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INDX
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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 Henry Miller

Address 2620 160Th Van Meter IA 50261
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Michael Smith

Address 418 11th St West Des Moines IA 50265
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

2620 160th St Van Meter IA 50261
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary)

Parcel "G" located in the Fractional Northwest Quarter (1/4) of the Northwest Quarter (1/4) of Section Two (2), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, containing 8.750 acres, as shown in amended Plat of Survey filed in Book 2003, Page 6920 on November 19, 2003, in the Office of the Recorder of Madison County, Iowa.

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.

REM
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- 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:

Well located at southeast corner of property.

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

Signature:  Telephone No.: (515) 770 4620
(Transferor or Agent)



ZD0001-Other List & Offer

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

Property information

Current owner Henry Miller
 Buyer n/a Realtor _____
 Mailing address 2620 160th St, Van Meter n/a

Site Address/County 2620 160th St, Van Meter
 Legal Description _____

No. of bedrooms 4 Last occupied? yes Records available _____

Permit/installation date _____ Separation distances ok/ no?

Septic system information

Septic tank(s): size 2000 gal material Concrete condition working condition
 Tank pumped? YES date 12/6/18 licensed pumper Forest 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 _____ size _____ condition _____

Distribution system: distribution box Plastic outlets used 4 condition working condition
 Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
 length of absorption fields 4x94ft=376ft determined by County record/probe
 condition of fields Laterals 1, 3, and 4 working determined by hydraulic load test/probe
 type of trench material 36" Chambers

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 _____ Working? _____ disinfection _____ working? _____

Control box _____ Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status _____

Explain (attach additional pages as needed): All waste water goes from house to septic. 2000 gal concrete tank with baffles in working condition. The inlet and outlet pipe both sit full of water at working level. Plastic distribution box in working condition. Hydraulic load tested the 4x94ft=376ft 36" Chambers with 300 gal water. Laterals 1, 3, and 4 took water the whole time. Lateral #2 did not take water. Laterals probed dry and clean.

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: Rick Rogers Date: 12/14/18
 Name (print): Rick Rogers Certificate #: 9597
 Address: 401 NE 52nd Ave, Des Moines, IA 50313
 Phone #: 515-745-8352

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

Madison County
Office of Zoning and
Environmental Health

**Authorization to Construct a
Private On-site Wastewater
Treatment System (POWTS)**

112 N. John Wayne Drive
P.O. Box 152
Winterset, IA 50273-0152
Telephone: (515) 462-2636

Permit Number: 2021

Date Issued: August 13, 2001

Issued to: Donald Schlaht & Carla L. Farmer
Address: ~~3935 56th Street~~ 2620 160th St.
Des Moines, Iowa 50310 400070244615000

Legal Description: Parcel G Pt Parcel A NW NW Section 2 T76 R27 Union Twp

POWTS Components Specifications: 2000 gal Lister Tank - 36" Infiltrator 4 @ 94

General Conditions:

1. System must be constructed in conformance with attached system layout, profiles, and cross-sections.
2. Structures must be constructed in conformance with 567 IAC Chapter 69 and the Madison County Environmental Health Regulations.
3. Permit shall be null and void if system is not constructed within six months of permit issuance. The Environmental Health Officer must approve any request for extension of permit.
4. The Environmental Health Officer must approve any design modifications to the permitted system prior to construction.
5. Once constructed, all system components must be uncovered for inspection and the system must be approved before it can be put into operation. Notice for inspection must be received with 24 hours in advance (8 a.m. through 4:30 p.m., Monday - Friday). If weather necessitates the need to cover the system components, then the system owner or contractor must notify and follow the procedures given by the Environmental Health Officer.

Special Conditions:



Environmental Health Representative
Madison County
Office of Zoning and Environmental Health

Application to Construct
Private On-Site Wastewater Treatment
System (POWTS)

Office Use Only					Temp E911:		
Tracking No.	Date Received	Fee Paid	Date Issued	Date Inspected	Date Approved	Section/Township	NPDES Authorization #
2021	8-16-01	CK #91	8-13-01			02 Union	

Application will not be accepted until site and soil analysis/percolation information, and two diagrams of the system layout, profiles and cross-sections have been received; and fee has been paid. For systems requiring an NPDES General Permit #4 (surface discharge), its application must be submitted to this office and appropriate forms recorded before a permit will be issued.

Please Print All Information.

