BK: 2024 PG: 3114

Recorded: 12/23/2024 at 10:59:42.0 AM

Pages 10

County Recording Fee: lowa E-Filing Fee: \$0.00

Combined Fee: Revenue Tax: \$0.00

BRANDY L. MACUMBER, RECORDER

Madison County, Iowa

# **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

| TRANSF               |  |  |                     |               |  |  |  |  |
|----------------------|--|--|---------------------|---------------|--|--|--|--|
| Name <u>W</u>        | ade T. Snyder  |  |                     |               |  |  |  |  |
| Address              | 1933 Elmwood Ave   | Earlham  | IA                  | 50072         |  |  |  |  |
|                      | Number and Street or RR  | City, Town or P.O.   | State               | Zip           |  |  |  |  |
| TRANSF               | EREE:  |  |                     |               |  |  |  |  |
| Name Me              | organ Halifax  |  |                     |               |  |  |  |  |
| Address              | 1933 Elmwood Auc   | Earman   | IA                  | 50072         |  |  |  |  |
| , iddi oco           | Number and Street or RR  | City, Town or P.O.   | State               | Zip           |  |  |  |  |
| Address              | of Property Transferred:   |  |                     |               |  |  |  |  |
|                      | wood Ave   | Earlham  | IA                  | 50072         |  |  |  |  |
|                      | Number and Street or RR  | City, Town or P.O.   | State               | Zip           |  |  |  |  |
| Legal Des            | scription of Property: (Attach if necessa  | ry)  |                     |               |  |  |  |  |
| Townshi<br>containir | 3" located in the Southeast Quarter (½ p Seventy-six (76) North, Range Tweing 3.448 acres, as shown in Plat of Suithe Recorder of Madison County, lov  | nty-nine (29) West of the 5<br>urvey filed in Book 3, Page | ith P.M., Madison ( | County, Iowa, |  |  |  |  |
| 1. Wells             | s (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             | l Waste Disposal (check one)   |  |                     |               |  |  |  |  |
| Ø N                  | ☑ 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. | Haz                               | zardous Wastes (check one)   |  |  |  |  |  |
|----|-----------------------------------|--|--|--|--|--|--|
|    | Ø                                 | 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. | Und                               | derground 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. | Pri                               | vate 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.  |  |  |  |  |  |
|    | Æ                                 | 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 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. [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:  |  |  |  |  |  |
|    |                                   |  |  |  |  |  |  |

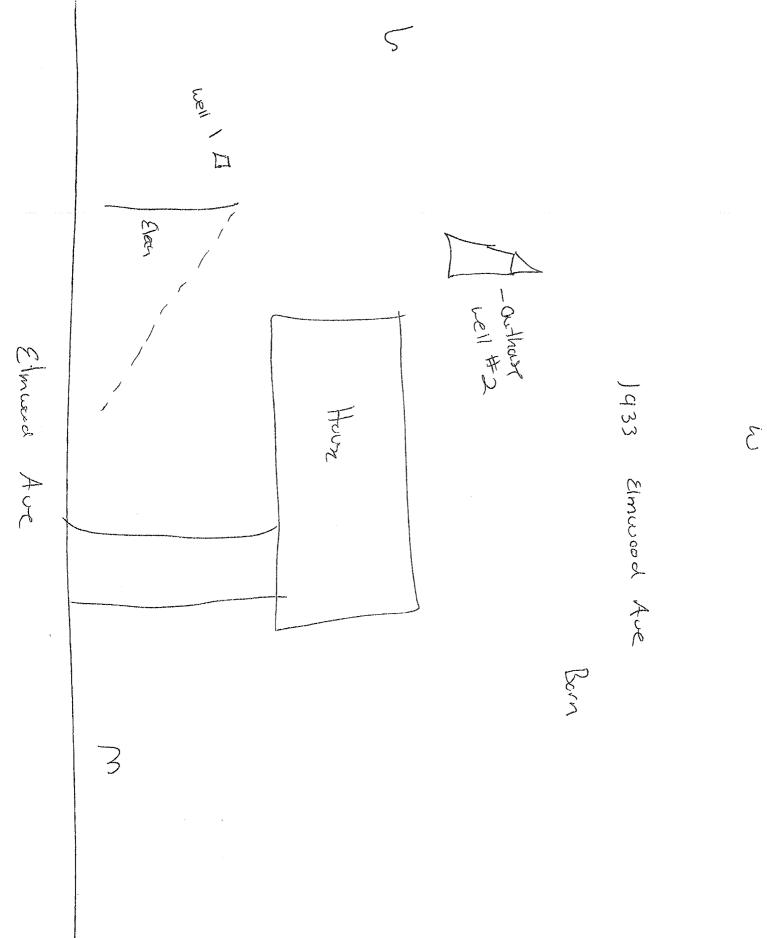
# Review the following two directions carefully:

