



Document 2016 GW3258

Book 2016 Page 3258 Type 43 001 Pages 5

Date 10/31/2016 Time 11:51:47AM

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**

**TRANSFEROR:**

Name Dick D. Dillinger and Raedene Dillinger

Address 3164 Millstream Avenue, Lorimor, IA 50149

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Todd E. Fletcher and Angela F. Fletcher

Address 403 E. Court Avenue, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

**Address of Property Transferred:**

3164 Millstream Avenue, Lorimor, IA 50149

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) For Legal Description see Exhibit "A" attached hereto and by this reference incorporated herein.

**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:**

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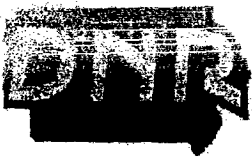
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**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature:  Telephone No.: (515) 468-3707  
(Transferor or Agent)

## **EXHIBIT "A"**

Parcel "B" located in the Southwest Quarter ( $\frac{1}{4}$ ) of the Southwest Quarter ( $\frac{1}{4}$ ) of the Northwest Quarter ( $\frac{1}{4}$ ) of Section Twenty (20), Township Seventy-four (74) North, Range Twenty-seven (27) West of the 5<sup>th</sup> P.M., Madison County, Iowa, containing 5.40 acres, more or less, as shown in Plat of Survey filed in Book 2016, Page 1776 on June 24, 2016, 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 Everything look good as of this Date 9-5-16

Overall condition of the private sewage disposal system

Report system status \_\_\_\_\_

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: Allen Akers                      Date: 9-5-16  
 Name (print): Allen Akers Septic                      Certificate #: 209  
 Address: 2204 175th St Winterset IA 50273  
 Phone #: 515-462-1015

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

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

Property information

Current owner Dick Dillinger
Buyer Todd B Fletcher Realtor No
Mailing address 3164 Mill Stream Madison, Madison Co Larimar, IA 50149
Site Address/County 3164 Mill Stream Madison Co
Legal Description

No. of bedrooms 2 Last occupied? Still there Records available yes
9-5-16

Permit/installation date 3-4-1998 Separation distances ok/no?
#4921

Septic system information

Septic tank(s): size 1000 material Cement condition good
Tank pumped? yes date 9-3-16 licensed pumper yes John Mayers
Septic/trash/processing tank: size - material - condition -
Tank pumped? - date - licensed pumper -

Aerobic treatment unit (ATU) mfg size
Tank pumped? date licensed pumper
Maintenance contract? expiration date service provider
Condition

Pump tanks/vaults: type size condition

Distribution system: distribution box outlets used condition
Header pipe(s) # of lines Pressure dosed?

Secondary treatment:

length of absorption fields determined by
condition of fields determined by
type of trench material

Size of sand filter Free Access 8x8-5 determined by ABOVE ground Pits
Vent pipes above grade? yes discharge pipe located? yes
Effluent sample taken? 3-28-14 Results 4/COOD 5 Day
4TSS

Media filters: type
Maintenance contract? no expiration date 1-1-17 service provider Allen Allen Septic
Condition Look OK as of this Date 9-5-16

NPDES General Permit No. 4: required? permitted? NOI provided