



Document 2024 GW1463

Book 2024 Page 1463 Type 43 001 Pages 15
Date 6/24/2024 Time 1:09:59PM
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BRANDY MACUMBER, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

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

If the transaction is exempt from filing a declaration of value pursuant to Iowa Code 428A.1(2), **STOP HERE**. Pursuant to Iowa Code section 558.69(1), when no declaration of value is submitted during a transaction, you are not required to submit a groundwater hazard statement or include the statutory language in Iowa Code section 558.69(8A). Please consult your realtor or legal counsel for further advice, including on whether a declaration of value is required. The Department provides this information for statutory reference only.

Instructions for this document can be found at:

<https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960%20Instructions.pdf>

Attachment 1, if required, can be found at: <https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960a.pdf>

TRANSFEROR:

Name: Valentine Borntreger and Laura Borntreger
Address: 1928 Macksburg Rd, Lorimor, IA 50149

TRANSFeree:

Name: Wilbur Yoder and Ida Mae Yoder
Address: 2852 220th Ave, Delhi, IA 52223

Address of Property Transferred:

1928 Macksburg Rd, Lorimor, Iowa 50149

Legal Description of Property: (Attach if necessary)

1. Wells (check one)

- No Condition - There are no known wells situated on this property.
- Condition Present - 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)

- No Condition - There is no known solid waste disposal site on this property.
- Condition Present - 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)

- No Condition - There is no known hazardous waste on this property.
- Condition Present - 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)

- No Condition - 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.)
- Condition Present - 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)

- No Condition - There are no known private burial sites on this property.
- Condition Present - 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)

- No Condition - All buildings on this property are served by a public or semi-public sewage disposal system.
- No Condition - This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
- Condition Present - 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.
- Condition Present - 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.
- Condition Present - There is a building served by private sewage disposal system on this property. The system is failing to ensure effective wastewater treatment or is otherwise improperly functioning, and 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.
- Condition Present - 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 #7]
- Condition Present - There is a building served by private sewage disposal system on this property. This property is exempt from the private sewage disposal inspection requirements pursuant to the following Exemption [Note: for exemption #7 use prior check box]:
_____.
- Condition Present - There is a building served by private sewage disposal system on this property. The private sewage disposal system has been installed within the past two years pursuant to permit number:
_____.

Review the following two directions carefully:

- A. **If you selected a box stating "No Condition" for every numbered section above, STOP HERE. Do not submit this form.** Instead, pursuant to Iowa Code section 558.69(8A), you must include the following language on the first page of the recorded deed, instrument, or other writing:

"There is no known private burial site, well, solid waste disposal site, underground storage tank, hazardous waste,

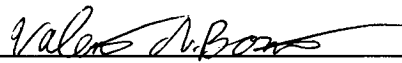
or private sewage disposal system on the property as described in Iowa Code section 558.69, and therefore the transaction is exempt from the requirement to submit a groundwater hazard statement.”

Please consult your realtor or legal counsel for further advice on this exemption. By law, the owner of the property is responsible for the accuracy of this statement, and the Department provides this information for statutory reference only.

- B. If you checked any box stating “Condition Present” for any of the numbered sections above, continue below. You must complete this form, including providing all required information, and you must submit this form to the county recorder’s office with declaration of value.

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.

Signature:  Telephone No.: (515) 468-1343
(Transferor)

Time of Transfer Inspection Report

Property information

Site Information

Parcel Description: 660141544000000 Address: 1928 Macksburg Rd
City: Lorimer State: IA Zip: 50149 County: Madison

Owner Information

Property is owned by a business Business name: _____
First Name: Valentine - Laura Last Name: Borstreger
Address: 1928 Macksburg Rd City: Lorimer State: IA Zip: 50149
Email: _____ Phone: _____

Additional Contact Information

Buyer Realtor Entity Attorney Tenant Other
First Name: Wilbert & IDA Mae Last Name: Yoder
Email: _____

