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Book 2020 Page 4411 Type 43 001 Pages 6 Date 11/16/2020 Time 10:23:37AM

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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

IRANSF				
Name	Valerie L. Stanfill and Gar	ry Stanfill		
Address	432 Oakwood Ct, Altoona	, IA 50009		
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF	EREE:			
Name	Zachary Royster and Sabri	na Royster		
Address	5480 Torgerson Drive, Des	Moines, IA 50310		
	Number and Street or RR	City, Town or P.O.	State	Zip
	of Property Transferred: zer Road, Earlham, IA 5007	2		
Nur	mber and Street or RR	City, Town or P.O.	State	Zip
X_T T st 2. Solid X_T T	ated below or set forth on an Waste Disposal (check o n here is no known solid waste here is a solid waste disposa	ed on this property. The type(s), lon attached separate sheet, as neceste) e disposal site on this property. al site on this property and informa	essary.	
3. Hazar X TI TI At	Attachment #1, attached to rdous Wastes (check one) there is no known hazardous here is hazardous waste on tachment #1, attached to the rground Storage Tanks (check of the charge of th	waste on this property. this property and information relation is document.	ed thereto is provided	in
<u>X</u> TI sr in: TI	here are no known undergromall farm and residential mostructions.) here is an underground store	ound storage tanks on this property tor fuel tanks, most heating oil tanl age tank on this property. The typ sted below or on an attached sepa	ks, cisterns and septic e(s), size(s) and any k	tanks, in

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
nf	ormation required by statements checked above should be provided here or on separate
	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.
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Si~	gnature: \(\lambda \lambda \la
JIŲ	(Transferor or Agent)
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Addendum

1. A tract of land located in the Northeast Quarter (1/4) of the Northeast Quarter (1/4) of Section Twenty-one (21), Township Seventy-six (76) North, Range Twenty-nine (29) West of the 5th P.M., Madison County, Iowa, more particularly described as follows to wit: Commencing at the Northeast Corner of the Northeast Quarter (1/4) of said Section Twenty-one (21), running thence South Twenty (20) Rods, thence West Twelve (12) Rods, thence North Twenty (20) Rods, thence East Twelve (12) Rods, to the place of beginning EXCEPT Parcel "A" located therein, containing 0.61 acres, as shown in Plat of Survey filed in Land Plat Book 2, Page 445 on March 7, 1994 in the Office of the Recorder of Madison County, Iowa.



Time of Transfer Inspection Report

Property Information

Current Owner:	Vale	rie Stanfil					
Buyer: Zachary and Sabrina Royster			Realtor:	Bob D	uff / Terry Adams	<u> </u>	
Mailing Address:					····		
Site Address/Count	y:	1907 Pitzer R	kd, Earlham IA/ N	Madison County			
Legal Description							
No. of bedrooms: 4		Last occupied:		Current	Records	available:	ye:
Permit/ installation date:		9-5-13	Sepa	aration distances	(ok/no?):	ok	
Septic System Infor	mation						
Septic tank(s):	Size:	1500	Material:	Concrete	Condition:	Good	
Tank pumped?	YUN	Date:	10-23-20	Licensed pumpe	er:	Wiegert	
Septic/Trash/Processing tank: Size:			N	Material:		Condition:	
Tank pumped? □ Y □ N Date				Licensed pumpe	er:		· · · · · · · · · · · · · · · · · · ·
Aerobic treatment u	nit (ATU) r	nfgr				Size	
Tank pumped?	∃Y□N	Date:		Licensed pum	ıper:		
Maintenance contract? □ Y □ N			Expiration date:	Service provider:			
Condition:							
Pump tanks/vaults:	Type:		Size:		Conditi	ion:	
Distribution system	: Distr	ibution box	Plastic	Outlets used	3	Condition:	Good
Head	der pipe(s):	4"sch	40 No. of	lines: 3	Press	ure dosed?	no
Secondary Treatmen	nt:						
Length of absorption fields: 32			0'	Determined by	r: C	County Map	
Condition of fields: Good/ Dry		Good/ Dry		Determined by	: Hydi	raulic test	* * * * * * * * * * * * * * * * * * * *
Type of trench material: 36" cha			nbers		and the second s		
Size of sand filter:				Determined by	7 -		
Vent pipes above grade? ☐ Y ☐ N		ΠΥΠΝ		Discharge pipe	located?	DYDN	
Effluent sample taken				Results:			
Media Filters: T	ype:						
Maintenance contra	ct?	YDN	Expiration date:		Service pro	ovider:	
Condition:						-	
NPDES General Pe	rmit No. 4:	Require	d? □ Y□ N	Permitted?	OYON	NOI provided	l:

4/2010 cmz/dao DNR Form 542-0191



Time of Transfer Inspection Report

Other components:							
Alarms:] Y □ N	Working:	\square Y \square N	Disinfection:	\square Y \square N	Working:	\square Y \square N
Control Box:		Timers:		Inspecti	Inspection Ports:		
Other comp	onents:						
Overall con	dition of the	e private sew	age disposal s	ystem:		ATT 10-1-10-10-10-10-10-10-10-10-10-10-10-10	
Report syste	em status:	Syste	em working pr	operly during the Ins	pection		
Explain (att	ach addition	nal pages as	needed):	Tank is in good	d condition. D	-box is in go	od condition.
Hydraulic t	est was goo	d. All plumb	ing goes to the	septic. Lateral field	was dry.		
Comments:							
Site status a	at conclusion	n of Time of	Transfer inspe	ection:			
 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: Date: 10-26-20						.0-26-20	
Name (prin	t):	Ben Bedwei	11	<u> </u>	Certificate	e #:	11612
Address:	1500	N B St, Ind	ianola IA				
Phone #:	515-	681-2053					
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 Sew 502 E 9th Se Des Moines	t	al Program					

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