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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

**REAL ESTATE TRANSFER – GROUNDWATER HAZARD STATEMENT  
TO BE COMPLETED BY TRANSFEROR**

**TRANSFEROR:**

Name CHRISTINE O'HERN

Address 2332 - 131<sup>st</sup> Court Van Meter Iowa 50261  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFereeE:**

Name STONEBRIDGE EQUITIES, LLC

Address PO Box 448 Waterloo Iowa 50704  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:  
2332 - 131<sup>st</sup> Court 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:**

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**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature: Christine Adler Telephone No.: (515) 468-8717  
(Transferor or Agent)

**Legal: Lot 8 in PRAIRIE RIDGE ESTATES, located in the Northeast Quarter of the Northwest Quarter (NE ¼ NW ¼) of Section 20, Township 77 North, Range 27, West of the 5<sup>th</sup> P.M., Madison County, Iowa, together with the undivided percentage interest in the general common elements as set forth in the Declaration of Association for Prairie Ridge Estates Association filed in Book 2002, Page 2126 of the Madison County Recorder's Office**

**Address: 2332 – 131<sup>st</sup> Court, Van Meter, Iowa 50261**



**Time of Transfer Inspection Report (DNR Form 542-0191)**

Property information

Current Owner Christine O'Hern  
Buyer Chase Keller Realtor \_\_\_\_\_  
Mailing Address 2401 Pine Court Van Meter IA 50261  
Site Address/County 2332 131st Ct Van Meter IA 50261 Madison Co

No. of Bedrooms 6 Last Occupied? 5 years Disposal? Y / N Softener? Y / N H<sub>2</sub>O Supply? Rural not on  
Records Available \_\_\_\_\_ Permit/Installation Date \_\_\_\_\_ Installer \_\_\_\_\_

Septic System Information

Septic Tank(s): Size 1000 gal Material Concrete Condition good working condition  
Tank Pumped? YES Date 6/26/17 Licensed Pumper Forest Septic  
Septic/Trash/Processing Tank: Size 1000 gal Material Concrete Condition good working condition  
Tank pumped? YES Date 6/26/17 Licensed Pumper Forest Septic

Aerobic treatment unit (ATU) MFGR \_\_\_\_\_ Size \_\_\_\_\_  
Tank Pumped? \_\_\_\_\_ Date \_\_\_\_\_ Licensed Pumper \_\_\_\_\_  
Maintenance Contract? \_\_\_\_\_ Expiration Date \_\_\_\_\_ Service Provider \_\_\_\_\_  
Condition \_\_\_\_\_

Pump Tanks/Vaults: Type Pump tank Size 1000 gal Condition good working condition

Distribution System: Distribution Box \_\_\_\_\_ Outlets Used \_\_\_\_\_ Condition \_\_\_\_\_  
Header Pipe(s) \_\_\_\_\_ Number of Lines \_\_\_\_\_  
Pressure Dosed? \_\_\_\_\_

Secondary Treatment

Length of Absorption Fields 188ftx30ft Determined by County records/probe  
Condition of Fields \_\_\_\_\_ Determined by \_\_\_\_\_  
Type of Trench Material At grade mound

Size of Sand Filter \_\_\_\_\_ Determined by \_\_\_\_\_  
Vent Pipes Above Grade? \_\_\_\_\_ Discharge Pipe Located? \_\_\_\_\_  
Effluent Sample Taken? \_\_\_\_\_ Results \_\_\_\_\_

Media Filters: Type \_\_\_\_\_  
Maintenance Contract? \_\_\_\_\_ Expiration Date \_\_\_\_\_ Service Provider \_\_\_\_\_  
Condition \_\_\_\_\_

NPDES General Permit No. 4: Required? \_\_\_\_\_ Permitted? \_\_\_\_\_ NOI submitted \_\_\_\_\_



Time of Transfer Inspection Worksheet

Other Components

Alarms YES Working? YES Disinfection \_\_\_\_\_ Working? \_\_\_\_\_

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

Other Components Lift pump not working at this time

Overall condition of the private sewage disposal system

Acceptable? Tanks/ At grade Unacceptable? Lift Pump

Explain (attach additional pages as needed): All waste water goes from house to septic system. 2 1000 gal Concrete septic tanks with risers and outlet tee in good working condition. 1000 gal concrete pump tank in good working condition. Lift pump is not working at this time. Home owner scheduled date for us to come and fix the lift pump. Alarm and float in good working condition. Will replace pump and redo hydraulic test then report back to the county.

Comments: This is not a guarantee but a report of condition at time of inspection.

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.

Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.

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: *Rick Rogers* Date: 6-25-17  
 Name (print): Rick Rogers Certificate #: 9597  
 Address: 401 NE 52nd Ave Des Moines IA 50313  
 Phone #: 515-745-8352