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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

CHEK

**REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT**

TO BE COMPLETED BY TRANSFEROR

**TRANSFEROR:**

Name Sandra L. Snyder

Address 3122 Limestone Avenue, Lorimor, IA 50149

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Willis Borntrager and Verna Borntrager

Address W10253 Czech Road, Poloma, WI 54930

Number and Street or RR

City, Town or P.O.

State

Zip

**Address of Property Transferred:**

3122 Limestone Avenue, Lorimor, IA 50149

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) See 1 in Addendum

**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:**

No lines into house. It's located just north of house, covered with cement lid.

**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature: *Jandra S Snyder*  
(Transferor or Agent)

Telephone No.: (515) 468-9745

## Addendum

1. Parcel "H", located in the South Half (S ½) of the Northeast Quarter (NE 1/4) of Section Twenty-four (24), Township Seventy-four (74) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, being a part of Parcel "C" as shown in Plat of Survey filed in Book 2006, Page 2540 and Parcel "G" as shown in Plat of Survey filed in Book 2006, Page 2532, said Parcel "H" containing 10.00 acres, as shown in Plat of Survey filed in Book 2006, Page 2540 on June 21, 2006, in the Office of the Recorder of Madison County, Iowa.



**Time of Transfer Inspection Report**

Other components:  
Alarms \_\_\_\_\_ Working? \_\_\_\_\_ disinfection \_\_\_\_\_ working? \_\_\_\_\_

Control box \_\_\_\_\_ Timers \_\_\_\_\_ inspection ports \_\_\_\_\_

Other components \_\_\_\_\_

Overall condition of the private sewage disposal system

Report system status system is in good working order -

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. None

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: John W. Mayer Date: 10-20-09  
 Name (print): JOHN W. MAYER Certificate #: 8979  
 Address: SEPTIC TANK PUMPING  
 Phone #: 515-463-1262 1509 St. Hwy. 82  
 Winterset, IA 50273-8441

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office, county Recorder in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program  
502 E. 9<sup>th</sup> St.  
Des Moines, IA 50319

Map on back →



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

Property information

Current owner Sandra Snyder
Buyer \_\_\_\_\_ Realtor \_\_\_\_\_
Mailing address 3122 Limestone Ave Lorimer Ia 50149
Site Address/County 3122 Limestone Ave Lorimer IA 50149 / Madison
No. of bedrooms 2 Last occupied Current Disposal? Y N Softener? Y N H2O supply? Y N
Records available Yes Permit/installation date 11-17-04 Installer \_\_\_\_\_

Septic system information

Septic tank(s): size 1000 material Concrete condition good
Tank pumped? Yes date 9-9-11 licensed pumper # 57-237
Septic/trash/processing tank: size NA material \_\_\_\_\_ condition \_\_\_\_\_
Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_
Aerobic treatment unit (ATU) mfg NA size \_\_\_\_\_
Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_
Maintenance contract? \_\_\_\_\_ expiration date \_\_\_\_\_ service provider \_\_\_\_\_
Condition \_\_\_\_\_

Pump tanks/vaults: type \_\_\_\_\_ size \_\_\_\_\_ condition \_\_\_\_\_
Distribution system: distribution box Plastic outlets used 3 condition good
Header pipe(s) 3 # of lines 3
Pressure dosed? No

Secondary treatment:
length of absorption fields 3 @ 87 feet determined by measuring and probing
condition of fields good determined by inspection
type of trench material 36" wide chamber

Size of sand filter NA determined by \_\_\_\_\_
Vent pipes above grade? \_\_\_\_\_ discharge pipe located? \_\_\_\_\_
Effluent sample taken? \_\_\_\_\_ Results \_\_\_\_\_

Media filters: type NA
Maintenance contract? \_\_\_\_\_ expiration date \_\_\_\_\_ service provider \_\_\_\_\_
Condition \_\_\_\_\_

NPDES General Permit No. 4: required? \_\_\_\_\_ permitted? \_\_\_\_\_ NOI submitted \_\_\_\_\_