

Book 2022 Page 546 Type 43 001 Pages 12 Date 2/23/2022 Time 10:15:38AM

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	EROR:			
Name	Aaron E. Beechy and Ruby J. Beech			
Address	3340 U.S. 169	Lorimor	IA IA	50149
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF	EREE:			
Name	David Plank and Lydia Plank			
Address	3340 U.S. 169	Lorimor	IA	50149
	Number and Street or RR	City, Town or P.O.	State	Zip
Address	of Property Transferred:			
3340 U.S. 1	• •	Lorimor	IA	50149
Nur	nber and Street or RR	City, Town or P.O.	State	Zip
□ TI st 2. Solje	ated below or set forth on a Waste Disposal (check o	ted on this property. The type(s), lo in attached separate sheet, as nece ne)		status are
TI in	nere is a solid waste dispos Attachment #1, attached to		tion related thereto i	s provided
F1/	dous Wastes (check one)			
T	nere is no known hazardou: nere is hazardous waste on tachment #1, attached to th	this property and information relate	ed thereto is provide	ed in
,	ground Storage Tanks (c			
[√]TI sr	nere are no known undergr	ound storage tanks on this property otor fuel tanks, most heating oil tank		
TI	here is an underground stor	rage tank on this property. The typested below or on an attached separ		

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
раve 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
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.
$\int CDI$
Signature: Acros & Beechy Telephone No.: 515-705-9962



Book 2016 Page 3756 Type 06 023 Pages 1 Date 12/08/2016 Time 11:50:20AM

Rec Amt \$.00

INDX Y ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

Prepared By & Return To MADISON COUNTY BOARD OF HEALTH P.O. BOX 152, WINTERSET, IOWA 50273 (515) 462-2636

SURFACE DISCHARGING PERMIT WASTEWATER TREATMENT SYSTEM

PROPERTY OWNERS AGREEMENT TO FOLLOW CHAPTER 69 REQUIREMENTS

576—69.2 (455B) Requirements when discharged into surface water. All discharges from on-site wastewater treatment and disposal systems which are discharged into any surface water shall be treated in a manner that will conform with the requirements of NPDES General Permit No. 4 issued by the department of natural resources.

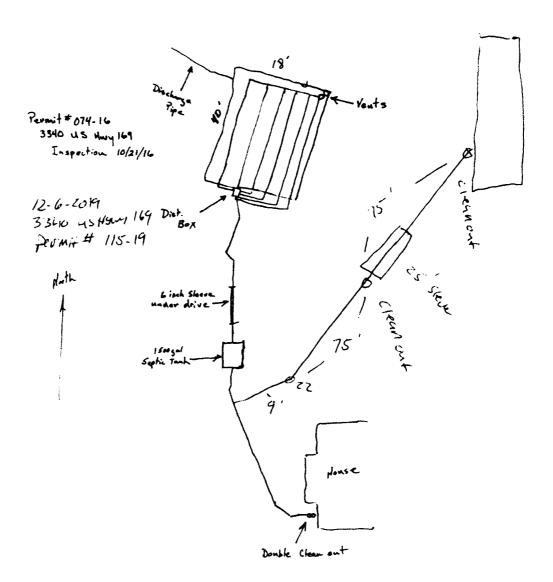
NPDES General Permit No. 4 covers the discharge from any On-Site Wastewater Treatment and Disposal System constructed in accordance with 567 IAC Chapter 69 which is not absorbed underground into the soil but discharges to the surface of the ground, into surface waters or into an underground drainage tile.

All conditions of the Iowa Department of Natural Resources National Pollutant Discharge Elimination System (NPDES) General Discharge Permit No.4 for Discharge from On-Site Wastewater Treatment and Disposal Systems and all conditions as set forth in Madison County Health regulations shall be met.

The NPDES permit is non-transferable and must be applied for with a Notice of Intent every time ownership is transferred.