Buyer Realtor Entity Attorney Tenant Other
First Name: _____ Last Name: _____
Email: _____

Buyer Realtor Entity Attorney Tenant Other
First Name: _____ Last Name: _____
Email: _____

Site Related Information

No of Bedrooms 3 Currently Occupied Yes No Last Occupied Still There
County Contacted for Records Yes No Permit issued by County? Yes No
Inspection Date 5-9-2024 Permit Number 1887
System Installation Date 3-29-2000 All plumbing fixtures enter septic system Yes No
Facility Type: Residential Commercial Other
Comments: _____

Primary Treatment

No Primary Treatment

Tank 1

Tank Name: septic Type: Septic Tank Pump Tank Pump Vault Holding Tank
Size (Gal): 2000 Material: Brick Concrete Fiberglass Other Plastic Steel Wood
Corrosion: None Slight Moderate Excessive
Liquid Level: Normal Above Baffle Below Baffle Number of Compartments: 1 2 3
 Pump Tank Chamber
Licensed pumper: Wigert Septic Date Pumped: 5-8-2024
Meets Setback to Well: Yes No NA

Type of Well: Private Public Unknown

Distance to Well (ft): _____

Accessible: Yes No

Lid intact: Yes No

Risers Intact: Yes No

Inlet Baffle: Yes No

Outlet Baffle: Yes No

Effluent Filter Present: Yes No

Watertight: Yes No

Tank/Vault Pumped: Yes No

Functioning as Designed Yes No

Comments: _____

Tank 2

Tank Name: _____ Type: Septic Tank Pump Tank Pump Vault Holding Tank

Size (Gal): _____ Material: Brick Concrete Fiberglass Other Plastic Steel Wood

Corrosion: None Slight Moderate Excessive

Liquid Level: Normal Above Baffle Below Baffle Number of Compartments: 1 2 3

Pump Tank Chamber

Licensed pumper: _____ Date Pumped: _____

Meets Setback to Well: Yes No NA

Type of Well: Private Public Unknown

Distance to Well (ft): _____

Accessible: Yes No

Lid intact: Yes No

Risers Intact: Yes No

Inlet Baffle: Yes No

Outlet Baffle: Yes No

Effluent Filter Present: Yes No

Watertight: Yes No

Tank/Vault Pumped: Yes No

Functioning as Designed Yes No

Comments: _____

Tank 3

Tank Name: _____ Type: Septic Tank Pump Tank Pump Vault Holding Tank

Size (Gal): _____ Material: Brick Concrete Fiberglass Other Plastic Steel Wood

Corrosion: None Slight Moderate Excessive

Liquid Level: Normal Above Baffle Below Baffle Number of Compartments: 1 2 3

Pump Tank Chamber

Licensed pumper: _____ Date Pumped: _____

Meets Setback to Well: Yes No NA

Type of Well: Private Public Unknown

Distance to Well (ft): _____

Accessible: Yes No

Lid intact: Yes No

Risers Intact: Yes No

Inlet Baffle: Yes No

Outlet Baffle: Yes No

Effluent Filter Present: Yes No

Watertight: Yes No

Tank/Vault Pumped: Yes No

Functioning as Designed Yes No

Comments: _____

Distribution System

No Distribution System Present

Distribution Box

D Box Name: _____

Material Type: Plastic Concrete Plastic & Concrete Other

Accessible: Yes No

Speed Levelers Present: Yes No

Box Opened: Yes No

Watertight: Yes No

Baffle Present: Yes No

Functioning as Designed: Yes No

Drop Box

Material Type: Plastic Concrete Plastic & Concrete Other

Accessible: Yes No

Speed Levelers Present: Yes No

Box Opened: Yes No

Watertight: Yes No

Functioning as Designed: Yes No

Header Pipe

Header Pipe Name: _____

Material Type: Plastic Concrete Plastic & Concrete Other

Accessible: Yes No

Functioning as Designed: Yes No

Pump System

Pump System Name: _____

Accessible: Yes No

Alarms Present and Functioning: Yes No

Control Box Functioning: Yes No

Functioning as Designed: Yes No

Siphon/Flout

Siphon/Flout Name: _____

Material Type: Manufactured Homemade

Device Type: Flout Siphon Other

Accessible: Yes No

Functioning as Designed: Yes No

Other

Other Name: _____

Comments: _____

General Distribution System Comments

Secondary Treatment

No Secondary Treatment Present

Lateral Field

Lateral Field Name: _____

Distribution Type: Distribution Box Drop Box Header Pipe Pump System Siphon/Flout Other

