

BK: 2019 PG: 205
Recorded: 1/9/2019 at 8:53:16.0 AM
Pages 6
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 Jerrod A. Johnson & Allissa A. Johnson
 Address 670 NE Alice's Road, #23 Waukee IA 50263
Number and Street or RR City, Town or PO State Zip

TRANSFeree:

Name Andrea & Kiley Kraayenbrink
 Address 2998 - 133rd Ct. Van Meter IA 50261
Number and Street or RR City, Town or PO State Zip

Address of Property Transferred:
2998 - 133rd Ct. Van Meter IA 50261
Number and Street or RR City, Town or PO State Zip

Legal Description of Property: (Attach if necessary)
 See attached Schedule "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.

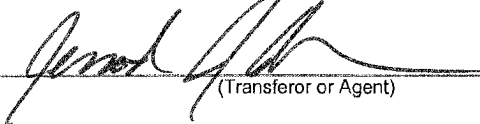
6. Private Sewage Disposal System (check one)

- 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 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 _____

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.:

515-782-3739

Schedule "A"
Legal description

Lot Fourteen (14) of Woodland Valley Estates Subdivision located in the South Half (1/2) of the Northeast Quarter (1/4) of Section Twenty (20) and in the Southwest Quarter (1/4) of the Northwest Quarter (1/4) of Section Twenty-one (21), ALL in Township Seventy-seven (77) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, together with an undivided interest in all common areas as set forth in the Declaration of Association for Woodland Valley Estates Subdivision filed in Book 2004, Page 6107 of the Madison County Recorder's Office, and any supplements and amendments thereto.



Reset

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

Property information

Current owner JARED & ALLISSA JOHNSON
Buyer KILEY & ANDREA KRAAYENBRINK Realtor JASON MILLER - MILLER & CLARK REAL ESTATE
Mailing address 2988 133RD COURT, VAN METER, IA 50061

Site Address/County 2988 133RD COURT, VAN METER, IA 50061
Legal Description _____

No. of bedrooms _____ Last occupied? _____ Records available YES

Permit/installation date _____ Separation distances ok/ no? YES

Septic system information

Septic tank(s): size 1500 GALLON material CONCRETE condition GOOD
Tank pumped? YES date FEB 2016 licensed pumper BOB'S SEPTIC
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

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

Pump tanks/vaults: type CONCRETE size 500 GALLON condition GOOD

Distribution system: distribution box _____ outlets used _____ condition _____
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields _____ determined by _____
condition of fields _____ determined by _____
type of trench material _____

Size of sand filter A+ GRADE 60' determined by PROBE
Vent pipes above grade? 2 discharge pipe located? NONE
Effluent sample taken? NO Results _____

Media filters: type _____
Maintenance contract? _____ expiration date _____ service provider _____
Condition _____

NPDES General Permit No. 4: required? _____ permitted? _____ NOI provided _____



Time of Transfer Inspection Report

Other components:

Alarms X Working? YES disinfection _____ working? _____

Control box _____ Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status System in operating as designed at time of inspection. Hydraulic test was performed.

Explain (attach additional pages as needed): 350 gallons was pumped into sand filter.

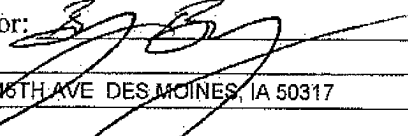
Comments: All pipes in home go to Septic that is supposed to. All set backs are good.

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: 12/26/18
 Name (print): BRYCE BAILEY Certificate #: 500185
 Address: GALLON INC. 2785 NE 46TH AVE DES MOINES, IA 50317
 Phone # 515-331-0030

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

PRELIMINARY ONSITE WASTEWATER TREATMENT SITE SPECIFICATIONS AND LAYOUT

