



Document 2021 GW2801

Book 2021 Page 2801 Type 43 001 Pages 8
Date 7/07/2021 Time 1:08:59PM
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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name: Steven D. Milligan and Jody Milligan
Address: 32573 Reichert Summerfield Road, Wister, OK 74966

TRANSFeree:

Name: Perry Stover and Susan Stover
Address: 2685 220th Street, Afton, IA 50830

Address of Property Transferred:
2007 305th Street, Winterset, Iowa 50273

Legal Description of Property: (Attach if necessary)

Commencing at a point 292 feet East and 33 feet North of the Southwest corner of the Southwest Quarter (1/4) of the Northwest Quarter (1/4) of Section Fourteen (14), in Township Seventy-four (74) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, which point is on the North right of way line of the public road as now established, running thence North 268 feet, thence East 650 feet, thence South 268 feet, thence W. 650 feet to the point of beginning, containing 4 acres, more or less.

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.

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)

- 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: *One well in the SW corner of the property.*

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

Signature: *Steve Milligan* Telephone No.: *515-468-5124*
(Transferor)



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

Property information

Current owner STEVEN MILLIGAN + JODY MILLIGAN
Buyer PERRY + SUSAN STOVER Realtor
Mailing address 2007 305TH ST, WINTERSET, IA 50273

Site Address/County 2007 305TH ST, WINTERSET, IA MADISON COUNTY
Legal Description Same as address

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

Permit/installation date 8-31-83 Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1000 gal material Cement condition look's ok at this time
Tank pumped? yes date 6-8-2021 licensed pumper ST 455
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 size condition

Distribution system: distribution box Cement outlets used 4 condition look ok at
Header pipe(s) 4 # of lines 4 Pressure dosed? no this time

Secondary treatment:

length of absorption fields 100ft x 4 determined by probe uncovered
condition of fields looks ok at this time determined by probe + grass
type of trench material pipe + rock

Size of sand filter determined by
Vent pipes above grade? discharge pipe located?
Effluent sample taken? no Results

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

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



Time of Transfer Inspection Report

Other components:

Alarms no Working? / disinfection no working? /

Control box no Timers no inspection ports Rizer on tank

Other components _____

Overall condition of the private sewage disposal system

Report system status _____

Explain (attach additional pages as needed): _____

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: 6-8-2021
 Name (print): Allen Akers Certificate #: 1023
 Address: 2204 175th Winterset IA 50273
 Phone #: 515-462-1015

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



MADISON COUNTY
BOARD OF HEALTH
COURT HOUSE
WINTERSSET, IOWA 50273

PHONE
315-462-2636

SEPTIC SEWAGE TREATMENT SYSTEM PERMIT APPLICATION

DATE: May 27, 1983 660141446020000 PERMIT NO. 1103

APPLICANT: Mark Wearne ADDRESS: John Street R.R. #1
(name) (current-house/P.O. Box/street / rural route No.)
515-462-2761 WINTERSSET, IOWA 50273
TELEPHONE NO. 515-961-8802 Indianola, Iowa 50125
(area code - number) (city/town) (zip code)

TENANT: same ADDRESS: R.R. #3 2007 305th St
(name) (building site address)
(current-house/P.O.Box/street / rural route no.)

TELEPHONE NO. Wintersset, Iowa 50273
(area code - number) (city/town) (zip code)

PROPERTY LOCATION: 4 acre parcel, SW $\frac{1}{4}$ NW $\frac{1}{4}$ SECTION 14 TOWNSHIP Monroe
(legal description) (number) (name)

PROPOSED: CHECK ONE
DWELLING: MOBILE HOME: EXISTING: DWELLING: MOBILE HOME:
(size) (size)

NUMBER OF: BEDROOMS: 3 STOOLS: 3 LAV. 3 TUBS: 2 SHOWERS: 2 SINKS: 1 GARB. DISP. 0

PERCOLATION TEST IS REQUIRED BY LICENSED PROFESSIONAL ENGINEER:
Bob Oglesbee for
TAKEN: 5/11/83 BY: Vance & Hochstetler Wintersset, Iowa 50273
(date) (name) (address)

