



Document 2019 GW1046

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INDX
ANNO
SCAN

LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

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

TRANSFEROR:

Name Martin Borntreger and Mary Borntreger

Address 1806 - 295th Street, Lorimor, IA 50149

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Robert Yoder and Miriam Yoder

Address 1919 Homestead Avenue, Lorimor, IA 50149

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

2919 Homestead Avenue, Lorimor, IA 50149

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) Parcel B" located in the Northwest Quarter (NW 1/4) of the Northeast Quarter (NE 1/4) of Section Eight (8), Township Seventy-four (74) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, as shown in Plat of Survey filed in Book I, Page 325 on May 31, 1985, 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:

(See attached)

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

Signature: Martin Bourtuger Telephone No.: (515) 468-5892
(Transferor or Agent)

West

out building

Well

Barn

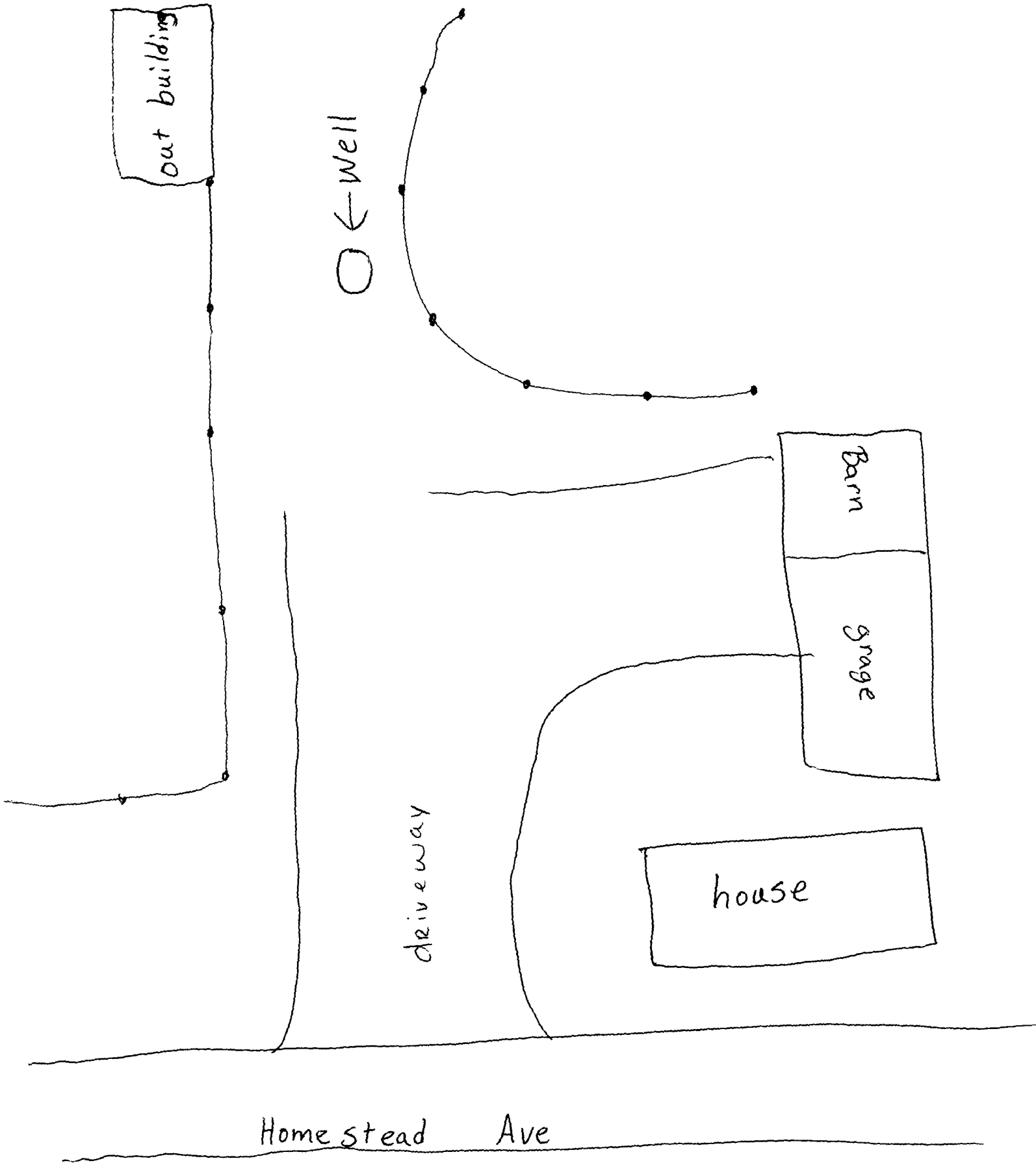
garage

house

driveway

Homestead Ave

East





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

Property information

Current owner Martin Bortrager
Buyer Robert Yodar Realtor NONE
Mailing address 2919 Homestead Ave, Leominster Iowa 50149

Site Address/County 2919 Homestead Ave, Leominster Iowa
Legal Description same as address

No. of bedrooms 3 Last occupied? still there Records available yes

Permit/installation date 8-14-07 Separation distances (ok) no?

Septic system information

Septic tank(s): size 1000 material plastic condition settling a little
Tank pumped? yes date 3-25-19 licensed pumper yes
Septic/trash/processing tank: size - material - condition -
Tank pumped? - date - licensed pumper -

Aerobic treatment unit (ATU) mfg no size -
Tank pumped? - date - licensed pumper -
Maintenance contract? - expiration date - service provider -
Condition -

Pump tanks/vaults: type no size - condition -

Distribution system: distribution box no outlets used - condition -
Header pipe(s) - # of lines - Pressure dosed? -

Secondary treatment:

length of absorption fields NONE determined by -
condition of fields - determined by -
type of trench material -

