



Document 2019 GW4130

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Megan Haynes
Address 3019 220th St, Saint Charles, IA 50240
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Shelly W. Fellner
Address 2117 Warren Ave, Saint Charles, IA 50240
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:
2117 Warren Ave, Saint Charles, IA 50240
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 018-18 repair JOS # 016-18.

Information required by statements checked above should be provided here or on separate sheets attached hereto:

Unused inoperative well. Bottom of front hill at
tree line.

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

Signature: Megan Haynes Telephone No.: 515 3931913
(Transferor or Agent)

Addendum

1. A tract of land commencing at the Northeast Corner of Section Thirty-six (36), in Township Seventy-six (76) North, Range Twenty-six (26) West of the Fifth Principal Meridian, Madison County, Iowa, thence South 00 degrees 00 minutes 00 seconds East along the East line of said Section Thirty-six (36), 2150.42 feet to the point of beginning, thence South 90 degrees 00 minutes 00 seconds West, 414.0 feet to a point, thence South 00 degrees 00 minutes 00 seconds East 210.43 feet to a point, thence South 90 degrees 00 minutes 00 seconds West along said East line 210.43 feet to the point of beginning said Parcel containing 2.0 acres more or less subject to existing road right of way and easements thereon, if any.
Subject to all building restrictions and easements of record.

AND

Commencing at the Northeast Corner of Section 36, Township 76 North, Range 26 West of the 5th Principal Meridian, Madison County, Iowa; thence South 00°00'00" 2,360.85 feet along the section line to the point of beginning. Thence continuing South 00°00'00" 100.00 feet, thence North 64°12'54" West 229.89 feet; thence North 90°00'00" East 207.00 feet to the point of beginning. Said parcel contains 0.238 acres.

AND

Commencing at the East Quarter Corner of Section 36, T76N, R26W of the 5th P.M., Madison County, Iowa; thence along the East line of the NE 1/4 said Section 36, North 00°00'00", 206.37 feet; thence North 64°12'54" West, 459.78 feet to the point of beginning. Thence North 00°00'00", 426.08 feet; thence North 90°00'00" West, 122.68 feet; thence South 00°00'00", 426.08 feet; thence South 90°00'00" East, 122.68 feet to the point of beginning. Said parcel of land contains 1.200 acres.

LESS AND EXCEPT

Commencing at the Northeast Corner of Section 36, Township 76 North, Range 26 West of the 5th Principal Meridian, Madison County, Iowa; thence South 00°00'00" 2,360.85 feet along the section line, thence continuing South 90°00'00" West, 207.00 feet to the point of beginning. Thence North 64°12'54" West 229.89 feet; thence South 00°00'00" 100.00 feet; thence North 90°00'00" East 207.00 feet to the point of beginning. Said parcel contains 0.238 acres.



Time of Transfer Inspection Report

Property Information

Current Owner: Mark & Sandy Tomlinson
 Buyer: Megan Haynes Realtor: NA
 Mailing Address: 4895 N.W. 53rd Ct. Des Moines IA, 50310
 Site Address/County: 2117 Warren Ave. St. Chas Ia, 50240
 Legal Description As Abstract
 No. of bedrooms: 3 Last occupied: occupied Records available: Y N
 Permit/ installation date: _____ Separation distance (ok/no?): _____

Septic System Information

Septic tank(s): Size: 1000 gal Material: Concrete/Poly Condition: good
 Tank pumped? Y N Date: 11-5-17 Licensed pumper: Forest Septic Env.
~~Septic/Trash/Processing tank: Size: _____ Material: _____ Condition: _____
 Tank pumped? Y N Date: _____ Licensed pumper: _____
 Aerobic treatment unit (ATU) mfg: _____ Size: _____
 Tank pumped? Y N Date: _____ Licensed pumper: _____
 Maintenance contract? Y N Expiration date: _____ Service provider: _____
 Condition: _____
 Pump tanks/vaults: Type: Concrete/Poly Size: _____ Condition: _____
 Distribution system: Distribution box 405 Outlets used 4 Condition: poor
 Header pipe(s): _____ No. of lines: _____ Pressure dosed? _____~~

Secondary Treatment:

Length of absorption fields: 4 75' laterals Determined by: probing
 Condition of fields: good / dry Determined by: Hydraulic Test and Probing
 Type of trench material: 8" rockless pipe
 Size of sand filter: _____ Determined by: _____
 Vent pipes above grade? Y N Discharge pipe located? Y N
 Effluent sample taken _____ Results: _____
 Media Filters: Type: _____
 Maintenance contract? Y N Expiration date: _____ Service provider: _____
 Condition: _____
 NPDES General Permit No. 4: Required? Y N Permitted? Y N NOI provided: _____



Time of Transfer Inspection Report

Other components:

Alarms: Y N Working: Y N Disinfection: Y N Working: Y N

Control Box: _____ Timers: _____ Inspection Ports: _____

Other components: _____

Overall condition of the private sewage disposal system:

Report system status: Concrete Distribution Box is deteriorated

Explain (attach additional pages as needed): boyard repair

Comments: _____

repaired permit # 018-18 TB.

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: *Tyler Forest* Date: 4-17-18

Name (print): Tyler Forest Certificate #: 10041

Address: PO Box 369, Norwalk, IA 50211

Phone #: 515-202-4897

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

DNR Time of Transfer Report System Status

Address: 2117 Warren Ave. Date: 4-17-18
St. Chas, Ia, 50240

Technician Tyler Forest

All waste water from house drains to septic system. Yes No

Remarks: _____

The tank is a Poly Concrete 1000 gallon tank. In good condition. Yes No

Remarks: _____

The distribution box is in good condition. Yes No None

Remarks: Badly deteriorated

The laterals are in good condition. Yes No None

Remarks: _____

This is not a guarantee!

This certifies that the septic system was in good working condition at the time of the inspection.

This certifies the condition of the septic system at the time of the inspection.

DIAGRAM OF SYSTEM

2117 Warren Avenue
St. Charles, Va 50240

