman - RE/MAX /Phone Number
Case Number 4438161 Order Form Contact Person //> / First & Last Na (numbers only): (515)321-8094 About the Seller Agent or Realtor //	me: Nigel Chapman - RE/MAX /Phone Number > / First & Last Name: Nigel ChapmanEmail nigelchapmanteam@gmail.com / Phone
Case Number 4438161 Order Form Contact Person //> / First & Last Na (numbers only): (515)321-8094 About the Seller Agent or Realtor // (info@forestseptic.com if no email): (numbers only): (515)321-8094 About the Home //> / Address of Instate: IA Zip: 50261 / County: Madisor Bed Rooms: 4 / Occupied: yes / Wate	> / First & Last Name: Nigel ChapmanEmail
Case Number 4438161 Order Form Contact Person //> / First & Last Na (numbers only): (515)321-8094 About the Seller Agent or Realtor // (info@forestseptic.com if no email): (numbers only): (515)321-8094 About the Home //> / Address of Instate: IA Zip: 50261 / County: Madisor Bed Rooms: 4 / Occupied: yes / Wate LOT 22 PRAIRIE RIDGEESTATES 5.81A / Number: 020-077-027 / Mailing Address //> Owner's First &	> / First & Last Name: Nigel ChapmanEmail nigelchapmanteam@gmail.com