1. Owner Information (Applicant)				2. Contractor Information			
First Name		Last Name		First Name		Last Name	
Donald Schlaht		Carla S Jarmer		Larry Huff			
Address				Address			
3935 - 56 th Street 50310				1996 - 295 th Lane			
City		State		City		State	
Des Moines, IA		IA		Wintersut, IA		50273	
Phone Number (area code)		Fax or E-mail		Phone Number (area code)		Fax or E-mail	
279-6497				462-3569			
3. System Requirement Information				4. Site and Soil Evaluator (Percolation Test)			
LAC CHAPTER 69 DOUBLE COMPARTMENT TANK REQUIRED				PERCOLATION TEST MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT			
Minimum Tank Size Required				Date test taken _____ Test taken by _____			
1-3 Bedroom		1000		Test Results: Hole 1 _____ min/in Hole 2 _____ min/in			
4 Bedroom		1250		Hole 3 _____ min/in Hole 4 _____ min/in			
5 Bedroom		1500		Average _____ min/in Depth of Test Holes _____			
6 Bedroom		1750		Number of Laterals Required _____			
				Length of Laterals Required _____ ft. ea			
5. Type of Submittal		6. Address Information					
<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Repair, Tank <input type="checkbox"/> Repair, Treatment Area <input type="checkbox"/> System Replacement		Location, Number & Street of project (if unknown, indicate nearest road): 160 th Street					
Previous Permit #:		Legal Description: Parcel G Pt. Parcel A NW NW Section 2 T76 R27 Union Twp.					
7. Type of Building (Completed by Owner)							
<input type="checkbox"/> Residential		Number of Bedrooms: 3		<input type="checkbox"/> Commercial/Other Non-Residential		Use:	
Other buildings served by this system: done				<input checked="" type="checkbox"/> Garbage Disposal <input type="checkbox"/> High Water Usage Appliance (i.e. whirlpool bath, water softener) Qty: 2			
Your contractor or system designer should complete the remaining portion of this application.							
8. Primary and/or Mechanical Treatment		Type: Concrete	Manufacturer: Lister	Model:	Size (gal): 2000		
		Type:	Manufacturer:	Model:	Size (gal):		
9. Pump/Siphon		Type:	Manufacturer:	Model:	Dosing Frequency:		
<input type="checkbox"/> Not Applicable							
10. Secondary Treatment Area Type: <input type="checkbox"/> Not Applicable							
Type of Laterals	Number of Laterals	Length of ea. Lateral	Other	Other	Maximum Trench Depth (inches): 24"		
36" Infiltrator	4	99'					
I hereby attest the truth and accuracy of all facts and information presented on this application. Request for inspection of the system must be made 24 hours in advance. Water at the site to test the distribution box must be available. Mechanical systems require use of a free-access sand filter and must be covered by a maintenance agreement, which must be recorded in the Madison County Records Office. Discharge from mechanical systems and sand filters require periodic testing as set forth in IAC Chapter 69 and the results submitted to BOH.						It is unlawful to start construction, reconstruction, or repair of any POWTS prior to issuance of a POWTS permit by the Environmental Health Officer.	
Applicant Signature: <i>Carla S. Jarmer</i>						Date: 8/10/01	

MADISON COUNTY

PERCOLATION TEST REPORT

TEST # _____

SEPTIC PERMIT # _____

Phone No.: _____

Owner: Don Schlant and Carla Farmer Site Address: _____

Lot Size: 8 1/2 Ac. ± Legal Description: PT. NW 1/4 NW 1/4 SEC. 2-76-27 Union Twp.

