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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Dawn M. Dudney

Address 1934 330th St Lorimor IA 50149-8019
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Perry D. Borntrager

Address 26953 135th Ave Centerville IA 52544
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

1934 330th St Lorimor IA 50149
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary)

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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.

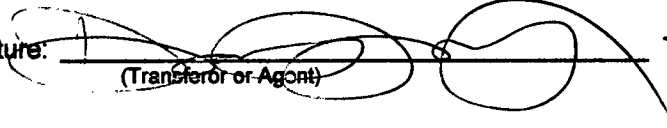
6. Private Sewage Disposal System (check one)

- 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:

50 yards S E House

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.: (575) 205 0255

(Transferor or Agent)

EXHIBIT "A"

Parcel "A" located in the Northeast Quarter (¼) of the Southwest Quarter (¼) 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.



Time of Transfer Inspection Report

Property Information

Current Owner: Lucas Dudley
 Buyer: ~~Elizabeth A Perry~~ Borwtrager Realtor: Bob Weeks, Ia Realty
 Mailing Address: 1934 330th St, Lorimer Ia, 50149
 Site Address/County: 1934 330th St, Lorimer Ia / Madison Co
 Legal Description _____

No. of bedrooms: 3 Last occupied: Currently Records available: Yes
 Permit/ installation date: #163-04 12/16/04 Separation distances (ok/no?): _____

Septic System Information

Septic tank(s): Size: 150gal Material: Poly Condition: Good
 Tank pumped? Y N Date: 6/18/14 Licensed pumper: Forest Septic
 Septic/Trash/Processing tank: Size: _____ Material: _____ Condition: _____
 Tank pumped? Y N Date: _____ Licensed pumper: _____
 Aerobic treatment unit (ATU) mfg: _____ Size: _____
 Tank pumped? Y N Date: _____ Licensed pumper: _____
 Maintenance contract? Y N Expiration date: _____ Service provider: _____
 Condition: _____

Pump tanks/vaults: Type: Concrete Size: 50gal Condition: Good
 Distribution system: Distribution box Outlets used 7 Condition: Good
 Header pipe(s): _____ No. of lines: _____ Pressure dosed? _____

Secondary Treatment:

Length of absorption fields: 420' Determined by: Drawing
 Condition of fields: Dry Determined by: Probing / Hydraulic Test
 Type of trench material: Chambers
 Size of sand filter: _____ Determined by: _____
 Vent pipes above grade? Y N Discharge pipe located? Y N
 Effluent sample taken _____ Results: _____
 Media Filters: Type: _____
 Maintenance contract? Y N Expiration date: _____ Service provider: _____
 Condition: _____

NPDES General Permit No. 4: Required? Y N Permitted? Y N NOI provided: _____



Time of Transfer Inspection Report

Other components:

Alarms: Y N Working: Y N Disinfection: Y N Working: Y N

Control Box: _____ Timers: _____ Inspection Ports: _____

Other components: _____

Overall condition of the private sewage disposal system:

Report system status: See Attached Copy

Explain (attach additional pages as needed): _____

Comments: _____

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: Chris Mershon Date: 6/18/14

Name (print): Chris Mershon Certificate #: 8982

Address: P. O. Box 219, Indianola, IA 50125

Phone #: 515-745-5299

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

DNR Time of Transfer Report System Status

Address: 1934 330th St, Lacrimar Ia. 50149 Date: 6/18/14

Comments: Technician Cl-M

All Waste Water In Home Drains To Septic System.
Septic Tank Is 2-Compartment With Effluent
Filter In Good Condition, Lift Pump Pit
Is Concrete In Good Condition. Lift Pump
Operated Well At Time of Inspection. Dist Box
Is Plastic In Good Condition. Lateral Field
Probed Dry And Took Water Well At Time
of Inspection.

* This Is Not A Guarantee, This States That *
Septic System Was In Good Working
Order At Time of Inspection.

DIAGRAM OF SYSTEM

"See Attached Copy"

Permit # 163-04 Geedenberg Inspection 12/16/05
1934 330th Street