Material Type: Rocks & PVC Pipe EPS Leaching Chamber Gravelless Pipe Clay Tile

Orangeburg Other *16"*

Trench Width (in.): 24" Lines (1-15): 4 Total Length of Absorption Line (ft.): 400 ft
 System Hydraulic Loaded: Yes No Gallons Loaded: 400 gal
 Meets Setback to Well: Yes No NA
 Type of Well: Private Public Unknown Distance to Well (ft.): 300+
 Lateral Lines Probed: Yes No Saturation or Ponding Present: Yes No
 Grass Cover Over Systems: Yes No Lateral Lines Equal Length: Yes No
 System Located on Owner Property: Yes No Easement Present: Yes No
 Functioning as Designed: Yes No
 Comments:

Absorption Bed

Absorption Bed Name: _____
 Distribution Type: Distribution Box Drop Box Header Pipe Pump System Siphon/Flout Other
 Material Type: Rocks & PVC Pipe EPS Leaching Chamber Gravelless Pipe Clay Tile
 Orangeburg Other
 Absorption Bed Width (in.): _____ Absorption Bed Length (ft.): _____
 Total Absorption Area (sq/ft.): _____ (the application calculates this for you)
 System Hydraulic Loaded: Yes No Gallons Loaded: _____
 Meets Setback to Well: Yes No NA
 Type of Well: Private Public Unknown Distance to Well (ft.): _____
 Absorption Bed Probed: Yes No Saturation or Ponding Present: Yes No
 Grass Cover Over Systems: Yes No System Located on Owner Property: Yes No
 Easement Present: Yes No Functioning as Designed: Yes No
 Comments:

At-Grade

At-Grade Name: _____
 Distribution Type: Distribution Box Drop Box Header Pipe Pump System Siphon/Flout Other
 Material Type: Rocks & PVC Pipe EPS Leaching Chamber Gravelless Pipe Clay Tile
 Orangeburg Other
 At-Grade Width (in.): _____ At-Grade Length (ft.): _____
 Total At-Grade Area (sq/ft.): _____ (the application calculates this for you)
 System Hydraulic Loaded: Yes No Gallons Loaded: _____
 Meets Setback to Well: Yes No NA

EXHIBIT "A"

The Northwest Quarter ($\frac{1}{4}$) of the Northwest Quarter ($\frac{1}{4}$) of Section Fifteen (15), Township Seventy-four (74) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, except that part conveyed for road purposes and Public Highway, described as beginning at the northwest corner of the Northwest Quarter ($\frac{1}{4}$) of said Section Fifteen (15); thence South 75.0 feet; thence East 330.4 feet; thence North 5.0 feet; thence East 1003.0 feet; thence North 70.0 feet; thence West 1333.4 feet to the point of beginning and containing 0.65 acres, more or less, exclusive of the present established highway



MADISON COUNTY
BOARD OF HEALTH
COURT HOUSE
N. W. CORNER IOWA 50273
SEPTIC SEWAGE DISPOSAL TREATMENT SYSTEM
PERMIT APPLICATION

PHONE
515-462-2636

PERMIT NO. 1887 660141544000000 OK# 501
FEE PAID: 3-9-2000
PERMIT ISSUED: 3-9-2000

Applicant: Michael Stier Telephone No. 515-238-6716 ce

Address: 3380 Hwy F48 W, Newton, Iowa 52308

Tenant: Same Telephone No. _____

Address: 1928 Madburg Rd

Proposed Structure Home Legal Description: R&L R&L
Existing Structure 0 Section 15 Township: Monroe

Number of Bedrooms 3 Stools 2 Lavatories 2 Showers: 1 Tubs: 1 Sinks: 1
disposal - whirlpool

PERCOLATION TEST MUST BE TAKEN AND APPROVED PRIOR TO ISSUANCE OF THE SEWAGE DISPOSAL TREATMENT SYSTEMS PERMIT.....

