BK: 2017 PG: 1317

Recorded: 4/28/2017 at 8:35:51.0 AM

Fee Amount: \$0.00 Revenue Tax:

LISA SMITH RECORDER Madison County, Iowa

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

TO BE COMPLETED BY TRANSFEROR

TRANSF		DE COM LETED DI TIVANOI ENCI				
Name	Tri-State Ventures, Inc.	WITH THE TAX OF SALES AND A SA				
Address	1851 Madison Ave, Ste 300, Council Bluffs, IA 51503					
	Number and Street or RR	City, Town or P.O.	State	Zip		
TRANSF	EREE:					
Name	Kornelius De Vries					
Address	2671 Cumming Road, Va	an Meter, IA 50261				
	Number and Street or RR	City, Town or P.O.	State	Zip		
Address 2671 Cu	of Property Transferred: mming Road, Van Meter,	IA 50261				
Nu	mber and Street or RR	City, Town or P.O.	State	Zip		
T T st 2. Solid	tated below or set forth on Waste Disposal (check o	ated on this property. The type(s), lo an attached separate sheet, as nece one)	ocation(s) and legal st essary.	atus are		
T in	here is a solid waste dispo Attachment #1, attached	iste disposal site on this property.  osal site on this property and information to this document.	tion related thereto is	provided		
<u></u> T	rdous Wastes (check one here is no known hazardo here is hazardous waste o ttachment #1, attached to	ous waste on this property. On this property and information relate	ed thereto is provided	in		
4. Under T sr in	<mark>rground Storage Tanks (</mark> here are no known underg	(check one) ground storage tanks on this property notor fuel tanks, most heating oil tank	ks, cisterns and septic	tanks, in		

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 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
Inf	ormation required by statements checked above should be provided here or on separate
sh	eets attached hereto:
_	
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
	$\lambda$
Sig	nature: Telephone No.: (712) 256-4242



## **Time of Transfer Inspection Report**

To stole 1/0 atoms
Current Owner:
Buyer: Realtor:
Mailing Address: 1851 Madison Ave Ste 3M Council Bluffs, In 5/501
Site Address/County: 21071 Chimping Rd Van Meter, Ia 50261/Malisan
Legal Description As Abstract
No. of bedrooms: Last occupied:
Permit/ installation date: Separation distances (ok/no?):
Septic System Information
Septic tank(s): Size: 1/15 Material: Concrete/Poly Condition:
Tank pumped? XY N Date: 3-9-17 Licensed pumper: Toyled Sentic
Septic/Trash/Processing tank: Size: Material: Condition/
Tank pumped?
Aerobic treatment unit (ATU) mfgr 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 Maric Outlets used 7 Condition:
Header pipe(s): No. of lines: Pressure dosed?
Secondary Treatment:
Length of absorption fields: 7 50 ft language Determined by:
Condition of fields: Determined by: Hydraulic Test and Probing
Type of trench material: QVINTIES DID
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?
Condition:
NPDES General Permit No. 4: Required?
4/2010 cmz/dao

DNR Form 542-0191



## Time of Transfer Inspection Report

Other components:
Alarms: $\square Y \square N$ Working: $\square Y \square N$ Disinfection: $\square Y \square N$ Working: $\square Y \square N$
Control Box: Timers: Inspection Ports:
Other components:
Overall condition of the private sewage disposal system:
Report system status: FUNCTION, NO PRACTU
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.  Provening and to all assume that 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.
Verify that no sewage is on the ground surface.  Using this worksheet write a porretive report of the inquestion would be a local to the second 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 agree discussed 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: 3-9-17
Name (print): Tory Forest Certificate #: 10762
Address: PO Box 219, Indianola, IA 50125
Phone #: 515-360-7847
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 9th St

Des Moines IA 50319

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

Address:	de7/ Camming Rd. Date: 3-9-17
	Technician Tory Forest
All waste water	from house drains to septic system. □ Yes □ No
Remarks:	TOTAL TOUS CO SEPTIC SYSTEM TES - NO
<u>The tank i</u> Remarks:	s a Poly Concrete 1 150 gallon tank. In good condition. Yes No
***************************************	
<u>The distril</u> Remarks:	bution box is in good condition. Yes□ <u>No</u> □ <u>None</u>
TI I	
<u>i ne laterais a</u> Remarks:	are in good condition. Yes None
· · · · · · · · · · · · · · · · · · ·	
,,,,,,,	
\ 7	This is not a guarantee!
This certif	fies 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.

2671 Cumming Rd Van Meter 1-50261 ELBOW 况 26 16' 8

VildBlue Webmail	2-27-11 emailed madison co:
63083 Tri State Venturs	2-28-17 to Kate
Time Of Transfer	3-12-17 emailed report
From: Your Website <info@forests< td=""><td>septic.com&gt; Sat, Feb 25, 2017 11:11 AM</td></info@forests<>	septic.com> Sat, Feb 25, 2017 11:11 AM
Subject: Time Of Transfer	
To: plforest@wildblue.net	$\sim$ $\sim$ $\sim$
Reply To: info@forestseptic.com	No Pamping Into-
Summary of web form submission	n:
Email Address nick@oandhainvestments.com	
Case Number 5826780	
Order Form	
About the Home //> / Address of State: IA Zip: 50261 / County: Mad Bed Rooms: 1 / Occupied:no-Vacat	f Inspection: 2671 Cumming Road /City: Van Meter dison / Age of Septic System: uknown / Number of nt-1-month / Water Service: yes Type: rural / PT S1/2NE W OF HWY /Township Name: / Section
Mailing Address //> Owner's First /Owner's Mailing Address: 1851 M Zip: 51500/ Phone: ()- / Email:	st & Last Name(s): Tri State Ventures, Inc. Madison Ave, Ste 300 / City: Council BluffsState: IA
About the Buyer Agent or Realton / Office Phone (000)000-0000 /	r//>/ Full Name: Name / Email: name@mail.com
About the Buyer //> / Name(s): Iname@email.com / Address: 1111 State: / Any Comments or Question	Buyer Name(s) / Phone 000 000 0000 /Email: Street / City: City State: IA Zip: 00000 / Closing ons?
[ANR] (3)	
[Kate] 4	