A. If you selected a box stating "No Condition" for every numbered section above, STOP HERE. Do not submit this form. Instead, pursuant to lowa 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.

| .c.e.e.e.e.e.e.e.e.e.e.e.e.e.e.e.e.e.e.   |
|---|
| B. If you checked <u>any</u> box stating "Condition Present" for <u>any</u> 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: Male Smr. Telephone No.: 575-360. 4860   |
| (Transferor or Agent)   |





GOVERNOR KIM REYNOLDS LT. GOVERNOR ADAM GREGG

DIRECTOR KAYLA LYON

# TIME OF TRANSFER INSPECTION TOT# 12387 DARYLE BENNETT II CERT # 1438

Site Information

Parcel Description: 22-76-29

Address: 1933 Elmwood Ave, Earlham, IA 50072

County: Madison

Owner Information

Property is owned by a business: No

**Business Name:** 

Owner Name: Wade Snyder

Email Address: Outdoorsiowa@gmail.com

Address: 1933 Elmwood Ave, Earlham, IA 50072

Phone No: 513-360-4960

Site related information

No Of Bedrooms: 4

Facility Type: Residential

Last Occupied:

Permit issued by County: Yes

All plumbing fixtures enter septic system: Yes

Inspection Date: 09/11/2024

Currently Occupied: Yes

System Installation Date: 06/09/2015

Permit Number: 030-15

County contacted for records: Yes

Property Information Comments:

TOT septic inspection report for above address house built on pad no basement ,4 ' co by house 1500 gallon two compartment tank ,9 hole tuff tite d box ,6 laterals 24'' chambers 92 ft each system is working as designed at the time of our inspection

## Primary Treatment

### Tank 1

Tank Name: Tank 1

Type: Septic Tank

Tank Size (Gal): 1500 AK POLY

Tank Material: Plastic

Tank Corrosion Type: None

Liquid Level Type: Normal

No. of Compartments: 2

Date Pumped: 9/11/2024

Pump Tank Chamber: No

Effluent Filter Present: No

Licensed Pumper Name: **DJ Services** 

•

Meets Setback to Well: Yes

Well Type: Private

Distance To Well (Ft.): **over 100 ft** 

Is Accessible: **Yes** 

Lid Intact: **Yes**Watertight: **Yes** 

Tank/Vault Pumped: Yes

Risers Intact: Yes

Inlet Baffle Present: **Yes** 

Outlet Baffle Present: Yes

Functioning as Designed: Yes

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Tank Comments: 1500 gallon 2 compartment AK poly tank with lids and risers and midwall in its correct position. pumped ,NO effluent screen in place . Tank is functioning as designed at the time of our inspection .

**General Primary Treatment Comments:** 

see comments above

Distribution Type

#### **Distribution Box 1**

Label: Distribution Box 1

Material Type: Plastic

Accessible: No

Box Opened: Yes

Baffle Present: Yes

Speed Levelers Present: Yes

Watertight: Yes

Functioning As Designed: Yes

General Distribution System Comments: 9 hole tuff tite d box 6 laterals leaving all with speedlevelers set correctly after adjustment of 2, all took water for 36 minutes with no sign of backflow, sucked box out with hose it was NOT cracked ,back filled after inspection we did walk and try to probe laterals some in well groomed yard others in pasture grass too the west.seen NoPonding or staining present and there was NO sewage on top of the ground

