



Document 2017 GW23

Book 2017 Page 23 Type 43 001 Pages 13

Date 1/04/2017 Time 11:44:07AM

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 GARY F. JOHNSON

Address 313 East Court Winterset Iowa 50273  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name PAUL CANELOS

Address 1660 McBride Road Van Meter Iowa 50261  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:  
1660 McBride Road Van Meter Iowa 50261  
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) \_\_\_\_\_  
LONG LEGAL - see attached

**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 a 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 a 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 acknowledgement 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 acknowledgement is attached to this form.
- There is a building served by private sewage disposal system on this property. The buyer has executed a binding acknowledgement with the county board of health to install a new private sewage disposal system on this property with an agreed-upon time period. A copy of the binding acknowledgement 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 acknowledgement with the county board of health to demolish the building within an agreed-upon time period. A copy of the binding acknowledgement 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:**

---



---

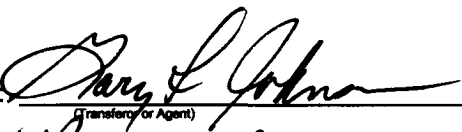



---



---

**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) 326-0226

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)

**Legal: Parcel "G" located in the NW ¼ of the SW ¼ and in the NE ¼ of the SW ¼ of Section 3, Township 76 North, Range 27, West of the 5<sup>th</sup> P.M., Madison County, Iowa, containing 9.37 acres, as shown in Plat of Survey filed in Book 3, Page 47 on July 3, 1997 in the Office of the Recorder of Madison County, Iowa**

**Address: 1660 McBride Road, Van Meter, Iowa 50261**

WildBlue Webmail

plforest@wildblue.net

62421 Gary Johnson  
Time Of Transfer

9-20-16 emailed Madison Co.  
9-21-16 to Kate  
11-18-16 emailed report

From : Your Website <info@forestseptic.com>

Sun, Sep 18, 2016 07:39 PM

Subject : Time Of Transfer

To : plforest@wildblue.net

Reply To : info@forestseptic.com

Summary of web form submission:

No Pumping Info.  
Drawing for house and  
Drawing for shop.

Email Address  
contact@email.com

Case Number  
4880287

Order Form

Contact Person //> / First & Last Name: gary johnson / Phone Number: (515)326-0226

About the Seller Agent or Realtor //> / First & Last Name: heather and jason starr / Email: contact@email.com / Phone (numbers only): (515)669-1763

About the Home //> / Address of Inspection: 1660 mcbride rd / City: van meter / State: IA Zip: 50261 / County: madison / Age of Septic System: 12 / Number of Bed Rooms: 3 / Occupied: yes / Water Service: yes Type: rural / Legal Description: / Township Name: / Section Number: /

(2)  
DNR

Mailing Address //> Owner's First & Last Name(s): Gary Johnson / Owner's Mailing Address: 1660 mcbride rd / City: van meter State: IA Zip: 50261 / Phone: (515)326-0226 / Email: johnsongandv@aol.com (3)

(4) About the Buyer Agent or Realtor //> / Full Name : Heather and Jason Starr / Email: StarGroupIowa.com / Office Phone (515)669-1763 /

About the Buyer //> / Name(s): n/a / Phone n/a n/a n/a / Email: n/a / Address: n/a / City: n/a State: n/ Zip: n/a / Closing Date: / Any Comments or Questions?

(5) Kate



Time of Transfer Inspection Report

House

Property Information

Current Owner: Gary Johnson

Buyer: NA Realtor: Jason Star

Mailing Address:

Site Address/County: 1660 McBride rd Vanmeter Ia. 50261

Legal Description As Abstract

No. of bedrooms: 3 Last occupied: occupied Records available: [X] Y [ ] N

Permit/ installation date: 9-8-04 Separation distances (ok/no?):

Septic System Information

Septic tank(s): Size: 1250 Material: Concrete/Poly Condition: good

Tank pumped? [X] Y [ ] N Date: 10-27-16 Licensed pumper: Forest Septic

Septic/Trash/Processing tank: Size: Material: Condition:

Tank pumped? [ ] Y [ ] N Date: Licensed pumper:

Aerobic treatment unit (ATU) mfr Size

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 Outlets used Condition:

Header pipe(s): No. of lines: Pressure dosed?