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

Media filters: type peat
Maintenance contract? yes expiration date 1-20 service provider Huff & Son
Condition looks OK at this time

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



Time of Transfer Inspection Report

Other components:

Alarms NONE Working? —

disinfection NONE working? —

Control box NONE Timers NONE inspection ports clean outs at house

Other components tank has risers

Overall condition of the private sewage disposal system

Report system status has 2 compartment plastic tank with risers + filter

Explain (attach additional pages as needed): tank is settling a little around risers

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: 3-25-19
 Name (print): Allen Akers Certificate #: 203
 Address: 2204 175th Winterset Iowa 50273
 Phone # 515 462-1615

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. 9th St.
Des Moines, IA 50319



time of transfer

Collection Location discharge	Collector and Phone akers allen 515/462-1015	Client Reference martin borntreader	Accession # 785124
2919 HOMESTEAD AVE	Collected 2019-03-25 12:00	Received 2019-03-25 13:14	Project
Report To ALLEN AKERS 2204 175TH CT WINTERSET, IA 50273-	Sample Description waste water		
	Sample Type Non-Drinking Water		
	Sample Source		
	Sample Note(s) 1, 2		

RESULTS OF ANALYSIS - FINAL REPORT

TEST	RESULT (mg/L)	QUANT LIMIT	ANALYSIS NOTE(S)
BOD, Carbonaceous 5 Day, SM 5210 B CBOD, 5 Day	<2	2	
Total Suspended Solids, USGS I-3765-85 Total Suspended Solids	<1	1	

SAMPLE AND ANALYSIS NOTES

1. There was an error in sample collection date/time (e.g. missing, mismatched, postdated or incorrect).
2. 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.

ANALYSIS INFORMATION

TEST	ANALYZED	SITE	RELEASED	ANALYSIS PREP
1. BOD, Carbonaceous 5 Day, SM 5210 B	2019-03-27 07:30 AMG, JAE,	3201	2019-04-02 12:10 MLS	
2. Total Suspended Solids, USGS I-3765-85	2019-03-26 13:40 KAR	3201	2019-03-27 14:07 MLS	

DESCRIPTION OF UNITS

mg/L = Milligrams per Liter

SITE(S) PERFORMING TESTING

3201 STATE HYGIENIC LABORATORY ANKENY, IOWA LABORATORIES COMPLEX, 2220 S ANKENY BLVD, ANKENY, IA 50023; Phone 515/725-1600; Fax 515/725-1642; Susie Yuan Dai, Ph.D., Associate Director; Wade K. Aldous, Ph.D. (D)ABMM, Associate Director; IOWA ENVIRONMENTAL LAB ID #397

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