

Book 2020 Page 4403 Type 43 001 Pages 6 Date 11/13/2020 Time 12:42:37PM Rec Amt \$ 00

INDX ANNO **SCAN** CHEK

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

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

TR	ANSFEROR:									
Na	me Brandon Rettig									
Add	dress 2082 310th St  Number and Street or RR	Lorimor City, Town or P.O.	IA State	50149 <sup>Zip</sup>						
TR	ANSFEREE:									
Na	me Kristin Burhans									
Add	dress 823 E Jefferson St  Number and Street or RR	Winterset City, Town or P.O.	IA State	50273 Zip						
	Number and Sueet of NA	City, Town of P.O.	State	Σip						
	dress of Property Transferred:									
208	82 310th St Number and Street or RR	Lorimor City, Town or P.O.	IA State	50149 Zip						
1.	☐ There are no known wells situated on this property.									
	☐ There is a well or wells situ	ated on this property. The type(s), locat	ion(s) and legal statu	is 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 hazardo	us waste on this property.								
	☐ There is hazardous waste 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.)								
		torage tank on this property. The type(sor on an attached separate sheet, as nec		nown substance(s)						

5.	Pri	vate Burial Site (check one)
	Ø	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.	Pri	vate 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
		ation required by statements checked above should be provided here or on separate sheets ed hereto:
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sir	ınatı	re: Telephone No.: (641 ) 750 3340
	,	(Transferor or Agent)



## **Time of Transfer Inspection Report**

<b>Property Informa</b>	tion							
Current Owner:								
Buyer:	<del></del>				Realtor:	Rac	hel Eller	
Mailing Address:				· · · · · · · · · · · · · · · · · · ·				
Site Address/Cou	inty:	2082 310th	St, Lorimo	or/ Madis	son County			······································
Legal Description	n							
No. of bedrooms:	3	L	ast occupie	ed:	current	Record	s available:	yes
Permit/ installation	on date:	11-30-	12	Ser	paration distance	s (ok/no?):	ok —	
Septic System In	formation —							
Septic tank(s):	Size:	1250	Mate	erial:	Concrete	Condition	good:	
Tank pumped?	MADN	Date	9.	-29-20	Licensed pump	er:	Wiegert	
Septic/Trash/Proc	cessing tank:	Size:	# <del></del>	]	Material:		Condition:	<del></del>
Tank pumped?	$\Box$ Y $\Box$ N	Date	· · · · · · · · · · · · · · · · · · ·		Licensed pump	er:		
Aerobic treatmen	t unit (ATU)	mfgr	استخلیون داده با این سید در داده	<del></del>	<del>-</del>		Size	<del></del>
Tank pumped?	DYDN	Date	•		Licensed pur	mper:		
Maintenance con	tract?	IYDN	Expirati	on date:	Service provider:			
Condition:						-	<del></del>	
Pump tanks/vaults: Type:				Size:	c; Condition:			
Distribution syste	em: Dist	ribution box	F	Plastic	Outlets used	3	Condition:	good
Н	eader pipe(s)	:	4" sch40	No. of	f lines:	3 Pres	sure dosed?	no
Secondary Treatr	nent:				,			
Length of absorption fields: 3x100'				Determined b	y:	County Map		
Condition of field	is:	good/dry			Determined b	y:	hydraulic test	
Type of trench m	aterial:	36" ch	ambers					
Size of sand filter	r: -				Determined b	y:		
Vent pipes above grade? ☐ Y ☐ N					Discharge pip	e located?	$\Box$ Y $\Box$ N	
Effluent sample t	aken				Results:			
Media Filters:	Type:				<del></del>			
Maintenance contract?					Service pr	ovider:		
Condition:						-		
NPDES General	Permit No. 4:	Requi	red?	Y□N	Permitted?	OYON	NOI provided	l:
4/2010 cmz/dao						DNR Fort	n 542-0191	



Des Moines IA 50319

# **Time of Transfer Inspection Report**

Other components:							
Alarms: $\square$ Y	'UN	Working:	$\square$ Y $\square$ N	Disinfection:	$\Box$ Y $\Box$ N	Working:	$\square$ Y $\square$ N
Control Box: Timers: Inspection Ports:					on Ports:		
Other compone	ents:				32. day		
Overall conditi	ion of the r	private sew	age disposal systen	1:			
Report system	status:	Syste	em was working pro	operly during the	e Inspection.		
Explain (attach	additiona	l pages as r	needed):	The Septic tank	k is in good co	ndition. The	D-box is in
good condition	ı. Hydrauli	c test was g	good. The lateral fie	eld was dry. All	plumbing goes	to the septi	C.
Comments:							
•							nie bezeich der eine
Site status at co	onclusion o	of Time of	Transfer inspection				
<ul> <li>Verify that controls are set on the appropriate mode.</li> <li>Power is on to all components.</li> <li>Revisit all components to verify lids are secure.</li> <li>Gather all tools for removal from the site.</li> <li>Verify that no sewage is on the ground surface.</li> </ul>							
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: 10-10-20						10-10-20	
Name (print):	В	en Bedwell	1	<u> </u>	Certificate	#:	11612
Address:	1500 N	N B Street,	Indianola		<del></del>	<del>- 1, - 1, - 1, - 1, - 1, - 1, - 1, - 1,</del>	
Phone #: 515-681-2053							
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 F. 9th St							

4/2010 cmz/dao DNR Form 542-0191

North 111) -Double Clean Proposed Home 691. 100 10 3 91 وة 1250gel Septic Fank

Permit#078-12 Inspection 11/30/12 310th Street

## **GROUNDWATER HAZARD STATEMENT**

### **ATTACHMENT #1**

## NOTICE OF WASTE DISPOSAL SITE

a.	Sol	lid Waste Disposal (check one)							
	Ø	There is a solid waste disposal site on this property, but no notice has been received from the Departmen of Natural Resources that the site is deemed to be potentially hazardous.							
		There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.							
b.	Ha	zardous Wastes (check one)							
	There is hazardous waste on this property and it is being managed in accordance with Department o Natural Resources rules.								
		There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.							
Fu	ther	descriptive information:							
		South of home tank access south of deck laterals run							
	٧u:	South of home tank access south of deck luterals run st to west south of tunk							
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM							
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.								
Sig	natu	Telephone No.: (641) 750 3340							