



Document 2020 GW2311

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Ben Beachy and Katie Beachy

Address 2074 310th Street, Lorimor, IA 50149

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Daniel L. Ashby and Kathryn Ashby

Address 1618 S. 4th Avenue, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

2074 310th Street, Lorimor, IA 50149

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) For Legal Description see Exhibit "A" attached hereto and by this reference incorporated herein.

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: Ben Beachy Telephone No.: (641) 664-2645
(Transferor or Agent) Ben Beachy

EXHIBIT "A"

Parcel "A" located in the Northeast Quarter ($\frac{1}{4}$) of the Northeast Quarter ($\frac{1}{4}$) of Section Twenty-three (23), Township Seventy-four (74) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, containing 10.000 acres, as shown in Plat of Survey filed in Book 2004, Page 5219 on November 4, 2004, in the Office of the Recorder of Madison County, Iowa.



#032-20

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

23-Monroe

Property information

Current owner Ben Beechey
Buyer _____ Realtor _____
Mailing address _____

Site Address/County 2074 - 310 St Larimer CO
Legal Description Same as address

No. of bedrooms _____ Last occupied? still there Records available yes
Permit/installation date 10/21/16 065-16 Separation distances ok/no? OK

Septic system information

Septic tank(s): size 1500 gal 2 compartment material concrete condition OK at this time
Tank pumped? yes date 5-18-2020 licensed pumper yes 54755
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 probe & concrete outlets used _____ condition _____
Header pipe(s) _____ # of lines _____ Pressure dosed? no

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

Size of sand filter 18' x 55' determined by probe & map
Vent pipes above grade? yes discharge pipe located? yes
Effluent sample taken? yes Results 7.55 - 1 CBOD 5 Day 2

Media filters: type _____
Maintenance contract? yes expiration date 1-1-2021 service provider Allen Atkins
Condition looks OK at this time

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



Time of Transfer Inspection Report

Other components:

Alarms None Working? —

disinfection None working? —

Control box None

Timers None

inspection ports —

Other components Tank base Rizers to top of ground Clean out

Overall condition of the private sewage disposal system

Next to House 6ft out

Report system status Everything look ok at this time

Explain (attach additional pages as needed): —

Comments: Need to clean brush off Sand Filter

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.

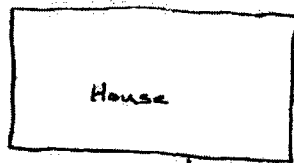
Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

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: Allen Akers Date: 5-18-2020
Name (print): Allen Akers Certificate #: 1023
Address: 2204 175th St Winterset IA 50273
Phone #: 515-462-1015

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office, county Recorder in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319



Permit # 065-16
Inspection 10/21/16
310th Street

6' cleanout
11'

66'

24'

13'



1500 gal
septic Tank

164'

D. Box

65'

18'

5'

35'

Dis. line

North



Collection Location discharge	taken at 2074 310th Lorimer	Collector and Phone akers allen 515/462-1015	Client Reference ben beechery	Accession # 992346
16383 250TH WINTERSET, IA Bloomfield		Collected 2020-05-04 12:20	Received 2020-05-04 14:28	Project
Report To ALLEN AKERS 2204 175TH CT WINTERSET, IA 50273-	Sample Description waste water			
	Sample Type Non-Drinking Water			
	Sample Source			
	Sample Note(s) 1			

RESULTS OF ANALYSIS - FINAL REPORT

TEST	RESULT (mg/L)	QUANT LIMIT	ANALYSIS NOTE(S)
BOD, Carbonaceous 5 Day, SM 5210 B			
CBOD, 5 Day	<2	2	
Total Suspended Solids, USGS I-3765-85			
Total Suspended Solids	<1	1	

SAMPLE AND ANALYSIS NOTES

- Upon arrival, sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

ANALYSIS INFORMATION

TEST	ANALYZED	SITE	RELEASED	ANALYSIS PREP
1. BOD, Carbonaceous 5 Day, SM 5210 B	2020-05-06 07:30 AMG	3201	2020-05-12 08:08 JAE	
2. Total Suspended Solids, USGS I-3765-85	2020-05-05 10:05 KAR	3201	2020-05-06 14:50 JAE	

DESCRIPTION OF UNITS

mg/L = Milligrams per Liter

SITE(S) PERFORMING TESTING

3201 STATE HYGIENIC LABORATORY ANKENY, IOWA LABORATORIES COMPLEX, 2220 S ANKENY BLVD, ANKENY, IA 50023; Phone 515/725-1600; Fax 515/725-1642; Michael D. Schueller, M.S., Interim Associate Director; Wade K. Aldous, Ph.D. (D)ABMM, Associate Director; IOWA ENVIRONMENTAL LAB ID #397

The result(s) of this report relate only to the items analyzed. This report shall not be reproduced except in full without the written approval of the laboratory. If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500.