

**BK: 2018 PG: 4112**  
**Recorded: 12/14/2018 at 1:59:36.0 PM**  
**Pages 5**  
**County Recording Fee: \$0.00**  
**Iowa E-Filing Fee: \$0.00**  
**Combined Fee: \$0.00**  
**Revenue Tax:**  
**LISA SMITH RECORDER**  
**Madison County, Iowa**

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

**TRANSFEROR:**

Name CONNIE HOOGEVEEN A/K/A CONNIE L. HOOGEVEEN

Address 2694 - 140<sup>th</sup> Street Van Meter Iowa 50261  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name JOSHUA DAVIS & ERIN DAVIS

Address 1407 Linden Circle Adel Iowa 50003  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:  
2694 - 140<sup>th</sup> Street 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 Exhibit "A"

**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:

    NW of property be fenced garden. Working well    

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

Signature:  Telephone No.: (575) 468-8738  
(Transferor or Agent)



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

#### Property information

Current owner Connie & Steve Hoogeveen  
 Buyer? Realtor?  
 Mailing address 2694 140th St Van Meter  
 Site Address/County 2694 140th St Van Meter  
 No. of bedrooms 4 Last occupied? \_\_\_\_\_ Disposal? Y/N Softener? Y/N H<sub>2</sub>O supply? \_\_\_\_\_  
 Records available yes Permit/installation date 5-30-01 Installer Earth Works

#### Septic system information

Septic tank(s): size 2000 ~~2000~~ material Concrete condition good  
 Tank pumped? yes date 10-29-18 licensed pumper Weigert #237  
 Septic/trash/processing tank: size \_\_\_\_\_ material \_\_\_\_\_ condition \_\_\_\_\_  
 Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_

Aerobic treatment unit (ATU) mfr \_\_\_\_\_ size \_\_\_\_\_  
 Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_  
 Maintenance contract? \_\_\_\_\_ expiration date \_\_\_\_\_ service provider \_\_\_\_\_  
 Condition: \_\_\_\_\_

Pump tanks/vaults: type \_\_\_\_\_ size \_\_\_\_\_ condition \_\_\_\_\_  
 Distribution system: distribution box plastic outlets used 5 condition good  
 Header pipe(s) 4 # of lines 5  
 Pressure dosed? NO

Secondary treatment:  
 length of absorption fields 100 ft determined by Drub  
 condition of fields good determined by No surface  
 type of trench material Eg 24 sewage

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 Report (page 2)

Current owner Connie & Steve Hoogeveen

Other components: Alarms      Working?      disinfection      working?     

Control box      Timers      inspection ports     

Other components     

#### Overall condition of the private sewage disposal system

Acceptable? Yes Unacceptable?     

Explain (attach additional pages as needed):  
      
    

Comments: TANK Looks good No sewage on ground surface

#### 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.
- None

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: Mike Harkin Date: 10-29-18  
 Name (print): MIKE HARKIN Certificate #: 9450  
 Address: 3311 140th St Cumming  
 Phone #: 515-360-0399

