



Document 2020 GW1979

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INDX
ANNO
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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

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

TRANSFEROR:

Name Logan P. Silliman and Courtney N. Silliman
Address 2518 Millstream Ave., Winterset, IA 50273
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Connor Bryce Roach
Address 1109 Woodland Ave., Cumming, IA 50061
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:
2518 Millstream Ave., Winterset, IA 50273
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) See 1 in Addendum

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:

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

Signature: 
(Transferor or Agent)

Telephone No.: (515) 669-9365

Addendum

1. A tract of land located in the Northwest Quarter (1/4) of the Northwest Quarter (1/4) of Section Twenty (20), Township Seventy-five (75) North, Range Twenty-seven (27), West of the 5th P.M., Madison County, Iowa, more particularly described as follows to-wit: Commencing at a point 134 feet 7 inches North of the Southwest Corner of the North Half (1/2) of the Northwest Quarter (1/4) of said Section Twenty (20), thence East 327 feet 3 inches, thence North 187 feet 1 inch, thence West 327 feet 3 inches, thence South 187 feet 1 inch to the point of beginning.



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

Property information

Current owner LOGAN P (OUSTURY) SILLIMAN
 Buyer CONNOR BRUCE ROACH Realtor Betsy Breeding
 Mailing address 2518 Millstream Ave Winterset IA 50272

Site Address/County 2518 Millstream Ave Winterset IA / MADISON Co
 Legal Description AS ABSTRACT

No. of bedrooms 3 Last occupied? present Records available yes
 Permit/installation date 163-06 Separation distances ok/no? ok
12-19-06

Septic system information

Septic tank(s): size 1500 gal material Concrete condition ok
 Tank pumped? yes date 5-6-20 licensed pumper County Side Septic
 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 pressure size 500 gal condition ok

Distribution system: distribution box yes outlets used 5 condition ok
 Header pipe(s) 1 # of lines _____ Pressure dosed? _____

Secondary treatment:
 length of absorption fields 5 56' determined by County Records
 condition of fields ok - dry determined by probing & Hydraulic
 type of trench material CHAMBER Test

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

Media filters: type _____
 Maintenance contract? _____ expiration date _____ service provider _____
 Condition _____

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



Time of Transfer Inspection Report

Other components:

Alarms yes Working? yes disinfection — working? —

Control box — Timers — inspection ports —

Other components NONE

Overall condition of the private sewage disposal system

Report system status See Attached pages

Explain (attach additional pages as needed): _____

Comments: NOTE: DISTRIBUTION BOX IS LOCATED IN SUCH A PLACE NEAR DRIVEWAY AND IS SHALLOW WOULD BE VERY CAREFUL AS TO NOT DRIVE ON IT

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: [Signature] Date: 5-6-20
 Name (print): BRIAN RICHARDS Certificate #: 8805
 Address: PO BOX 204 NORWALK IA 50211
 Phone #: 202-4895

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. 9th St.
Des Moines, IA 50319