Secondary Treatment

Gallons Loaded: 500

Grass Cover Present: Yes

### **Lateral Field1**

Distribution Type: Distribution Box

Distance To Well (Ft.): over 100 ft

Material Type: Leaching Chamber

Lines: 6 Total Length of

Total Length of Absorption Line: **456** 

Meets Setback to Well: Yes

Lateral Lines Probed: Yes

Euteral Ellios Froben. 105

Lateral Lines Equal Length: No

Trench Width: 24

System Hydraulic Loaded: Yes

Well Type: **Private** 

Saturation or Ponding Present: No

System Located on Owner Property: Yes

Easement Present: N/A Functioning as Designed: Yes

Comments: 6 lats total 3 previous 3 new ,some in well groomed yard some south west in tall pasture grass too hard ground too probe and probed those in tall grass No ponding or staining and NO sewage on top of grass ,working as designed

General Secondary Treatment Comments: see comments above

Narrative Report

TOT Inspection Report Overall Narrative Comments: TOT septic inspection report for above address,we found this home too be built on a pad no basement we did contact Madison co. health who provided maps and information. We did find 4" pvc clean out out the west side by foundation when we ran water it did appear at the septic tank we found two 24" lids over a 1500 gallon two compartment AK poly septic tank. It had 4" pvc used as inlet and outlet it had midwall in its correct position it was very full when we pumped it had no effluent screen in place, the homeowner had plastic tuff tite d box exposed it was 22" deep it was level it was NOT cracked it had splash tee it had 6 laterals leaving all with speedlevelers set correctly now, we did incorporate water and all laterals took evenly with no signs of backflow 3 older llaterals were in well groomed yard you could not probe ground is dry and hard we seen NO ponding or staining and there was NO sewage on top of the ground, the three new ones were in taller pasture grass setting off too the south west they too could not be probed but were mounded up we did walk and found NO ponding here either and NO sewage on top of the ground also. This system is operating as designed at the time of our inspection, we did close all excavations picked up our hoses and tools before exiting the property. This will conclude our

| inspection | hae | ranart  |
|------------|-----|---------|
| inspection | anu | report. |

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GOVERNOR KIM REYNOLDS LT. GOVERNOR ADAM GREGG

**DIRECTOR KAYLA LYON** 

# TIME OF TRANSFER INSPECTION TOT# 12387 DARYLE BENNETT II CERT # 1438

Owner Name:

**Wade Snyder** 

Address:

1933 Elmwood Ave, Earlham, IA 50072

County:

Madison

Inspection Date:

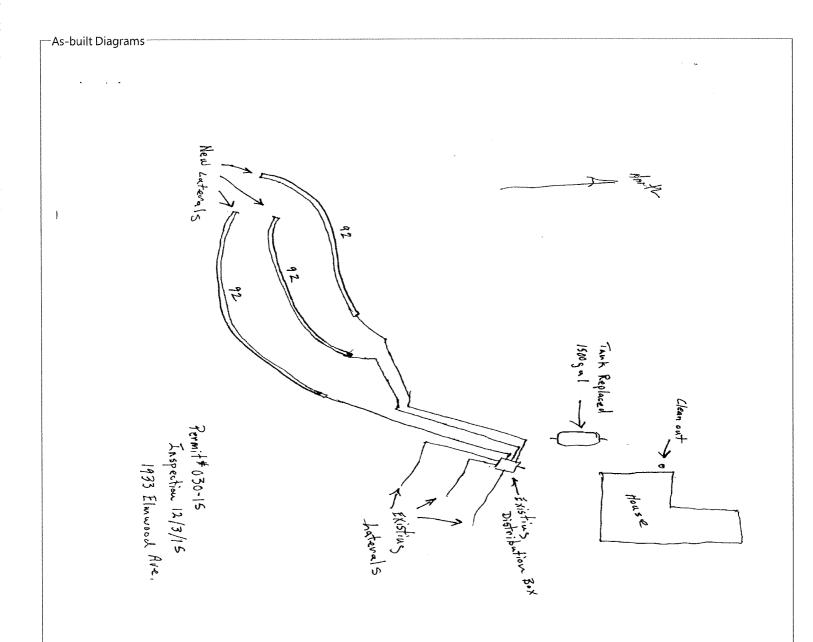
09/11/2024

Submitted Date:

9/27/2024

This page certifies a Time of Transfer inspection was conducted and submitted for the property listed above in accordance with Subrule 567 IAC 69.2(8).