Percolation Test Taken _____ By _____

Results. Test hole #1 _____ min./in. #2 _____ min./in. #3 _____ min./in. #4 _____ min./in.

Average _____ min./in. No of Laterals Required: _____ Length of Laterals: _____ ft. ca.

DOUBLE COMPARTMENT SEPTIC TANKS REQUIRED / STATE APPROVED
2 Bedrooms: 800 gal. 3 Bedrooms: 1000 gal. 4 Bedrooms: 1250 gal. 5 Bedrooms: 1500 gal.

FEES: Check payable to Madison County Treasurer - Return with application.....
SEPTIC TANKS/ABSORPTION FIELDS - (ALTERNATIVE SYSTEMS) - MOUNDS - DOUBLE SAND FILTERS - APPROVED MECHANICAL SYSTEMS.....\$ 100.00

TYPE OF SYSTEM INSTALLED 2000 gal tank 400' of laterals EQ24

Contractor Jerry Huff Telephone No. 462-3569

Address: 1926 - 295th Lane Winterset, IA 50273

I hereby certify that the above information is correct to the best of my knowledge and I agree that the system will be installed in accordance with the rules and regulations of Madison County Board of Health and Chapter 69, I.A.C. I further acknowledge that the system must remain open so that proper inspection and approval can be made by the local Health Sanitarian and that the system cannot be put into operation until approved

Date 2/28/00 Applicant Michael Stier

NOTE: Request for inspection of the system must be made 24 hours in advance, if possible. Water at the site to test the distribution box must be available.

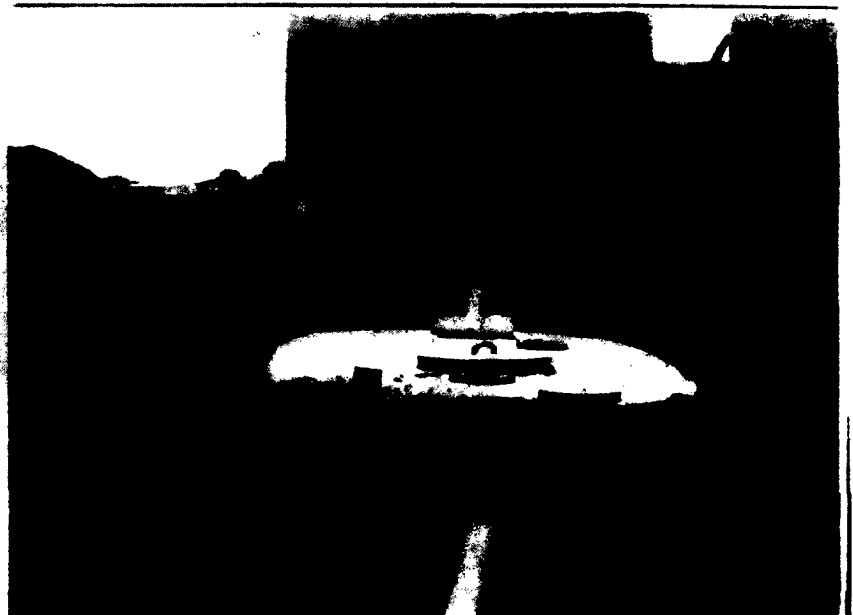
Mechanical systems require use of a free-access sand filter and must be covered by maintenance agreement. Maintenance agreement must be recorded in the Madison County Recorder's office.

