

Document 2021 GW4854

Book 2021 Page 4854 Type 43 001 Pages 6

Date 11/29/2021 Time 12:14:38PM Rec Amt \$.00

INDX ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

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Name: Andrew Herschberger

Address: 2980 Clark Tower Road, Winterset, IA 50273

TRANSFEREE:

Name: Willie Miller and Martha Miller

Address: 3045 230th Avenue, Hopkinton, IA 52237

Address of Property Transferred:

1934 330th Street, Lorimor, Iowa 50149

Legal Description of Property: (Attach if necessary)

Parcel "A" located in the Northeast Quarter (%) of the Southwest Quarter (%) of Section Thirty-four (34), Township Seventy-four (74) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, containing 8.61 acres, as shown in Plat of Survey filed in Book 2003, Page 1786 on March 28, 2003, in the Office of the Recorder of Madison County, Iowa.

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.

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)

| 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: |
| The well is south east of the house about 175 feet. |
| I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT. |
| Signature: Andrew Horschberger Telephone No.: 641-347-2022 |



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

| Property information |
|---|
| Current owner Perry & SaraH BORNTYAGER Buyer fullow Hersch Borgon Realton R. GWNRC (705-9036) Mailing address 2909 Homes read are Lorentes IN 50149 |
| Mailing address 2909 Homes read are losentes TH 50149 |
| Site Address/County / 934 330 + sr / MACLEON CO. Legal Description AS ABZACT |
| No. of bedrooms Y Last occupied? June 1 Zou Records available Yes |
| Permit/installation date 16304 Separation distances ok/ no? Ok Septic system information |
| |
| Septic tank(s): size /500 94 material Poly TANK condition 6 K Tank pumped? Vest date 6-22-2/ licensed pumper (under Septic/trash/processing tank: size material condition Tank pumped? date licensed pumper |
| Aerobic treatment unit (ATU) rafgi size Tank pumped? date licensed pumper Maintenance contract? expiration date service provider Condition |
| Pump tanks/vaults: type ATRSSURE size 500 941 condition of |
| Distribution system: distribution box \(\frac{\frac{1}{2}}{2} \) outlets used \(\frac{7}{2} \) condition \(\frac{1}{2} \) Header pipe(s) \(\frac{1}{2} \) # of lines \(\frac{7}{2} \) Pressure dosed? |
| Secondary treatment: length of absorption fields Chamber determined by County Be Covel's determined by Problem of Hydredic Test |
| Size of sand filter determined by |
| Vent pipes above grade? discharge pipe located? |
| Effluent sample taken? Results |
| Media filters: type |
| NPDES General Permit No. 4: required? permitted? NOI provided |
| Page 1 of 2 4/2010 542-0191 |
| |



Time of Transfer Inspection Report

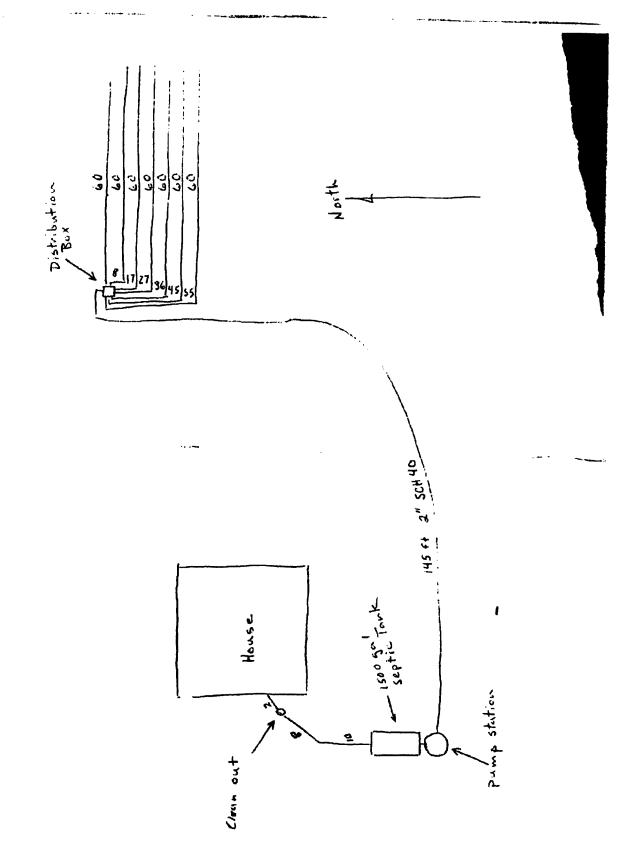
| Other components: Alarms Alo Working? disinfection No working? |
|---|
| Control box inspection ports |
| Other components |
| Overall condition of the private sewage disposal system |
| Report system status See AHACHED PAGES |
| Explain (attach additional pages as needed): |
| Comments: House Hors NO FULL Ensember + HAD FEEN Cover IN Daily up 12 411 June, 1. 202 |
| 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: Name (print): Address: Phone # Date: 6-27-2/ Certificate #: \$505 |
| 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; |
| lowa DNR Private Sewage Disposal Program 502 E. 9 th St. Des Moines, IA 50319 |

Time of Transfer Report System Status

| Address: | 1744 3 | 30 77 | Date: 6-204 | |
|-----------|---------------|------------------|--------------------------|------|
| Comments: | LORINIOR | Ta 58149 | Technician: Brian Rinard | |
| 1411 | WASTELLATOR. | Fron Hous | e 9025 INTO | |
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See County Record.

Permit # 163-04 Goodenberger Inspection 12/16/14



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