The above requirements shall run in perpetuity with the real estate described as Follows: SE 1/4 OF NW 1/4 EX SE 1/4 OF SE ¼ OF NW ¼ & EX 2.2 Acres of Highway Section 35 T74N R28W As Recorded Book 2016 Page 1867

Name: Aaron E. Beechy	Address: 3340 US Hwy 169						
City: Lorimor	State: Iowa	Zip Code: 50149					
Type of Disposal Treatme *Mechanical Aerobic	ent: Subsurface Sand Filter *Other	Free Access Sand Filter	*Peat Biofilter				
	* System requires a maintenance contract with a manufacturer-certified technician shall be maintained at all times.						
	Certification: I certify the above information is true and accurate, to the best of my knowledge. I agree to abide by all of the terms and conditions stated above.						
Signature: Asion Beec	hey						
Printed Name: <u>Aaron E. Beechy</u>	0 -						
STATE OF IOWA S COUNTY OF MADISON	S.S.						
On this 20th day of October 2016 Beechy, to be the amount amond his/her voluntary act and specific to the country of the coun			she executed same as				



Rogers Septic Maintenance and Repair Inc

401 NE 52nd Ave. Des Moines, IA 50313 Phone: (515)282-0777

E-mail: rick@rogersseptic.com

Service Information

Aaron Beechy 3340 Highway 169 Lorimor, IA 50149-8018 Contact: Aaron Beechy Phone: (515) 705-9966 Billing Information Aaron Beechy 3340 Highway 169 Lorimor, IA 50149-8018

Job Name

Beechy, Aaron - 01/27/2022 TOT w Pump

Job Type TOT	PO #	Invoice #	Scheduled 02/01/2022	Start 8:00 AM	End 10:10 AM
Item TOT:TOT WITH PUMPING	Description Time of Transfer (TOT) Septic Inspection for Real Estate Sale: Documentation. Includes docs required per code. Docs provided to: DNR, county, sellers, buyers & agents, (if contact info provided). Services. Includes: inspection by a certified inspector, locating, pumping, cleaning, and disposal of septic tank.		Quantity 1.0000	Rate \$775.0000	Amount \$775.00
	TOT report will follow agreed upon. Deduct -\$10 if paid	w within 10 days unless otherwise			

Job Subtotal: \$775.00 IA Sales Tax: \$0.00 Payment Total: \$0.00

Total: \$775.00

Work Order

2/1/2022

Beechy, Aaron - 01/27/2022 TOT w Pump Work Order (continued)

Job Notes and Instructions:

RickR - Rick Rogers - Feb 01, 2022 11:42 AM OFFICE Comported still need to send out report. Paid check

All waste water from house goes to septic system. 1500 gallon concrete septic tank partition wall and outlet filter, risers and lids to the surface. Tank in working condition. Plastic distribution box in working condition, 18 x 40 sandfilter hydraulic load testing with 350 gallons of water, collected water sample. System functioning at this time.

AmandaK - Amanda K - 1/31/2022 10:58:32 AM - Alex 641-745-0786 call on the way, he is with rural water and wants to meet you there about a locate

AnnaK - Anna K - 1/28/2022 8:40:26 AM - Good on locates as long as we arent near the highway (west) according to drawing the septic is to the north of the house, so he cleared the ticket but I just wanted to note this.

AnnaK - Anna K - 1/27/2022 11:04:28 AM - Buyers info is there.

AnnaK - Anna K - 1/27/2022 9:38:10 AM -

TOT w PUMP; Call OTW and COLLECT .. How did they pay? Seller has NO EMAIL, sent report to agent. Either him or his agent will meet you at the time of service. 2 bedrooms, water is on, home is still occupied. Waiting on buyers info.

Locates- 220270208

Drawing-Requested - attached

ORDER PUMPING OF SEPTIC TANK AT: RogersSeptic.com Payment arrangement must be approved before work begins. Payment Due at completion of work. 0% and low interest financing available

Late payments are subject to 5% late fee per month calculated from invoice date. Attorney and collection fees will also apply to all accounts 30 days past due. \$50 returned check charge.