Discharge from mechanical systems or double sand filters must be sampled and tested in the early spring, midsummer and early fall. Results to be submitted to the local Board of Health office.

DATE OF INSPECTION: 5-24-00 INSPECTION BY: Jeanette Thompson

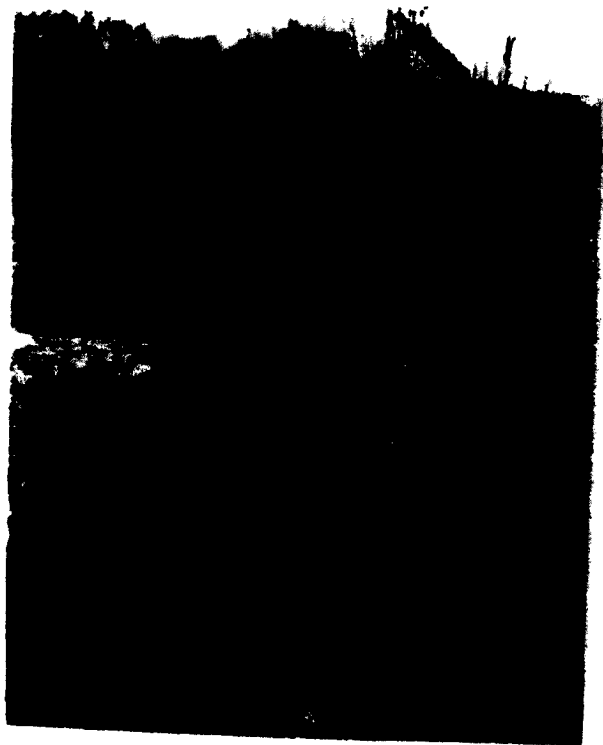


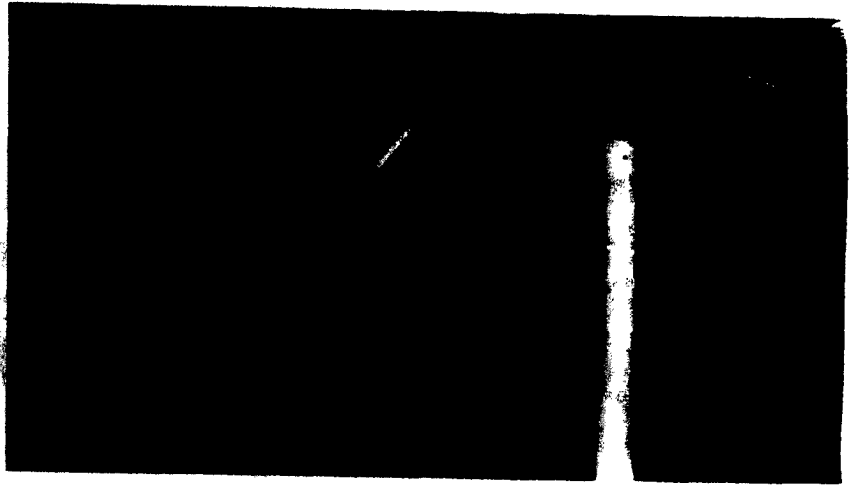
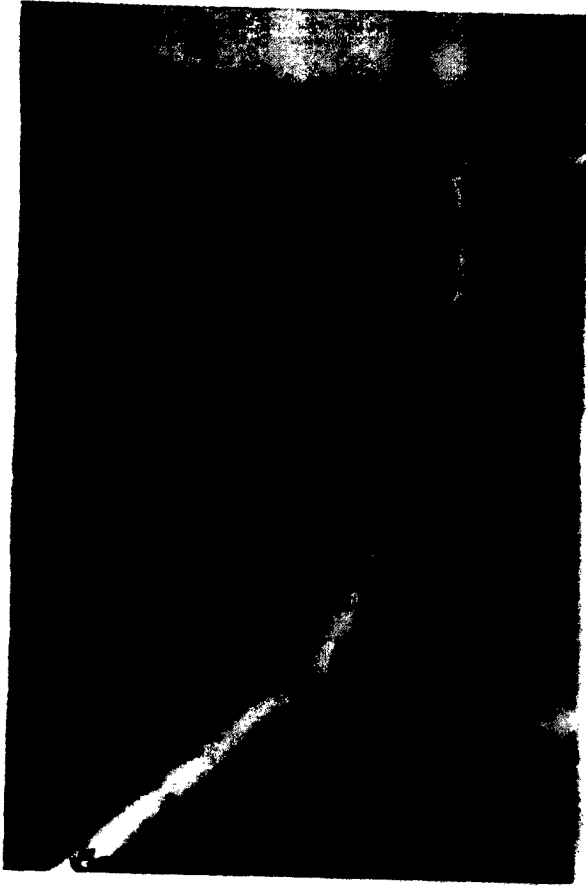
1887