Lot # / Subdivision and/or 1/4 1/4 Sec. Twp. Range
Installer: 20 spread

Structure: New Existing # Bedrooms: 3

Owner's Current Mailing Address: _____

Time for 1 inch of Water: (Hole No.): 1. 32 2. 21 3. 40 4. 20 5. _____ 6. _____

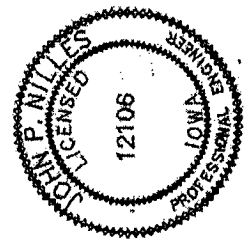
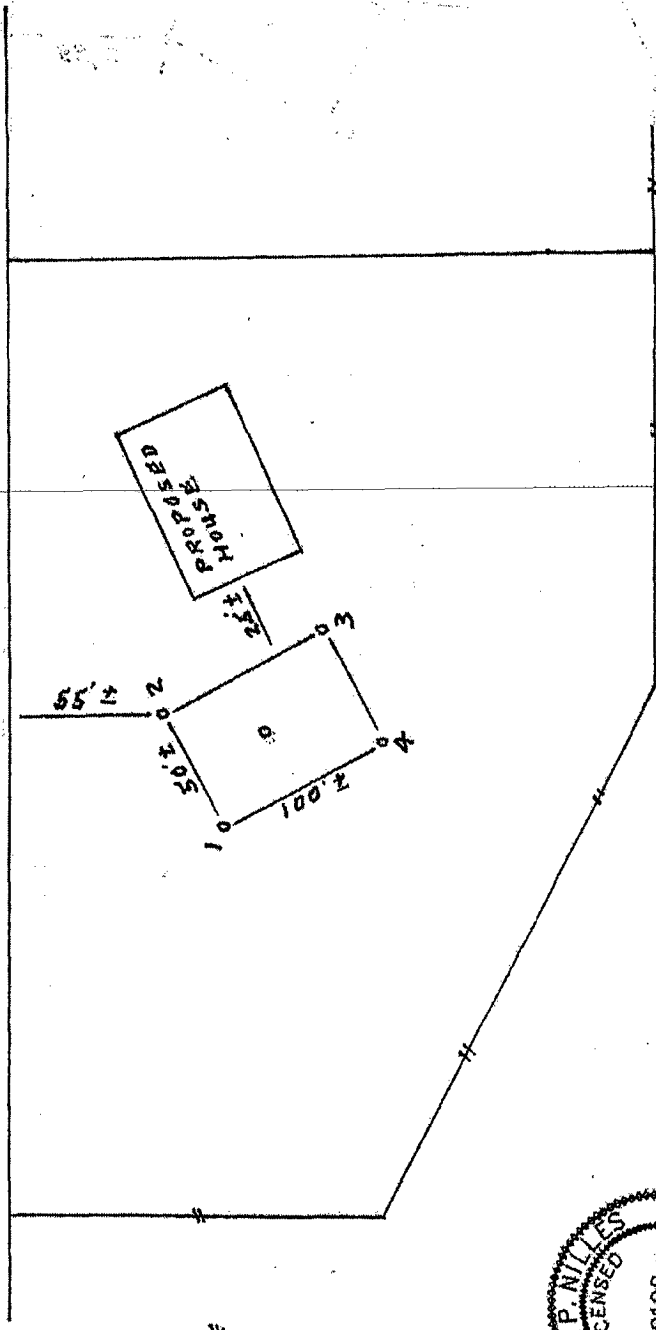
Depth of Hole at Time of Test: 1. 2' 2. 2' 3. 2' 4. 2' 5. _____ 6. _____

Results of 6 foot hole: dry @ 6'

Min. recommended lateral footage per IAC Ch. 69: 400 / 3 bedroom 500 / 4 bedroom Drawing of perc. site below

160TH ST.

No. wells



I hereby certify that this engineering document was prepared by me or under my direct supervision and that I am a duly licensed Professional Engineer under the laws of the State of Iowa.

Signed: John P. Nilles Date: 7/3/01 Reg. No. 12106 Exp. Date: 12/2002
JOHN P. NILLES SURVEYING, INC. 515-965-0123

Permit No 2021
Date of Inspection: 8/24/01
Contractor: Huff

Name: Donald Schlaht & Carla Farwell
Inspected by: Elton Root

Dwelling under construction or moved in Yes No

Setbacks

- Meets required setbacks.
- Rural Water Yes No
 - Private wells/Groundwater heat pump bore holes/suction water lines/lakes
 - Outside required 50-foot setback for tank Yes No
 - Outside required 100-foot setback for laterals Yes No
 - Streams/ponds (25-25 ft)-ditches (10-10 ft) Yes No
 - Indications of water lines under pressure Yes No

Comments: _____

Building Sewer

- Clean outs - one right outside of house Yes No
- location of cleanout inside house and set requirement
- Pipe is sch 40 and has a 4-inch diameter. Yes No
- Grade - has adequate fall. Yes No

Comments: _____

Tank

- Tank, Lister Manufacture Concrete Plastic
- Capacity 2000 -gallon
- Two compartments, both meet the specifications for capacity. Yes No
- Baffle Yes No
- Inlet/Outlet tees are ok. Yes No
- Effluent filter in the outlet. Yes No Manuf. Zabel
- Tank depth.
- Risers Yes No will be
- Lids above grade screwed on Yes No Will be

Comments: _____

Distribution Box

- Brand Tuf-Tite Other _____
- Bedded in cement. Yes No Will be _____
- Has required inlet baffle. Yes No Will be _____
- Outlet levels -are level. Yes No Unknown _____

Comments: _____

Laterals

- Distribution lines: 4 -inch PVC pipe - SDR.
- Distribution lines screwed to laterals. Yes Will be _____
- Lateral used. 3/4" EQ Reduction? Yes No
- Lateral depth 24" Perc depth 24" inches
- Laterals were level. Yes No
- Adequate amount of undisturbed soil between laterals. Yes No
- Between 6' feet between laterals.

