

Book 2016 Page 2152 Type 43 001 Pages 6 Date 7/26/2016 Time 11:12:17AM

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	Name Evan Borcherding and Samantha Borcherding						
Address	2497 225th Trail, Winterset, IA 50273						
	Number and Street or RR	City, Town or P.O.	State	Zip			
TRANSF	EREE:						
Name	Steve C. Keller and Amy M. K	Celler					
Address	2497 225th Trail, Winterset, IA	A 50273					
	Number and Street or RR	City, Town or P.O.	State	Zip			
	of Property Transferred: 5th Trail, Winterset, IA 50273						
Nun	nber and Street or RR	City, Town or P.O.	State	Zip			
filed in Boo	ge Twenty-seven (27) West of the 5th I ok 3, Page 584 on May 31, 2000, in the (check one) nere are no known wells situate	Office of the Recorder of Madison C		survey			
Th	nere is a well or wells situated of ated below or set forth on an at Waste Disposal (check one)	in this property. The type(s), I		s are			
TI	nere is no known solid waste dis nere is a solid waste disposal si Attachment #1, attached to this	te on this property and informa	ation related thereto is pro	ovided			
	dous Wastes (check one) nere is no known hazardous wa	ste on this property					
The At	nere is hazardous waste on this tachment #1, attached to this d	property and information related property and information related to the property and	ted thereto is provided in				
	ground Storage Tanks (checl	•					
sn	nere are no known underground nall farm and residential motor f structions.)						
	nere is an underground storage abstance(s) contained are listed						

5.	Private Burial Site (check one)
	X 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
Inf	formation required by statements checked above should be provided here or on separate
	eets attached hereto:
	· · · · · · · · · · · · · · · · · · ·
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
٠.	Table 1 (616) 461 0601
216	gnature: Telephone No.: (515) 451-0501
	(



Time of Transfer Inspection Report

Property Information
Current Owner: EVAN & Sam Borcherding
Buyer: STEVEN & Amy Keller Realtor: Sarat Cownan
Mailing Address: 2497 225th TRAIS WINTERSET IA 50273
Site Address/County: SAMO AS ABOVE / MAdison Co
Legal Description AG ABSTRACT
No. of bedrooms: Last occupied: Plesent Records available: Y
Permit/Installation date: 1977 Separation distances (ok/no?):
Septic System Information
Septic tank(s): Size: 1500 94/ Material: Concrete Condition:
Tank pumped? Y N Date: 6-20-16 Licensed pumper: Country Side Soprie
Septic/Trash/Processing tank: Size: Material: Condition:
Tank pumped? Y N Date: Licensed pumper:
Aerobic treatment unit (ATU) mfgr Size
Tank pumped?
Maintenance contract? Y N Expiration date: Service provider:
Condition:
Pump tanks/vaults: Type: Size: Condition:
Distribution system: Distribution box Yor Outlets used 5 Condition: ok
Header pipe(s): No. of lines: Pressure dosed?
Secondary Treatment:
Length of absorption fields: Determined by: Loudy Records
Condition of fields: O/c - OLY Determined by: PloBing 1 Hydralic
Type of trench material: cham Ben
Size of sand filter: Determined by:
Vent pipes above grade?
Effluent sample taken Results:
Media Filters: Type:
Maintenance contract?
Condition:
NPDES General Permit No. 4: Required?



Time of Transfer Inspection Report

Other components:								
Alarms: Y N Working: Y N Disinfection:	□Y□N W	Vorking: YNN						
Control Box: Timers: Inspection	Control Box: Timers: Inspection Ports:							
Other components: Sump sump								
Overall condition of the private sewage disposal system:								
Report system status: See AHACHED 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.	1							
 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 ar								
This report indicates the condition of the private sewage disposal system not guarantee that it will continue to function satisfactorily.	rat the time of the	he inspection. It does						
	Date:	6-20-16						
Signature of Certified Inspector: Name (print): Brian Rinard	Certificate #:	8805						
Address: PO Box 204" Norwalk IA 50211	_ Certificate #.	8803						
	'							
Phone #: 515-202-4895								
Provide a copy of this report, the narrative report and sketch to the seller ordering the inspection, the county sanitarian/environmental health office		gent or the person						
Iowa DNR	1							
Private Sewage Disposal Program								
502 E 9 th St								

Des Moines IA 50319

DNR Time of Transfer Report System Status

Address:	2497	225-11	TRAIL		Date:_ <u>し</u> -こ	0-16
	Winters	et, 7	1-17	echnician	R	
Comments:			, 1			
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INTO	Sonni	SUSTOM	•	•		
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Riser 7	TO SURPACE	ON to	Let Side	only.	Septic 7	TANK
LAIAS	in works	Na CONID	ition.			
DLASTIC	DISTIBUTION	ON BOX	WITH	BAFFIE.	AND Spea	2d
Levelers	used wa	rs Level a	enelin L	Varking.	lordition	•
A11 (5)	90' LATE	rale too	K WATE	ANO	DroBED	DRV
At the	time of	the I	VSLELTIO	Ne.		/
	THIS 1	NOT A	CUGrav	tee		
	THIS CO.			,		
	SYSTEM			<i></i>		
	Condition	,	, -			
	,	NSPECT	1	•		

DIAGRAM OF SYSTEM

See County Record

Brueway TANK Perm: 1# 1977 Inspection 12/10/01 2497 225th Tol 0 6