#1887





Line to
Shop Bldg.



Date taken: 3-3-2000

By: Darrel Woods

Owner: Mike Stier

Site Address: _____

Phone No. 238-6716

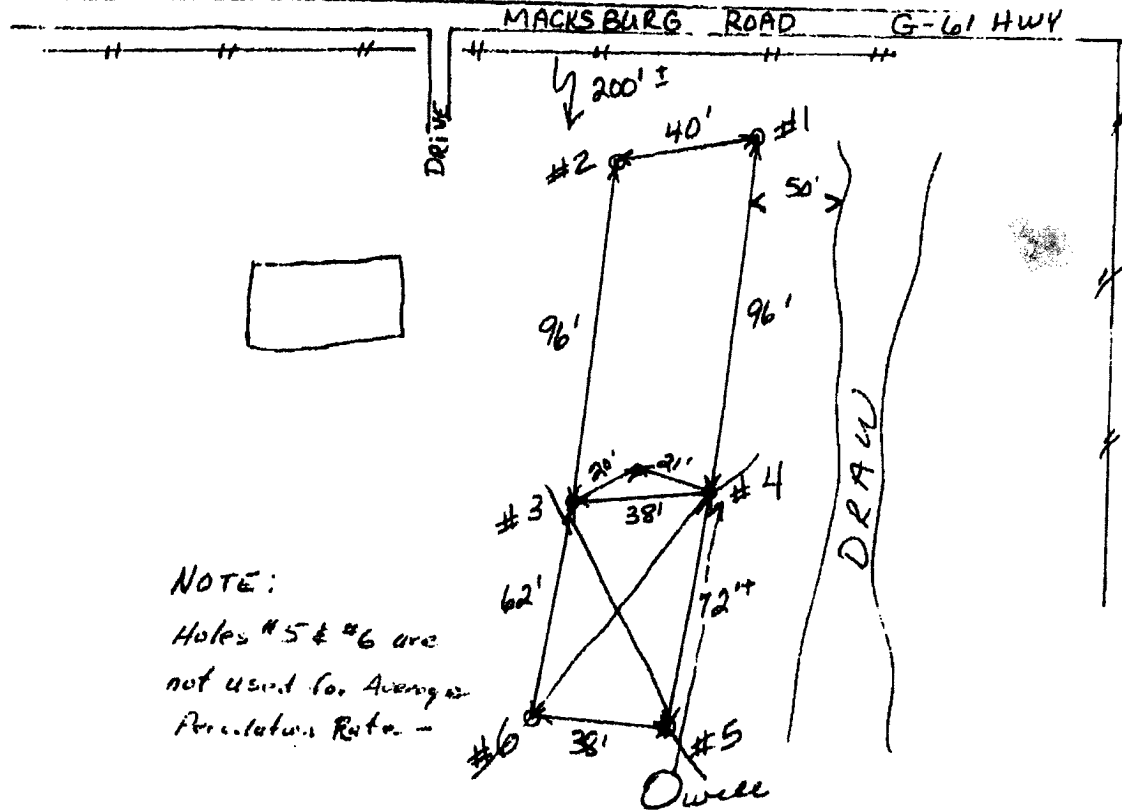
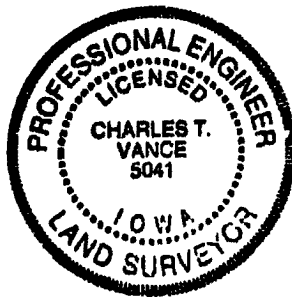
Lot Size: 40 ac Legal Description: The NW. 1/4 of the NW. 1/4 of Sec. 15-T74N-R28W