Secondary Treatment:

Length of absorption fields: Determined by:

Condition of fields: Determined by: Hydraulic Test and Probing

Type of trench material:

Size of sand filter: Determined by:

Vent pipes above grade? [X] Y [ ] N Discharge pipe located? [X] Y [ ] N

Effluent sample taken yes Results: see attached results

Media Filters: Type: Eco Flo

Maintenance contract? [ ] Y [X] N Expiration date: Service provider:

Condition: good

NPDES General Permit No. 4: Required? [ ] Y [X] N Permitted? [ ] Y [ ] N NOI provided:



# Time of Transfer Inspection Report

House

Other components: \_\_\_\_\_

Alarms:  Y  N Working:  Y  N Disinfection:  Y  N Working:  Y  N

Control Box:                      Timers:                      Inspection Ports:                     

Other components:                     

Overall condition of the private sewage disposal system:

Report system status: good condition

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: Tyler Forest Date: 10-27-16

Name (print): Tyler Forest Certificate #: 10041

Address: PO Box 369, Norwalk, IA 50211

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

Lowse

Address: 1660 McBride rd  
Vanmeter Ia. 50261 Date: 10-27-16  
Technician Tyler Forest

All waste water from house drains to septic system.  Yes  No

Remarks:

The tank is a  Poly  Concrete 1250 gallon tank. In good condition.  Yes  No

Remarks:

The distribution box is in good condition.  Yes  No  None

Remarks:

The laterals are in good condition.  Yes  No  None

Remarks:

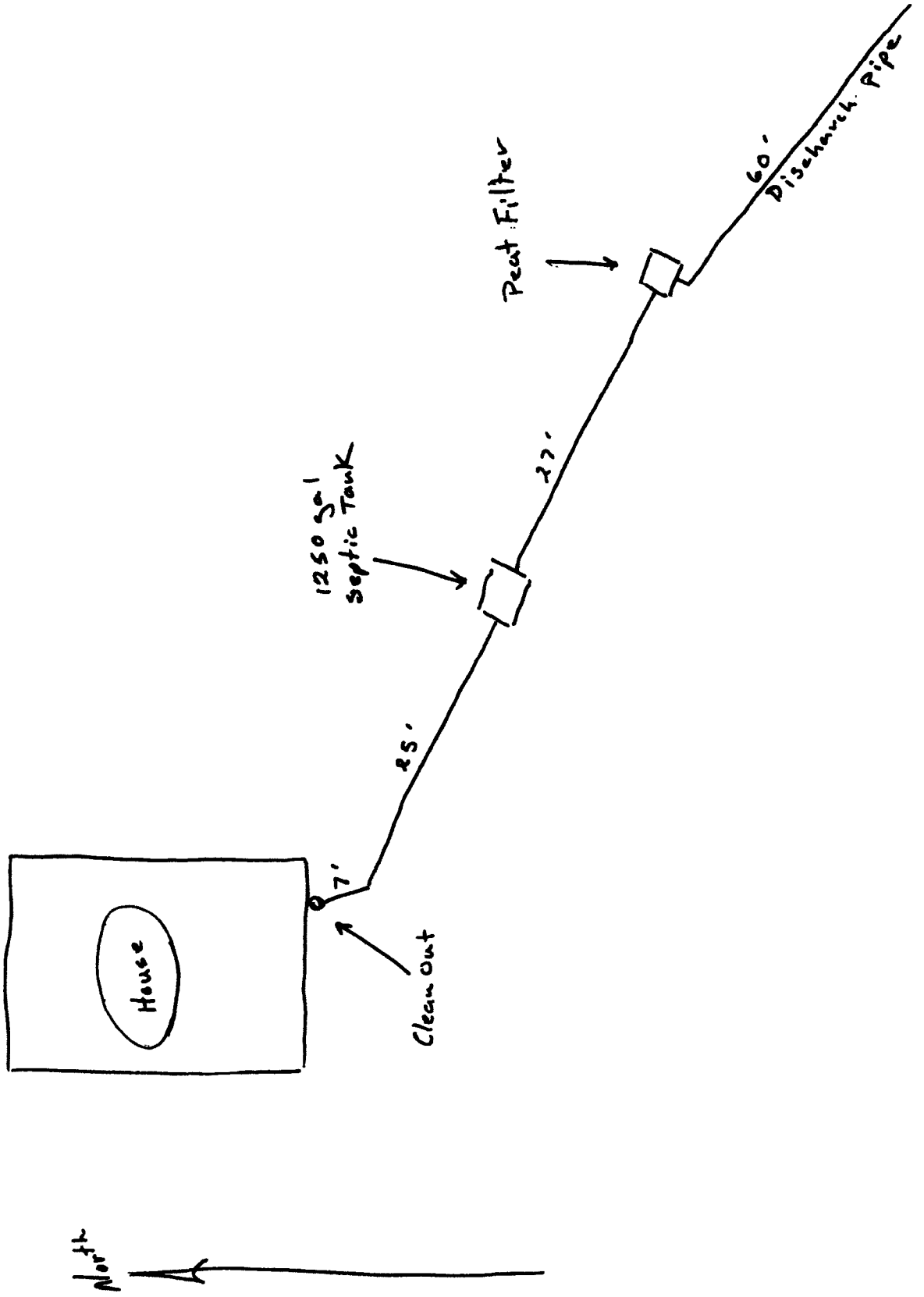
The secondary treatment is a  
Eco Flo Peat Filter system. The Peat  
Pod, and all components were in good  
working condition. (see attached test results;  
below 25 mg/L  
good