RESULTS: HOLE NUMBER: 1. 20 min./in. 2. 15 min./in. 3. 20 min./in. 4. min./in.
Average: 18 min./in. 4 LATERALS REQUIRED 91 LENGTH OF LATERALS
(number) (feet)

SEEPAGE PIT INFORMATION: FIXTURES TO SERVE CAPACITY OF PIT
(number) (yards)

SEPTIC TANK INFORMATION: DOUBLE COMPARTMENT TANKS REQUIRED: 1-2 Bedroom - 750 gallon
3 bedroom - 1000 gallon 4 bedroom - 1250 gallon 5 bedroom - 1500 gallon

CONTRACTOR: Mark Wearne ADDRESS: LARRY JOHNSON

TELEPHONE NO.

I hereby certify that the above information is correct to the best of my knowledge and said septic sewage treatment system will be installed in accordance with the State Health Department and Madison County Board of Health Rules and Regulations. I further acknowledge that the entire system must remain uncovered for inspection and approval by the County Sanitarian and cannot be put into service until completed.

Date: 8-11-83 Mark Wearne
(applicant's signature)

SEPTIC SEWAGE TREATMENT PERMIT WILL NOT BE ISSUED UNTIL APPROVED PERC TEST REPORT HAS BEEN RECEIVED BY THE LOCAL HEALTH DEPARTMENT.....CONSTRUCTION SHALL NOT BEGIN UNTIL PERMIT HAS BEEN GRANTED AND ISSUED.....

Any deviation from the Rules and Regulations must be submitted and approved by the proper authority. CHECK PAYABLE TO: MADISON CO. TREASURER.

FEES: Septic tank/absorption field of 600 feet of laterals or less. 8/11/83 \$15.00
Septic tank/pump chamber/mound system..... 15.00
Septic tank/double sand filters..... 15.00
Outdoor toilets (sanitary privies) 5.00
Seepage pits (grey water only)..... 1.00

Date inspected: August 31, 1983 By: Jerry K. Irwin
County Sanitarian.

PERCOLATION TEST RESULTS

APPLICANT: Mark Wearne
(name)

ADDRESS: John Street R.R. 1 Indianola, Iowa 50125
(current) (street/RFD) (city/state) (zip code)

TELEPHONE NO: 961-8802 /
(home) (business)

BUILDING SITE: 4 Acre parcel of land in SW $\frac{1}{4}$, NW $\frac{1}{4}$ of Sec. 14-T74N-R28W
(legal description) (township/section)

NUMBER OF BEDROOMS: 3

PERCOLATION TEST:	HOLE NUMBER	MINUTES PER INCH
DATE TAKEN: <u>5/11/83</u>	1	<u>20</u>
BY: <u>Bob Oglesbee</u>	2	<u>15</u>
	3	<u>20</u>
	4	<u>18</u>
AVERAGE:		<u>18</u>

TOTAL NUMBER LINEAL FEET OF ABSORPTION FIELD: 365

NUMBER OF LATERALS REQUIRED: 4

AVERAGE LENGTH OF LATERALS: 91 ft. each (Not to exceed 100 ft.)