Signature:

* Harm Beechy Kuly Beechy

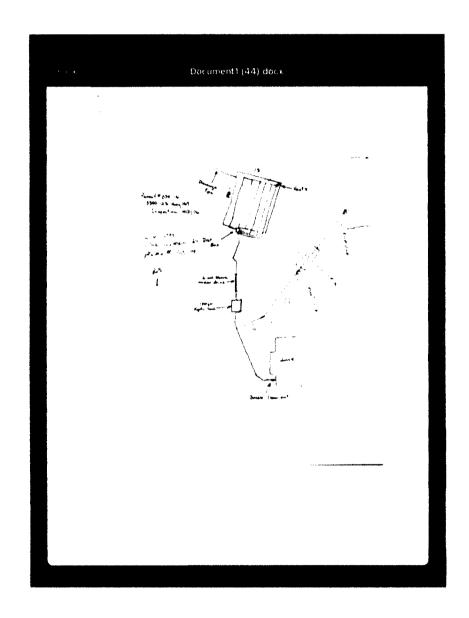


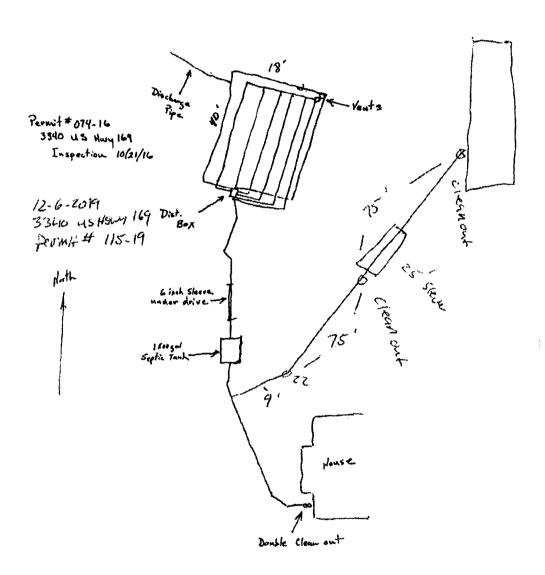
SEPTIC DRAWING

Site Address: 3340 US HWY 169 Lorimor IA 50149 Seller Name & Email: Aaron & Ruby Beechy; No email

Seller Address & Phone: 3340 US HWY 169 Lorimor IA 50149; 515.705.9966

Picture:







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

1 Toporty information	
Current Owner Aaron & Ruby Beechy; No email	
Buyer David & Lydia Plank; No email R	ealtor Bob Ruby
Mailing Address 3340 US HWY 169 Lorimor IA 501	49; 515.705.9966
Site Address/County 3340 US HWY 169 Lorimor IA 50149	Madison; tburk@madisoncounty.iowa.gov
No. of Bedrooms 2 Last Occupied? <u>Curre</u> Sepa	ration distances ok?
Records Available Permit/Installation Date	
Septic System Information	on anota
Septic Tank(s): Size 1500 gal Material C Tank Pumped? YES Date 2/1/22	oncrete Condition working
Tank Pumped? YES Date 2/1/22	Licensed Pumper Forest Septic
Septic/Trash/Processing Tank: Size Ma	aterial Condition
Tank pumped? Date	Licensed Pumper
Aerobic treatment unit (ATU) MFGR	Size
Tank Pumped? Date	Licensed Pumper
Aerobic treatment unit (ATU) MFGR Tank Pumped? Date Maintenance Contract? Expiration Date	Service Provider
Condition	
Pump Tanks/Vaults: Type Size	Condition
Distribution System: Distribution Box Plastic Ou	utlets Used 6 Condition Working
Header Pipe(s)	Number of Lines
Pressure Dosed?	
Secondary Treatment	
Length of Absorption Fields	Determined by
Condition of Fields	Determined by
Type of Trench Material	
Size of Sand Filter 18ft x 40ft Vent Pipes Above Grade? YES Effluent Sample Taken? YES	Determined by County record/probe
Size of Said Filter Tolk A 40th	Discharge Ping Land 19 VES
vent Pipes Above Grade? TES	Discharge Pipe Located? YES
Effluent Sample Taken? YES	Results Awaiting results
Media Filters: Type	
Media Filters: Type Expiration Date Condition	Service Provider
Condition Expiration Date	Service Florider
Condition	
NPDES General Permit No. 4: Required?	Permitted? NOI submitted
A TA ACAC COMPLEMENT CONTROL TO A MODERNIA CONTROL CON	