**This is not a guarantee!**

- This certifies that the septic system was in good working condition at the time of the inspection.
- This certifies the condition of the septic system at the time of the inspection.

Permit # 056-02 Revised Johnson Inspection 9/8/04

# House Septic System







**Des Moines WRF  
Laboratory**

**(515) 323-8002**

Forest Septic Tank Sampl

*House*

## **Results Report**

**Date:** 14-Nov-16

**Order ID:** 16102821

<b>Sample</b>	<b>Collect Date</b>	<b>Site</b>	<b>Parameter</b>	<b>Result</b>	<b>Units</b>	<b>Method</b>	<b>Analysis Date</b>
16102821-01	10/27/2016	Johnson-1660 McBride Rd., Van Meter	CBOD	12	mg/L	SM 5210 B	10/28/2016
16102821-01	10/27/2016	Johnson-1660 McBride Rd., Van Meter	TSS	22	mg/L	SM 2540 D	10/28/2016



# Time of Transfer Inspection Report

Shop

## Property Information

Current Owner: Gary Johnson

Buyer: \_\_\_\_\_ Realtor: Jason Starr

Mailing Address: \_\_\_\_\_

Site Address/County: 1660 McBride rd Van Meter Ida 50261

Legal Description As Abstract

No. of bedrooms: shop 0 Last occupied: occupied Records available:  Y  N

Permit/ installation date: 9-24-02 Separation distances (ok/no?): \_\_\_\_\_

## Septic System Information

Septic tank(s): Size: 500 Material: Concrete/Poly Condition: good

Tank pumped?  Y  N Date: 9-27-10 Licensed pumper: Forest septic Env.

Septic/Trash/Processing tank: Size: \_\_\_\_\_ Material: \_\_\_\_\_ Condition: \_\_\_\_\_

Tank pumped?  Y  N Date: \_\_\_\_\_ Licensed pumper: \_\_\_\_\_

Aerobic treatment unit (ATU) mfg \_\_\_\_\_ Size \_\_\_\_\_

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 no Outlets used \_\_\_\_\_ Condition: \_\_\_\_\_

Header pipe(s): \_\_\_\_\_ No. of lines: \_\_\_\_\_ Pressure dosed? \_\_\_\_\_

## Secondary Treatment:

Length of absorption fields: 1 64' lateral Determined by: Drawing

Condition of fields: good / dry Determined by: Hydraulic Test and Probing

Type of trench material: pvc / rock

Size of sand filter: \_\_\_\_\_ Determined by: \_\_\_\_\_

Vent pipes above grade?  Y  N Discharge pipe located?  Y  N

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: \_\_\_\_\_



Shop

# Time of Transfer Inspection Report

Other components:

Alarms:  Y  N Working:  Y  N Disinfection:  Y  N Working:  Y  N

Control Box: \_\_\_\_\_ Timers: \_\_\_\_\_ Inspection Ports: \_\_\_\_\_

Other components: \_\_\_\_\_

Overall condition of the private sewage disposal system:

Report system status: good condition

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: [Signature] Date: 10-27-16

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<sup>th</sup> St  
Des Moines IA 50319

DNR Time of Transfer Report System Status

Shop

Address: 1660 McBride rd. Date: 10-27-16  
Van Meter Ia. 50261 Technician Tyler Forest

All waste water from house drains to septic system.  Yes  No

Remarks:

The tank is a  Poly  Concrete 500 gallon tank. In good condition.  Yes  No

Remarks:

The distribution box is in good condition.  Yes  No  None

Remarks:

The laterals are in good condition.  Yes  No  None

Remarks:

NOTE: Shop septic system / (see drawing)

**This is not a guarantee!**

- This certifies that the septic system was in good working condition at the time of the inspection.
- This certifies the condition of the septic system at the time of the inspection.

Permit # 096-02 Gary & Vonda Johnson Septic for Shop 9/24/02

# Shop Septic System

