

Book 2021 Page 3101 Type 43 001 Pages 7 Date 7/26/2021 Time 11:53:58AM

Rec Amt \$.00

INDX **ANNO** SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

TO BE COMPLETED BY TRANSFEROR

Name	EROR:		
Tairie	Perry D. Borntrager and Sa	rah O. Borntrager	
Address	2909 Homestead Avenue, I	Lorimor, IA 50149	
	Number and Street or RR	City, Town or P.O.	State
		Zip	
TRANSI			
Name	Andrew Herschberger		
Address	3025 110 <sup>th</sup> Street, Lorimor,	, IA 50149	
	Number and Street or RR	City, Town or P.O.	State
. 11	CD	Zip	
	of Property Transferred:		
	Oth Street, Lorimor, IA 50149		
Number a	and Street or RR	City, Town or P.O. State	z Zi
Parcel "A		t Quarter (¼) of the Southwest Quarter (¼ -four (74) North, Range Twenty-eight (28)	•
	, Madison County, Iowa, co	ontaining 8.61 acres, as shown in Plat of Su 2003, in the Office of the Recorder of Madi	rvey filed in

**FILE WITH RECORDER** 

DNR form 542-0960 (July 18, 2012)

3. Hazardous Wastes (check one)	
<u>x</u> There is no known hazardous waste on this property.	
There is hazardous waste on this property and informat	ion related thereto is provided in
Attachment #1, attached to this document.	
4. Underground Storage Tanks (check one)	
x There are no known underground storage tanks on this	property. (Note exclusions such
as small farm and residential motor fuel tanks, most heating of	il 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 attach	
5. Private Burial Site (check one)	•
x There are no known private burial sites on this property	v.
There is a private burial site on this property. The local	
identifying information of the decedent(s) is stated below or or	
necessary.	· ··· ··· · · · · · · · · · · · ·
6. Private Sewage Disposal System (check one)	
All buildings on this property are served by a public or	semi-public sewage disposal
system.	The second secon
This transaction does not involve the transfer of any bu	ailding which has or is required by
law to have a sewage disposal system.	8
x There is a building served by private sewage disposal	system on this property or a
building without any lawful sewage disposal system. A certific	
which documents the condition of the private sewage disposal	
modifications are required to conform to standards adopted by	
Resources. A certified inspection report must be accompanied	
There is a building served by private sewage disposal s	· ·
other temporary physical conditions prevent the certified inspec	· - · ·
disposal system from being conducted. The buyer has execute	•
the county board of health to conduct a certified inspection of	•
at the earliest practicable time and to be responsible for any re	1 0 1
sewage disposal system as identified by the certified inspectio	<del>-</del>
acknowledgment is attached to this form.	
There is a building served by private sewage disposal s	vstem on this property. The buyer
has executed a binding acknowledgment with the county board	
sewage disposal system on this property within an agreed upor	
binding acknowledgment is provided with this form.	1 17
There is a building served by private sewage disposal s	vstem on this property. The
building to which the sewage disposal system is connected wi	
occupied. The buyer has executed a binding acknowledgment	<del>_</del>
demolish the building within an agreed upon time period. A co	
acknowledgment is provided with this form. [Exemption #9]	
This property is exempt from the private sewage dispos	sal inspection requirements
pursuant to the following exemption [Note: for exemption #9	<u>-</u>
	are breez and conf.
The private sewage disposal system has been installed a	within the past two years pursuant
to permit number .	F F J court F
FILE WITH RECORDER	DNR form 542-0960 (July 18, 2012)
	The state of the s

#### Information required by statements checked above should be provided here or on separate sheets attached hereto:

One (1) inactive well is located approximately 80 yards east of the dwelling unit.

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

Signature: Perry D. Bountrager Telephone No.: (515) 705-9036
Perry B. Borntrager, Transferor



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

Property information
Current owner Perry & SaraH BORNTYAGER  Buyer Andrew Hersch Berger Realtor By Owner (705-9036)  Mailing address 2909 Homestrad are LORINUR IN 50149
Burger Action of the Action of the Design of the Control of the Co
Mailing address 200 Mailin
Site Address/County / 134 330 th Sr / MACLESON (%) Legal Description AS ABRACT
Legal Description AS ABRACT
No. of bedrooms Last occupied? June 1 2021 Records available
Permit/installation date 163-04 Separation distances ok/ no? 06  Septic system information
Septic system information
Septic tank(s): size 1500 94 material Poly TANK condition 6 K  Tank pumped? Ye 5 date 6-22-21 licensed pumper County Size Septic/trash/processing tank: size material condition
Tank pumped? Vos date (c-27-21) licensed pumper / wester Section
Septic/trash/processing tank: size material condition
Tank pumped? date licensed pumper
· · · · · · · · · · · · · · · · · · ·
Aerobic treatment unit (ATU) unfgr size  Tank pumped? licensed pumper  Maintenance contract? expiration date service provider
Tank pumped? date licensed pumper
Maintenance contract? expiration date service provider
Condition
Pump tanks/vaults: type fressure size 500 941 condition ok
Distribution gustoms distribution have V. C. gustots used. 7 condition of
Distribution system: distribution box
Header bibe(2) # or mics Heasting dozen:
Secondary treatment:
Secondary treatment:  length of absorption fields  OR  determined by County Records  type of trench material  Or of the condition of fields  Or of the condition of the conditio
condition of fields OK: DRV determined by Draz P. Halvelic
type of trench material Chambar
- Court March
Size of sand filter determined by
Vent pipes above grade? discharge pipe located?
Effluent sample taken? Results
Media filters: type
Media filters: type service provider service provider
Condition Service provider
NPDES General Permit No. 4: required? permitted? NOI provided
name of so
Page 1 of 2  4/2010 542-0191
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# Time of Transfer Inspection Report

Other components:
Alarms Working? disinfection working?
Control box inspection ports
Other components NUNE
Overall condition of the private sewage disposal system
Report system status See Attnotten page
Explain (attach additional pages as needed):
Comments: House Hors NO Full Basement - HAD BEEN UVEN IN DAILY OF INTHE JUNE, 1, 200
<ul> <li>Site status at conclusion of Time of Transfer inspection:</li> <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:  Name (print):  Address:  Phone #  Date: 6-22-2/  Certificate #: \$\$70.5  Address:  Date: 6-22-2/  Certificate #: \$\$70.5
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. 9 <sup>th</sup> St. Des Moines, IA 50319

### Time of Transfer Report System Status

Address:	1934 3	30 4 55	Date: 6	-21-4
Comments:	LOPINIOR	±4 58149	Technician: Brian	Rinard
1411	WASTELLATOR.	From Hov	se 9025 11	540
Septie	Sy 570 m. 1500	gallon po	Ly D Compa	nort
,	TANK WITH			
3	ig Condition			
	Nr. With f			
	ON. FLASTIC			
	AFFE AND			
	od Working			
	DRY DWO +			
7		NOT A		
this	CertiFies		*	
WAS	in working	Condition	AT LINUOF	TAISJECTIO
	4	AGRAM OF SYSTEM		~

See County Record.

Permit # 163-04 Gooden beuger Inspection 12/16/104

