



Document 2018 GW3254

Book 2018 Page 3254 Type 43 001 Pages 7  
Date 10/08/2018 Time 11:00:02AM  
Rec Amt \$.00

INDX  
ANNO  
SCAN  
CHEK

LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name Andrew Anderson Boone and Elizabeth Spencer Boone  
Address 3374 Limestone Avenue, Lorimor, IA 50149  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name Jordan Arvanis and Amber Clements  
Address 5926 160th Avenue, Indianola, IA 50125  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:  
3374 Limestone Avenue, Lorimor, IA 50149  
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) Parcel "A" located in the West-half (1/2) of the Southeast Quarter (1/4) of Section Thirty-six (36), Township Seventy-four (74) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, containing 5.000 acres, as shown in Plat of Survey filed in Book 3, Page 109 on September 10, 1997, in the Office of the Recorder of Madison County, Iowa.

**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:**

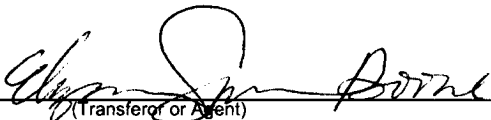
1 Well 40' South of the house \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.: (801) 300-6462

(Transferor or Agent)



### Time of Transfer Inspection Report

Property Information

Current Owner: Elizabeth Boone  
 Buyer: \_\_\_\_\_ Realtor: \_\_\_\_\_  
 Mailing Address: Same  
 Site Address/County: 3374 Limestone Avenue Lorimer IA 50149  
 Legal Description \_\_\_\_\_  
 No. of bedrooms: 2 Last occupied: Current Records available: Yes  
 Permit/ installation date: 9-21-16 Separation distances (ok/no?): OK

Septic System Information

Septic tank(s): Size: 1500 gal Material: Concrete Condition: good  
 Tank pumped?  Y  N Date: \_\_\_\_\_ Licensed pumper: \_\_\_\_\_  
 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: \_\_\_\_\_ Size: \_\_\_\_\_ Condition: \_\_\_\_\_  
 Distribution system: Distribution box Plastic Outlets used 4 Condition: good  
 Header pipe(s): 4 No. of lines: \_\_\_\_\_ Pressure dosed? NO

Secondary Treatment:

Length of absorption fields: \_\_\_\_\_ Determined by: \_\_\_\_\_  
 Condition of fields: \_\_\_\_\_ Determined by: \_\_\_\_\_

Type of trench material: \_\_\_\_\_

Size of sand filter: 40'x12' Determined by: map, measuring, probe  
 Vent pipes above grade?  Y  N Discharge pipe located?  Y  N  
 Effluent sample taken Yes Results: see attached 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: none Timers: none Inspection Ports: none

Other components: none

Overall condition of the private sewage disposal system: Good

Report system status: System was working properly on day of inspection.

Explain (attach additional pages as needed): System was working properly on day of inspection. System handled hydraulic test as well.

Comments: System is less than three years old so the septic tank was not pumped on inspection.