Time of Transfer Report System Status

Address: 2518 Millstream Ave

Date: 5-6-2020

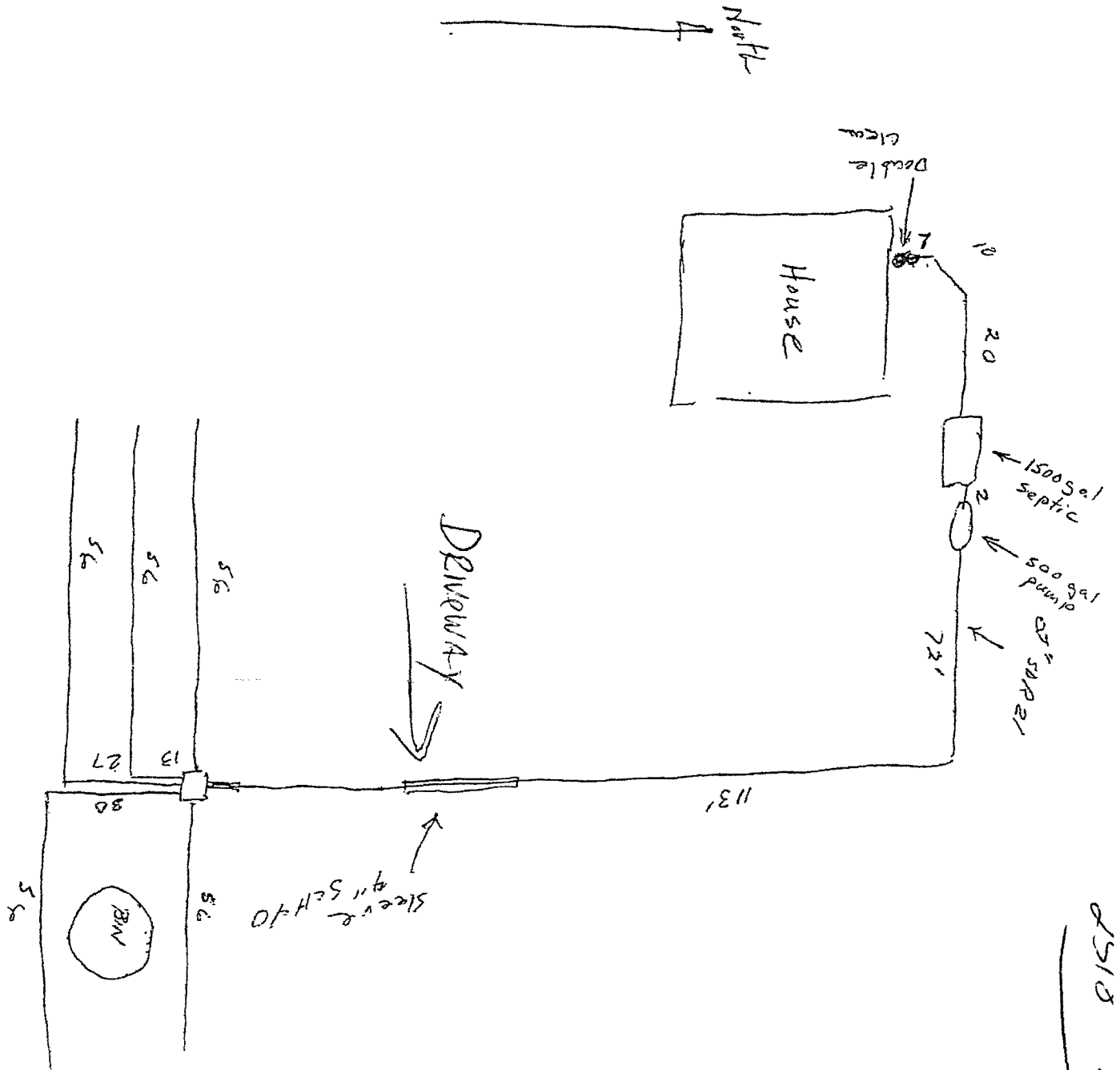
Comments: Winterset IA 50273

Technician: Brian Rinard

ALL WASTEWATER FROM HOUSE DOES APPEAR
TO DRAIN INTO SEPTIC SYSTEM. 1500 GALLON/500
GALLON COMBO TANK. SEPTIC TANK & PUMP TANK
HAS RISERS, SEPTIC TANK HAS EFFLUENT FILTER
BOTH ARE IN GOOD WORKING CONDITION.
CYCLED PUMP SEVERAL TIMES AND TEST ALARM
ALL WORKING AT THE TIME OF INSPECTION
DISTRIBUTION BOX WITH INLET BAFFLE AND
SPEED LEVELERS USED WAS LEVEL AND IN WORKING
CONDITION. ALL LATERALS PROBED DRY - OK.
THIS IS NOT A GUARANTEE. THIS CERTIFIES THAT
THE SEPTIC SYSTEM WAS IN WORKING CONDITION AT
TIME OF INSPECTION.

DIAGRAM OF SYSTEM

See
County
Records



Permit # 163-06
 Francis Carter
 Inspection 12/19/06

2518