4/2010 542-0191



Time of Transfer Inspection Worksheet

Alarms Working?	Disinfection	Working?
Control Box Times	rs Inspection l	Ports
Other Components		
Overall condition of the private sewage d	lisposal system	
Report of system status		
Explain (attach additional pages as neede All waste water from house goes to septioutlet filter, risers and lids to the surface working condition. 18 x 40 sandfilter hy sample. System functioning at this time	ic system. 1500 gallon concrete . Tank in working condition. Pla	astic distribution box in
Site status at conclusion of Time of Trans	sfer inspection:	
 Verify that controls are set on the ap Power is on to all components. Revisit all components to verify lide Gather all tools for removal from the Verify that no sewage is on the ground 	s are secure. ne site.	
Using this worksheet, write a narrative re		d attach a site sketch.
This report indicates the condition of the does not guarantee that it will continue to		at the time of the inspection. It
Signature of Certified Inspector:	De Roger	Date: 2/4/2022
		Certficate #: 9597
Name (print): <u>Rick Rogers</u> Address: 401 NE 52nd Ave, Des Moines, L		**************************************

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



TIME OF TRANSFER DETAIL

County: Madison; tburk@madisoncounty.iowa.gov

Complete Address:

3340 US HWY 169 Lorimor IA 50149

Seller Name & Email: Aaron & Ruby Beechy; No email

Seller Complete Address & Phone:

3340 US HWY 169 Lorimor IA 50149; 515.705,9966

Seller Real Estate Agent: Bob Ruby

Seller Agent Email & Phone: 515.987.8400; bobruby@movewithplatinum.com

Buyer Name & Email: David & Lydia Plank; No email

Buyer Complete Address & Phone:

3061-220th ave Hopkington IA 52237; 563.929.6108

Buyers Real Estate Agent: Bob Ruby

Buyers Agent Email & Phone: 515.987.8400; bobruby@movewithplatinum.com





600 East 17th Street South Newton, IA 50208 641-792-8451 Phone

641-792-7989 Fax

February 08, 2022 Page 1 of 1

ANALYTICAL REPORT

Work Order:

1FB0211

Work Order Information

Date Received: 02/02/2022 1:45PM

Collector: Rogers, Rick

Collector Phone: (515) 282-0777

PO Number:

Report To

Amanda Kouski

Rogers Septic Maintenance and Repair

401 NE 52nd Ave

Des Moines, IA 50313

Project: Septic Sampling

Project Number:

Septic Sampling

1FB0211-01

3340 Hwy 169, Lorimor IA

Matrix: Water

Collected: 02/01/22 11:00

Analyte	Result	MRL	Method	Analyst	Analyzed	Qualifier
CBOD (5 day)	<8 mg/L	8	SM 5210 B	LAE	02/03/22 9:30	
Solids, total suspended	1 mg/L	1	USGS I-3765-85	MEAH	02/03/22 16:20	

End of Report

Keystone Laboratories, Inc.

Dara Hanson

Dara Hanson Project Manager I

> The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety. Samples were preserved in accordance with 40 CFR for pH adjustment unless otherwise noted. MRL= Method Reporting Limit.1FB0211-01