

BK: 2026 PG: 483
Recorded: 2/24/2026 at 2:54:31.0 PM
Pages 11
County Recording Fee:
Iowa E-Filing Fee: \$0.00
Combined Fee:
Revenue Tax: \$0.00
BRANDY L. MACUMBER, RECORDER
Madison County, Iowa

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

If the transaction is exempt from filing a declaration of value pursuant to Iowa Code 428A.1(2), **STOP HERE**. Pursuant to Iowa Code section 558.69(1), when no declaration of value is submitted during a transaction, you are not required to submit a groundwater hazard statement or include the statutory language in Iowa Code section 558.69(8A). Please consult your realtor or legal counsel for further advice, including on whether a declaration of value is required. The Department provides this information for statutory reference only.

Instructions for this document can be found at: <https://www.iowadnr.gov/media/5465>.

Attachment 1, if required, can be found at: <https://www.iowadnr.gov/media/5466>.

TRANSFEROR:

Name	Robert Yoder and Miriam H. Yoder			
Address	2935 Homestead Avenue	Lorimor	IA	50149
	Number and Street or RR	City, Town or PO	State	Zip

TRANSFeree:

Name	Pamela Shady and Jessie Shady			
Address	2935 Homestead Avenue	Lorimor	IA	50149
	Number and Street or RR	City, Town or PO	State	Zip

Address of Property Transferred:

2935 Homestead Avenue	Lorimor	Iowa	50149
Number and Street or RR	City, Town or PO	State	Zip

Legal Description of Property: (Attach if necessary)

The North Half (½) of the Southwest Quarter (¼) of the Northeast Quarter (¼) of Section Eight (8), in Township Seventy-four (74) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa.

1. Wells (check one)

- No Condition - There are no known wells situated on this property.
- Condition Present - 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)

- No Condition - There is no known solid waste disposal site on this property.
- Condition Present - 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)

- No Condition - There is no known hazardous waste on this property.
- Condition Present - 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)

- No Condition - 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.)
- Condition Present - 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)

- No Condition - There are no known private burial sites on this property.
- Condition Present - 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)

- No Condition - All buildings on this property are served by a public or semi-public sewage disposal system.
- No Condition - This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
- Condition Present - 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.
- Condition Present - 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.
- Condition Present - There is a building served by private sewage disposal system on this property. The system is failing to ensure effective wastewater treatment or is otherwise improperly functioning, and 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.
- Condition Present - 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 #7]
- Condition Present - There is a building served by private sewage disposal system on this property. This property is exempt from the private sewage disposal inspection requirements pursuant to the following Exemption [Note: for exemption #7 use prior check box]: _____
- Condition Present - There is a building served by private sewage disposal system on this property. The private sewage disposal system has been installed within the past two years pursuant to permit number:

Review the following two directions carefully:

- A. If you selected a box stating "No Condition" for every numbered section above, STOP HERE. Do not submit this form.** Instead, pursuant to Iowa Code section 558.69(8A), you must include the following language on the first page of the recorded deed, instrument, or other writing:

"There is no known private burial site, well, solid waste disposal site, underground storage tank, hazardous waste, or private sewage disposal system on the property as described in Iowa Code section 558.69, and therefore the transaction is exempt from the requirement to submit a groundwater hazard statement."

Please consult your realtor or legal counsel for further advice on this exemption. By law, the owner of the property is responsible for the accuracy of this statement, and the Department provides this information for statutory reference only.

- B. If you checked any box stating "Condition Present" for any of the numbered sections above, continue below. You must complete this form, including providing all required information, and you must submit this form to the county recorder's office with declaration of value.

Information required by statements checked above should be provided here or on separate sheets attached hereto:

two wells on the property. One west of house 100 yards and on the south side of
the closest pond. The second well is west of the house 200 yards and on the south
side of the next pond.

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

Signature:

Robert Yoder
(Transferor or Agent)

Telephone No.: (515) 705-8561



IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 19403 MIKE HARKIN CERT # 9450

Site Information

Parcel Description: **660140826010000**

Address: **2935 homestead ave, Lorimor, IA 50273**

County: **Madison**

Owner Information

Property is owned by a business: **No**

Business Name:

Owner Name: **Robert Yoder**

Email Address: **lansparksrealestate@gmail.com**

Address: **2935 homestead ave, Lorimor, IA 50273**

Phone No:

Additional Contact Information

Name	Email Address	Affiliate Type
Ian Sparks	lansparksrealestate@gmail.com	Realtor

Site related information

No Of Bedrooms: **2**

Inspection Date: **02/02/2026**

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date:

Permit issued by County: **Yes**

Permit Number:

All plumbing fixtures enter septic system: **Yes**

County contacted for records: **Yes**

Property Information Comments:

Zip code is 50149

Primary Treatment

Tank 1

Tank Name: **Tank 1**

Type: **Septic Tank**

Tank Size (Gal): **1250/500**

Tank Material: **Concrete**

Tank Corrosion Type: **None**

Liquid Level Type: **Normal**

No. of Compartments: **3**

Pump Tank Chamber: **No**

Licensed Pumper Name: **Wiegert**

Date Pumped: **2/2/2026** Meets Setback to Well: **Yes** Well Type: **Private**
Distance To Well (Ft.): **Over 100ft** Is Accessible: **Yes** Lid Intact: **Yes**
Risers Intact: **Yes** Effluent Filter Present: **Yes** Watertight: **Yes**
Tank/Vault Pumped: **Yes** Inlet Baffle Present: **Yes** Outlet Baffle Present: **Yes** Functioning as Designed: **Yes**
Tank Comments: **1250 gallon cement with 500 siphon was in good working condition**

General Primary Treatment Comments:

Septic tank was functioning as designed, looks good

Distribution Type

Siphon / Flout 1

Label: **Siphon / Flout 1** Material Type: **Manufactured** Device Type: **Siphon**
Accessible: **Yes** Functioning As Designed: **Yes**

General Distribution System Comments: **Siphon was working at time of inspection, looks good**

Secondary Treatment

Sand Filter1

Filter Type: **Subsurface** Distribution Type: **Header Pipe** Material Type: **Gravelless Pipe**
Absorption Area: **540** System Hydraulic Loaded: **Yes** Gallons Loaded: **250**
Discharge At Time of Inspection: **Yes** CBOD5 Results: **2** TSS Results: **2**
Disinfection Present: **No** Disinfection Type: Tertiary Treatment Present: **No**
Tertiary Treatment Type: Meets Setback to Well: **Yes** Well Type: **Private**
Distance To Well (Ft.): **Over 100 ft** Sand Filter Probed: **Yes** Vent(s) Located: **Yes**
Saturation or Ponding Present: **No** Grass Cover Over System: **Yes** Outlet Found: **Yes**
Sample Taken: **Yes** GP4 Permitted: **No** GP4 Required: **No**
System Located on Owner Property: **Yes** Easement Present: **N/A** Functioning as Designed: **Yes**
Comments: **Sand filter was in working condition at time of inspection**

General Secondary Treatment Comments: **Hydrologic load sand filter, Took water sample**

Narrative Report

TOT Inspection Report Overall Narrative Comments: **septic system was properly working at time of inspection, this is not a guarantee for future operations**

TIME OF TRANSFER INSPECTION TOT# 19403 MIKE HARKIN CERT # 9450

Owner Name: **Robert Yoder**

Address: **2935 homestead ave , Lorimor , IA 50273**

County: **Madison**

Inspection Date: **02/02/2026**

Submitted Date: **2/10/2026**



IOWA STATE HYGIENIC LABORATORY ANALYTICAL REPORT I-800-421-IOWA (4692)

<p>Collection Location outlet pipe septic</p> <p>2935 HOMESTEAD AVE LORIMOR, IA</p>	<p>Collector and Phone harkin mike 515/390-0399 collected</p> <p>2026-02-03 12:00</p>	<p>Client Reference ian sparks</p> <p>Received 2026-02-03 14:28</p>	<p>Accession # 2806864</p> <p>Project Septic Inspection</p> <p>Sample Type Non-Drinking Water</p> <p>Sample Source Septic</p> <p>Sample Note(s) 1</p>
--	--	--	--

Report To

HARKIN CONSTRUCTION
3311 140TH ST
CUMMING, IA 50061

ADDITIONAL SAMPLE INFORMATION
Email Address: harkin.m.m@gmail.com

RESULTS OF ANALYSIS - FINAL REPORT

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

SAMPLE AND ANALYSIS NOTES

- Unless otherwise noted, the sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

Units provided for the Result of each test also apply to all numerical fields reported with said result unless otherwise noted.

ANALYSIS INFORMATION

TEST	ANALYZED	RELEASED	ANALYSIS PREP
1. BOD, Carbonaceous 5 Day, SM 5210 B	2026-02-04 07:10 AMG, MLS	2026-02-10 07:49 JAE	
2. Total Suspended Solids, USGS I-3765-85	2026-02-05 10:50 WWH	2026-02-06 15:36 DLS	

DESCRIPTION OF UNITS
mg/L = Milligrams per Liter

SITE(S) PERFORMING TESTING

3201 STATE HYGIENIC LAB AT THE UNIV. OF IOWA, IOWA LABORATORIES COMPLEX, 2220 S ANKENY BLVD, ANKENY, IA 50023; Phone 515/725-1600; Fax 515/725-1642; Report Authorized By: Dustin M. May, Ph.D., Associate Director, Michael A. Pentella, Ph.D., D(ABMM), Director, IOWA ENVIRONMENTAL LAB ID #397; CLIA ID Number: 16D0709302

The result(s) of this report relate only to the items analyzed. Where the laboratory has not been responsible for the sampling stage the results apply only to the sample as received. 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.

Report Issue Date: 2026-02-10 07:49 Page 1 of 1

602 Sparks

TS-239-2462

Landfront Real
Estate

2935

Homesford Ave,
Lorimer

Parcel # 6601482601000
2nd floor

I asked Andrew about it told him we
were gonna do it Monday or
Tuesday when it was 40 and he said

sure ZIP 50149

~~Monday~~ Monday Feb 2n 1n5pct