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# Madison County Office of Zoning & Environmental Health

## Application to Construct Private Sewage Disposal System (PSDS)

112 N, John Wayne Dr. P O Box 152 Winterset, IA 50273 Telephone (515) 462-2636

| PROPERTY OF CONTRACTOR CONTRACTOR                              | (   | Office Use C   | nly  |   |   | Temp 1911:   |   |   |  |  |
|--|---|--|--|---|---|--|---|---|--|--|
| Tracking No.   | Date Received   | 15000  | Check#   | Date Issu                               |   |  | Section/Tov   | nship   |  |  |
| 030-15   | 6915  | 15000  | 2454   | 69-                                     | 15  |  | 22 Jack   | ~so~~   |  |  |
| Application w<br>requiring an P<br>recording befo              | PDES Gener  | al Permit #4   | and soil analys<br>(surface dischar  | is/percolat<br>ge), its app             | tion in<br>plicatio   | formation have l<br>on must be subm  | een received i<br>itted to this of  | ind fee has<br>fice along                                   | been paid. F<br>with appropri  | or systems<br>ate forms for  |
| Please Print ,   | All Informati   | on.  |  |   |   |  |   |   |  |  |
| 1. Owner Infor   | mation (Applie  |  | THE REAL PROPERTY OF THE PARTY  |   |   | Installation Contra  |   |   |  |  |
| First Name   |   | Lust Nan   |  |   |   | Paryle Bennett II  |   |   |  |  |
| 3/2000   |   |  |  | - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Address   |  |   |   |  |  |
| St. C.   Single   Address                                      |   |  |  | 1                                       | 71111 A 3 37 th 54  |  |   |   |  |  |
| City   |   | Si   | ate  | Zip                                     | Cit   | Providence of the State State Property of TA Sold Property of Table Property of Ta |   |   |  |  |
| 515 79   | デ ジングギニー  | 575  | 271-166  | '                                       |   | Perry  | , <u>I</u> H  | 502   | 20   |  |
| Phone Number (   | area code)  | Cel  | Phone  |   | Ph  | me Number (area ec   | sde)  | Cell Pho  | one  |  |
|  |   |  |  |   |   | (315) 3  | 31- 5/  | 18  |  |  |
| 3. System Requ   | tirement Inforn   | ution  |  |   | -4-   | Site and Soil Evalu  | ator (Percolatio  | n Test/Soils  | Analysis)  |  |
| IAC CHAPT  | ER 69 DOUBL   | E COMPART  | MENT TANK RE   | QUIRED                                  |   | PERCOLATION/SOILS ANALYSIS MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT  |   |   |  |  |
|  |   | Minii  | num Tank Size  | Required                                |   | 8/10   | 165   |   | _  | 1-11   |
| 1-3 Bedroom  |   |  | 1250   |   | Da  | Date test taken 9/17/73 Test taken by Jesse Dewhill  |   |   |  |  |
| 4 Bedroon  |   |  | <1500 →<br>1750  |   | Pa  | Date test taken 8/14/95 Test taken by Jesse Sawhill Passed: Failed: Percolation Rate: 19.5   |   |   |  | A - A CALL MANUFACTURE A CONTROL   |
| 5 Bedroom<br>6 Bedroom   |   |  | 2000   |   | So  | ils Loading Rate   |   |   | MA. 1  |  |
| o nearoon  | 1   |  | 2000   |   |   | no Exceeding reac  |   |   |  |  |
| 5. Type of Subn  | nittal  |  | ss Information   |   |   | ne alban verrileria de la Arti Armani (ILANIA II.), estrado en la con-   | . A Part Port of the section of the Control of the section of the |   | Establish dan Berke Arrows bit was standing a country medical  |  |
| □ New House  |   | 911 Addr   | ss or nearest road:  |   |   | 33 Elmwood Ave   |   |   |  |  |
| Existing Hou   |   |  |  |   |   |  | <b>\</b>  |   |  |  |
| Repair, Tank   |   |  | el B E/  | /- SF                                   | NIF   | = 3USA   |   |   |  |  |