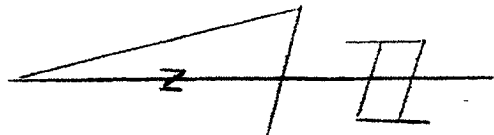
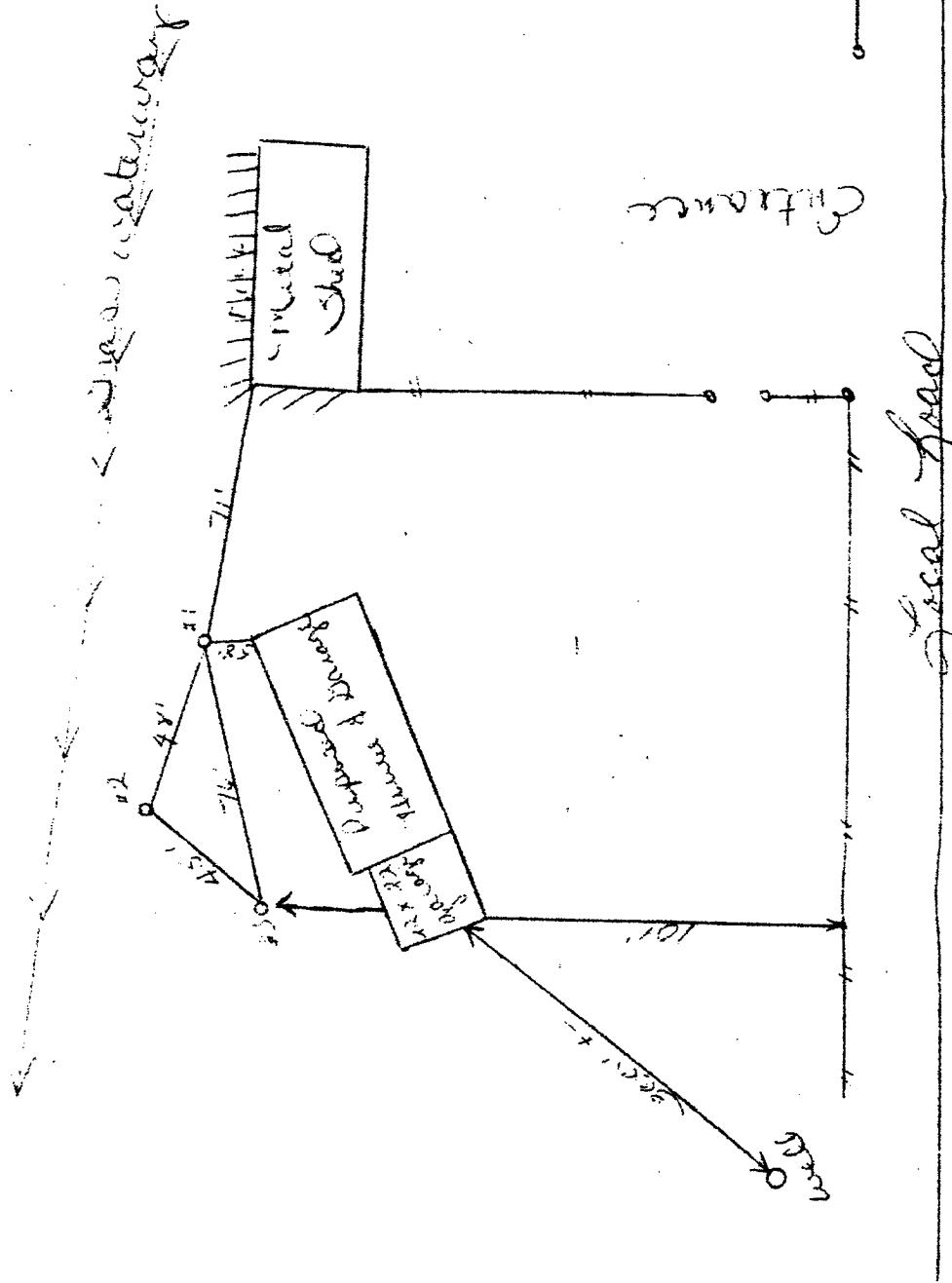
COMMENTS: _____

SEAL:

I HEREBY CERTIFY THAT THIS PLAN, SPECIFICATION, REPORT, MAP, SURVEY OR REPORT WAS PREPARED UNDER MY DIRECT PERSONAL SUPERVISION AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER AND LAND SURVEYOR UNDER THE LAWS OF THE STATE OF IOWA.
SIGNED _____ DATE _____

John W. Herbst 5/12/83
John W. Herbst PE & LS, Iowa Reg. No. 1111

Application of Job #10
 Mark Weems
 May 11, 1983



over

8/31/83 Inspection - G25F2 - 3110

