

Book 2022 Page 2531 Type 43 001 Pages 5 Date 8/26/2022 Time 10:21:13AM

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

TRANSF	· =				
Name	Home Source Realty, LL				
Address 1325 Union Court, Van Meter, IA 50261					
	Number and Street or RR	City, Town or P.O.	State	Zip	
TRANSF	EREE:				
Name	Linda A. Goergen Trust,				
Address	2647 Bittersweet Avenue	e, Winterset, Iowa 50273			
	Number and Street or RR	City, Town or P.O.	State	Zip	
	of Property Transferred: tersweet Avenue, Winterse	et, Iowa 50273			
Nun	nber and Street or RR	City, Town or P.O.	State	Zip	
Seventy-five shown in P	ve (75) North, Range Twenty-nin lat of Survey filed in Book 2007	at Quarter (1/4) of the Southeast Quarter (1/4), all the (29) West of the 5th P.M., Madison County, Id., Page 2391 on June 12, 2007, in the Office of Ro	owa, containing 4.90 acre	es, as	
 Wells (check one) X 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. Solid Waste Disposal (check one) X 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. Hazard X Th — Th At	dous Wastes (check one nere is no known hazardou nere is hazardous waste o tachment #1, attached to t	us waste on this property. In this property and information related this document.	thereto is provided	in	
<u>X</u> Th sn ins Th	nall farm and residential m structions.) nere is an underground sto	check one) round storage tanks on this property. (notor fuel tanks, most heating oil tanks, brage tank on this property. The type(s listed below or on an attached separate	cisterns and septic s), size(s) and any k	tanks, in	

5.	Private Burial Site (check one)
	X 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.
	X 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
	ormation required by statements checked above should be provided here or on separate
sn	eets attached hereto:
	LUCDEDV OF ALARE THAT LILAVE DEVICENCE THE MOTEUR CARD TO THE TABLE
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
	nature: Telephone No.: <u>515-778-7078</u>
Sig	nature: Telephone No.: <u>515-778-7078</u>
	(Transferor or Agent)



Time of Transfer Inspection Report

Property Information

Current Owner:	Leanna Dunh	am				
Buyer: Adam J	anssen		Realtor:			
Mailing Address:				·····		
Site Address/County:	2647 B	ittersweet Ave, W	interset IA/ Madiso	n County		
Legal Description			· · · · · · · · · · · · · · · · · · ·			
No. of bedrooms:	3	Last occupied:	Current	Records a	vailable:	yes
Permit/ installation date	e: 5-2	-07	Separation distanc	es (ok/no?):	ok	
Septic System Informa	tion			•		
Septic tank(s): Size	e: 1,250 gal	Material	: Concrete	Condition:	good	
Tank pumped?	$C \square N \square D$	ate: 7-24-21	Licensed pum	per:	Wiegert	
Septic/Trash/Processing	g tank: Size:	•	Material:	C	ondition:	
Tank pumped? □ Y	Z□N D	ate:	Licensed pur	per:		
Aerobic treatment unit	(ATU) mfgr				Size	
Tank pumped? □ Y	Y□N D	ate:	Licensed po	ımper:	· · · · · · · · · · · · · · · · · · ·	
Maintenance contract?	$\Box Y \Box N$	Expiration of	late:	Service prov	ider:	
Condition:						
Pump tanks/vaults:	Type: Co	ncrete S	Size: 500 gal	Conditio	n: goo	d
Distribution system:	Distribution b	ox Plastic	Outlets use	d 4	Condition:	good
Header	pipe(s):	4"sch40 N	o. of lines: 4	Pressur	re dosed?	yes
Secondary Treatment:					-	
Length of absorption fi	elds:	4x100'	Determined	by: Co	ounty Map	
Condition of fields:	good/dry		Determined	by: hydrai	ılic test	
Type of trench material	: 36	" chambers				
Size of sand filter:			Determined	by:		
Vent pipes above grade	? \[\(\) \(\)	Į.	Discharge pi	ipe located?	□Y□N	
Effluent sample taken			Results:			
Media Filters: Type	•	· · · · · · · · · · · · · · · · · · ·	-			N. V P.
Maintenance contract?		Expiration of	late:	Service prov	ider:	
Condition:						
NPDES General Permi	t No. 4: Re	quired? 🗆 Y	N Permitted?	DYDN	NOI provide	:d:
						

DNR Form 542-0191



Time of Transfer Inspection Report

Other components:							
Alarms: Y Y □ N	Working:	XYON	Disinfection:	\square Y \square N	Working:	$\square Y \square N$	
Control Box:	T	imers:	Inspecti	Inspection Ports:			
Other components:							
Overall condition of the	private sew	age disposal sys	stem:				
Report system status:	Syste	em was working	properly during the	e Inspection			
Explain (attach addition	al pages as 1	needed):	Tanks are in go	ood condition.	Pump and A	larms work.	
D-box was good. Hydra	ulic test was	good. Lateral f	ield was dry. All pl	umbing goes t	to the septic.		
Comments: Se	ptic tank lid	s were cracked.				<u> </u>	
Site status at conclusion	of Time of	Transfer inspec	tion:				
Verify that control		he appropriate m	ode.				
Power is on to allRevisit all compo		v lids are secure.					
 Gather all tools for 	or removal fro	m the site.					
Verify that no sewage is on the ground surface.							
Using this worksheet, w		-	-				
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 In	aspector:	Ba feed	<u>'</u> M	Da	te: 7-	31-21	
Name (print):	Ben Bedwel	1		Certificate	e #:	11612	
Address: 1500 N B St, Indianola							
Phone #: 515-681	1-2053						
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 E 9th St Des Moines IA 50319

4/2010 cmz/dao DNR Form 542-0191