| Repair, Treat  |   |  |  |   |   |  |   |   |  |  |
| ☐ System Repla   | ncement   | Se   | ction 2:   | 2 - /0                                  |   | 2 9  |   |   |  |  |
| 7. Type of Buil  | ding (Complete  | d by Owner)  | E-II-CA-CA-ZAR-ME-ZEEFREIGHTE-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U  | n outermanus aparent accident           |   | ALL ACCES SERVICES SERVICES FOR COMMUNICATION  | rose was and his experience in the administration of the state of the   |   | SERVICE STATE OF STAT | PROPERTY OF THE PROPERTY OF TH |
| Building Square  | fl.: 1,52x1   | Number of Bed  | rooms, 4/ N  | lumber of B                             | athrooi   | ns: 1 Non-R  | esidential uses:  |   |  |  |
| Other buildings  | served by this sy   | stem:  | '  | Any other cit                           | rcumsta   | mees which may aft   | ect water usage:  |   |  |  |
| $\Delta \omega_{GAC}$  |   |  |  | Vater softe                             | ners m  | ust be routed to a l   | nine pit indeper  | dent of sept  | tic system.  | al an in the state of the state |
|  |   | Your contrac   | tor or system desi   | gner should                             | 1 comp  | lete the remaining   | portion of this a   | pplication.   |  |  |
| 8. Tanks   | **************************************  | Type: Pale   | NAME AND ADDRESS OF THE OWNER OF THE OWNER OF THE OWNER.   | Size                                    | 1500 Manufacturer, AK   |  |   |   |  |  |
| Septic Tank  | THE STATE OF STATE SHOW THE PROPERTY OF STATE OF STATE OF                     | Type: fo/C   | Size   |   | Manufacturer:   |  |   | Catalanus (A) accessors to the second control of the second |  |  |
| Pump Tank  |   |  | Size:  |   | манительного и невы предерительного постанований предостанований предостанова |  |   |   | and the second section of the section o |  |
| Additional Tan   |   | Type:  |  | 317.6                                   |   | Total total  | MARKATAN MARKATANININININININININININININININININININ   | ALLEGATOR TO THE TAXABLE PARTY.                             |  | -  |
|  | Freatment Area  |  | Lamath of our  |   |   | Total number# 3  | -C4 ( /   | Maxim   | trench Denth:  | -> /_ //   |
| aterals Type: 2' Chamber                                       |   |  |  | Width.                                  |   |  |   |   |  |  |
| Sand Filter Square ft.:  |   | CATTLE CONTRACTOR A SPECIAL SERVICE CO.                      |  |   | WRR.  |  |   |   | a - 1 ya ya niyanin yana daka dahala bahalabini ani i d  |  |
| Peat System  | Model:  |  | Manufacturer   |   | V-0-14-17-14-14-14-14-14-14-14-14-14-14-14-14-14-   |  |   |   |  | ACCORDANGE OF THE PARTY OF THE  |
| Other  | Description:  |  | The second secon |   | - 16: wannin  | material by the color colors of the color of |   | L   | *******************************  |  |
| for inspecti<br>box must be<br>recorded in t<br>Applicant Sign | on of the syste<br>available. Dis<br>he Madison C<br>forth in IAC C<br>ature: | m must be n<br>charging sys<br>county Recor<br>Chapter 69 an | inde 24 hours in<br>tems must be co<br>ders Office, Disc   | advance.<br>vered by a<br>harging s     | Water<br>main<br>vstems   | ented on this appear the site to test tenance agreeme falls or equire per tal Health Regul   | the distribution, which shall iddic testing a ations.   | be co<br>s set or<br>iss                                    | It is unlawfonstruction, re<br>repair of any<br>suance of a PS<br>the Environm<br>Offic  | construction,<br>PSDS prior to<br>DS permit by<br>ental Health   |
| MC-ZEH Form  | EHOT  |  |  |   |   | (  | •   |   |  | Winen 200  |