

Book 2020 Page 1815 Type 43 001 Pages 7 Date 5/27/2020 Time 11:05:52AM

Rec Amt \$.00

INDX **ANNO** SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

## **REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT**

TO BE COMPLETED BY TRANSFEROR

TRANSF	EROR:			
Name	Michael Sible and Michel	e Sible		
Address	2223 Holliwell Valley Ct.	, Winterset, IA 50273		-
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF	EREE:			
Name	Tracy Lynne Herrick and.	leffrev Alan Herrick		
Address				
	Number and Street or RR	City, Town or P.O.	State	Zip
	of Property Transferred: lliwell Valley Ct., Winterse	t, IA 50273		
Nur	mber and Street or RR	City, Town or P.O.	State	Zip
		P.M., Madison County, Iowa.		
	(check one) here are no known wells sit	uated on this property		
		ed on this property. The type(s), I	ocation(s) and legal sta	tus are
		n attached separate sheet, as neo		ido di o
	Waste Disposal (check or	•	•	
		e disposal site on this property.		
		al site on this property and informa	ation related thereto is p	provided
	Attachment #1, attached to			
	dous Wastes (check one) here is no known hazardous			
		this property and information rela	ted thereto is provided i	in
	ttachment #1, attached to the		ica increto is provided i	1
	ground Storage Tanks (c			
<u>X</u> Th	nere are no known undergro	ound storage tanks on this propert	y. (Note exclusions suc	ch as
	nall farm and residential mo structions.)	otor fuel tanks, most heating oil tan	ks, cisterns and septic	tanks, in
	•	rage tank on this property. The typ	e(s), size(s) and any kr	nown
		sted below or on an attached sepa		

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.
	X 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
sh	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.
C:-	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Sig	nature: Telephone No.: (515) 250-7675



4/2010

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

Property information
Current owner Michael o Michaele SIBLE -515-250-7675  Buyer Mailing address 2223 Holliwell Valley CT, WINTERSET, IA 50273
Mailing address 2223 Holliwell VAlley CT Winterset # 50273
Site Address/County Same As Above   Madison (a  Legal Description AS ABSTRACT
No. of bedrooms 4 Last occupied? Plesent Records available 123-03  Permit/installation date 123-03 Separation distances ok/ no? 0 K
Permit/installation date  Separation distances ok/ no?  ok
Septic system information
Septic tank(s): size /500 94/ material / ONCINTE condition // Tank pumped? /e5 date 4-27-20 licensed pumper / Ountry Side Septic/trash/processing tank: size material condition Tank pumped? date licensed pumper
Aerobic treatment unit (ATU) mfgr size  Tank pumped? date licensed pumper  Maintenance contract? expiration date service provider  Condition
Pump tanks/vaults: type fressire size 500 9A/ condition 010
Distribution system: distribution box $\frac{\sqrt{\ell}}{\sqrt{\ell}}$ outlets used $\frac{\sqrt{\ell}}{\sqrt{\ell}}$ condition $\frac{\sqrt{\ell}}{\sqrt{\ell}}$ Header pipe(s) # of lines Pressure dosed?
Secondary treatment:
lamed of shaunting fields
condition of fields OK - ORY determined by Moding 0 Hydralie
type of trench material
Size of sand filter /8 40 determined by County Record  Vent pipes above grade? Yes - one discharge pipe located? Yes  Effluent sample taken? Yes Results See OSM WRA  LA3 Results
1 / . 1 · . 11 · . 11 ·
Maintenance contract? We expiration date service provider //ome owner  Condition
NPDES General Permit No. 4: required? NOI provided
Page 1 of 2

542-0191



## **Time of Transfer Inspection Report**

Other components: Alarms 1/25 Working? 1/25 disinfection 1/0 working?						
Control box inspection ports						
Other components Sump pump For bosoval WATER does  90 AWAY From Septic System  Overall condition of the private sewage disposal system						
Overall condition of the private sewage disposal system						
Report system status See AHACHED PAGES						
Explain (attach additional pages as needed):						
Comments: Homo Owned Takes EFFVent Samples AND GIVES ROSULTS TO COUNTY						
<ul> <li>Site status at conclusion of Time of Transfer inspection:</li> <li>Verify that controls are set on the appropriate mode.</li> <li>Power is on to all components.</li> <li>Revisit all components to verify lids are secure.</li> <li>Gather all tools for removal from the site.</li> <li>Verify that no sewage is on the ground surface.</li> </ul>						
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 $\frac{1}{\sqrt{27-20}}$ Name (print): $\frac{1}{\sqrt{27-20}}$ Address: $\frac{1}{\sqrt{27-20}}$ Phone # $\frac{1}{\sqrt{27-20}}$ Date: $\frac{1}{\sqrt{27-20}}$ Certificate #: $\frac{1}{\sqrt{27-20}}$						
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						

## **Time of Transfer Report System Status**

Address: 2223 Holl, well VAlley CT Date: 4-27-20
Address: 2223 Hollowell VAlley CT Date: 4-27-20  Comments: Winterset TA 50273 Technician: Brian Rinard
ALL WASTENATER From House Appears
TO ORAIN INTO SEPTIC SYSTEM.
1500/500 COMBO SEPTE TANK & PUMP
pit TANK WAS All in Working Condition
Risées over every THING & effulent Filter
Cycled pump Several times AND Fest ALARM
AND EVERYTHING OK AT time OF INSPECTION
PROBED All AREA'S OF SAND FIHER BED AND
All PROBED DRY. Took effulent Sample to DSM WRA
THIS IS NOT A QUARANTER
THIS CETTIFICS THAT THE SOFTE SYSTEM WAS
IN Working Condition 4+ Time OF INSPECTION

**DIAGRAM OF SYSTEM** 

See County Records

Inspection 11/26/03 hot 7 Holliwell Subdiv. Permit # 123-03



Des Moines Metropolitan WRA Wastewater Reclamation Facility Laboratory, Bldg. 96 3000 Vandalia Rd. Des Moines, Iowa 50317

<u>Lab ID:</u> IA Lab #133

Ph: 515-323-8002

Fax: 515-323-8063

**CountrySide Septic & Grease Service** 

Date of Report:

5/7/2020

**Laboratory Report** 

OrderID 20042915

Collect Dat	e Site	Test	Result	Units	Method	Analyst	Analysis Date
4/28/2020	Sible-2223 Holliwell Valley Ct., Winterset	CBOD	<5	mg/L	SM 5210 B	Keystone	4/29/2020
4/28/2020	Sible-2223 Holliwell Valley Ct., Winterset	TSS	48	mg/L	SM 2540 D	jjlarson	4/29/2020

THE Results May Be High Because Discharge pipe WAS Very Dirty AND HAD DITT AROUND THE END OF PIPE.