Structure: X New Existing # Bedrooms: 3 Installer: Larry Huff

Owner's Current Mailing Address: 3380 Hwy F-48, Newton, Iowa 50208

Time for <u>1 inch</u> of water:	1. <u>24.0 min.</u>	2. <u>30.0 min.</u>	3. <u>30.0 min.</u>	4. <u>34.3 Min.</u>
Depth of holes tested:	1. <u>36"</u>	2. <u>36"</u>	3. <u>36"</u>	4. <u>36"</u>
Results of 6 foot hole:	<u>No rock or water</u>			

Min. recommended lateral footage per IAC Ch. 69: 400 feet Drawing of perc site below.
 Number of laterals required: 4 Average length of laterals: 100 feet



NOTE:
 Holes #5 & #6 are
 not used for Average
 Percolation Rate -

Owell

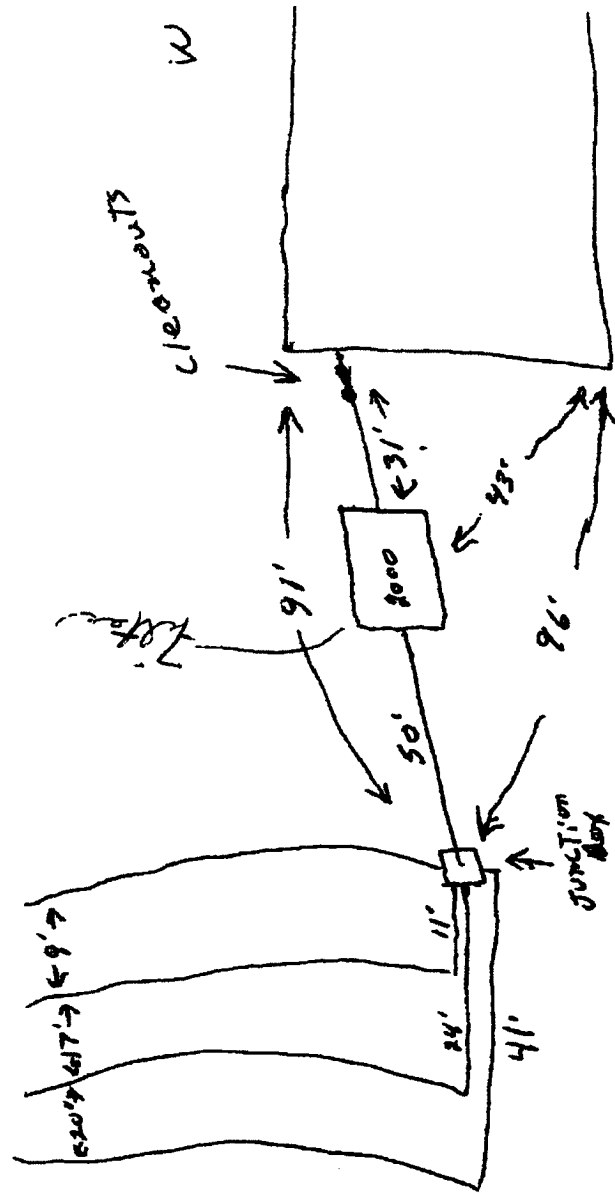
I hereby certify that this engineering document was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer under the laws of the State of Iowa.

Signed: [Signature] Date: 6 March 2000 Reg. No. 57141 Exp. Date: 31 Dec. 2001

S

make STICK

Permit # 1887



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