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: Joe Bedwell Date: 9-13-18

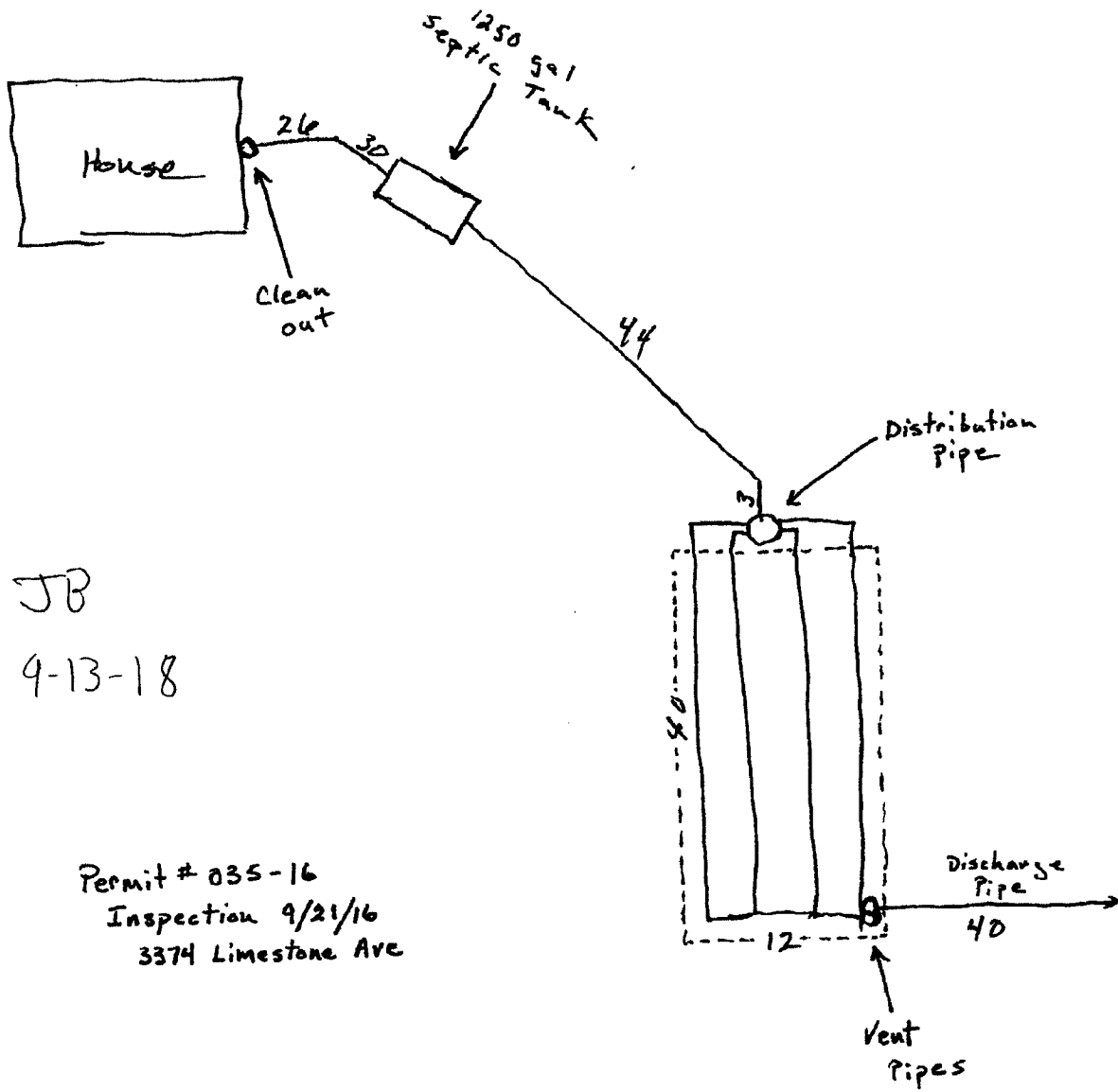
Name (print): Joe Bedwell Certificate #: 10974

Address: 1310 East Clinton Avenue Indianola IA 50125

Phone #: 515-681-5885

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 9<sup>th</sup> St  
Des Moines IA 50319



North  
↑

JB  
9-13-18

Permit # 035-16  
Inspection 9/21/16  
3374 Limestone Ave



# State Hygienic Laboratory

*The University of Iowa*

JOE BEDWELL  
1310 E CLINTON AVE  
INDIANOLA, IA 50125-

Accession Number	706647
Date Sample Finalized	2018-09-10 09:40
Date Received	2018-08-30 11:59
Sample Source	Non-Drinking Water
Project	
Date Collected	2018-08-30 10:32
Collection Site	sand filter outlet
Collection Address	3374 Limestone Ave. LORIMOR,
Sample Description	waste water
Client Reference	
Collector	bedwell joe
Phone	515/681-5885

Note: Upon arrival, sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

## Results of Analyses

### *E.coli Bacteria, SM 9223 B*

Units	[MPN]/100mL	Analyzed In	Ankeny
Date Analyzed	2018-08-30 16:40	Date Verified	2018-09-04 13:49
Analyst	DMJ	Verifier	SLL

Analyte	Result	Quant Limit
E.coli	590	10

### *BOD, Carbonaceous 5 Day, SM 5210 B*

Units	mg/L	Analyzed In	Ankeny
Date Analyzed	2018-08-30 12:30	Date Verified	2018-09-10 09:40
Analyst	JAE	Verifier	DLS

Analyte	Result	Quant Limit
CBOD, 5 Day	<2	2

### *Total Suspended Solids, USGS I-3765-85*

Units	mg/L	Analyzed In	Ankeny
Date Analyzed	2018-08-31 12:45	Date Verified	2018-09-05 08:35
Analyst	MLS	Verifier	JAE

Analyte	Result	Quant Limit
Total Suspended Solids	4	1

### Description of Units used within this report

[MPN]/100mL = Most Probable Number per 100 Milliliters  
mg/L = Milligrams per Liter



# State Hygienic Laboratory

*The University of Iowa*

Accession Number | 706647

The result(s) of this report relate only to the items analyzed. This report shall not be reproduced except in full without the written approval of the laboratory.

Iowa Environmental Laboratory IDs are: Ankeny #397, Iowa City/Coralville #027, Lakeside #393.

If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500. Thank you.

Page 2 of 2

Susie Y. Dai, Ph.D.	University of Iowa Research Park	Lakeside Laboratory	Iowa Laboratories Complex
Wade K. Aldous, Ph.D. (D)ABMM	2490 Crosspark Road	1838 Highway 86	2220 S. Ankeny Blvd
Associate Directors	Coralville, IA 52241	Milford, IA 51351	Ankeny, IA 50023
<a href="http://www.shl.uiowa.edu">http://www.shl.uiowa.edu</a>	319/335-4500 Fax: 319/335-4555	712/337-3669 ext. 6 Fax: 712/337-0227	515/725-1600 Fax: 515/725-1642