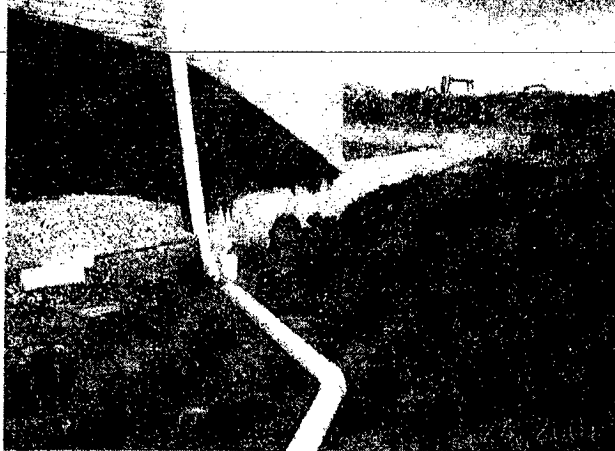
Comments: _____

Permit # 2021 Inspection 8/24/01 Donald Schlaht & Carla Farmer

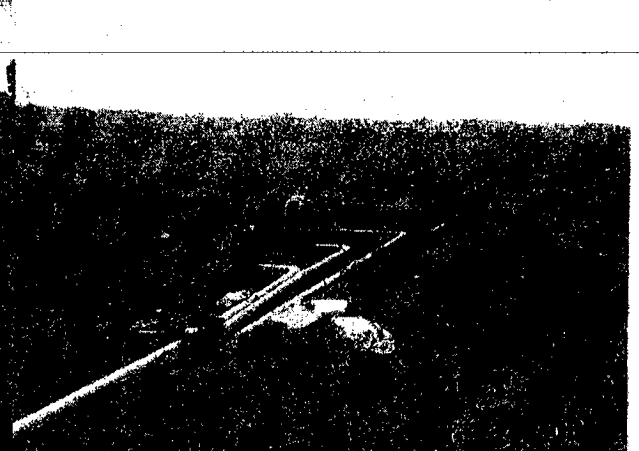


Effluent "T" with Zabel filter

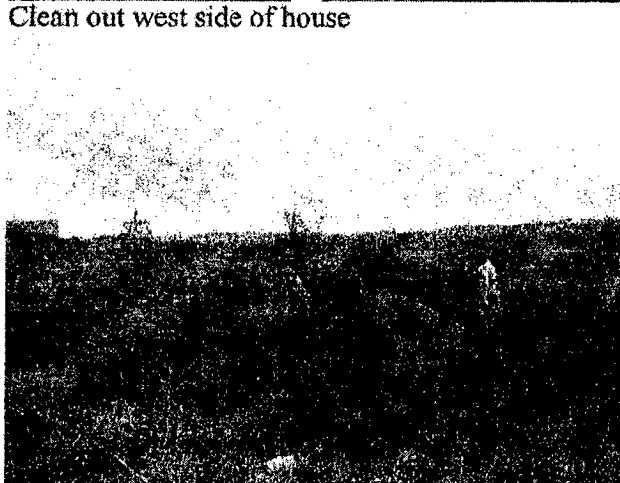
distribution line from house to tank



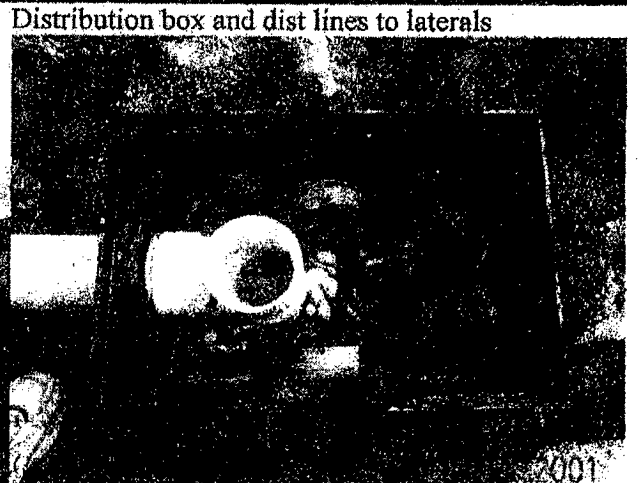
Clean out west side of house



Distribution box and dist lines to laterals



Lateral field looking south



Distribution Box with "T"

North

