

Document 2021 GW5093

Book 2021 Page 5093 Type 43 001 Pages 6 Date 12/15/2021 Time 10:30:17AM

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INDX ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

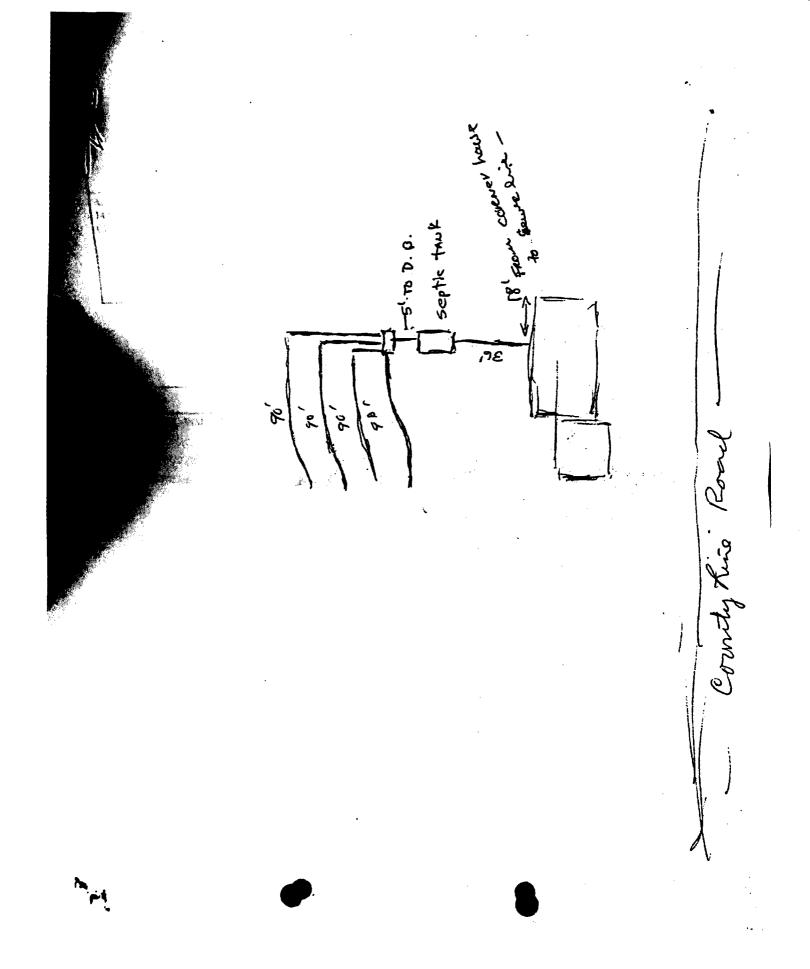
TO BE COMPLETED BY TRANSFEROR

TRANSFER	OR:						
Name	Adam Daniel Wiegert and April R. Wieger	rt					
Address	2941 Main St. Churchville, IA 50212						
	Number and Street or RR	City, Town or PO	State	Zip			
TRANSFERI	TRANSFEREE:						
Name	Amanda Kay Minella and Vic S Minella						
Address	3204 SE 25th St. Des Moines, IA 50320						
	Number and Street or RR	City, Town or PO	State	Zip			
Address of	Property Transferred:						
1477 Wa	arren Ave. Cumming, IA 50061-8516						
Number and S	Street or RR	City, Town or PO	State	Zip			
Legal Descr	ription of Property: (Attach if necessary)						
See Add	lendum						
 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. 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. 							

	anai site (check one)
	ere are no known private burial sites on this property.
☐ Th	ere is a private burial site on this property. The location(s) of the site(s) and known identifying information of the
	edent(s) is stated below or on an attached separate sheet, as necessary.
	wage Disposal System (check one)
∐ All	buildings on this property are served by a public or semi-public sewage disposal system.
Thi	s transaction does not involve the transfer of any building which has or is required by law to have a sewage
, dis	posal system.
∑ The	re is a building served by private sewage disposal system on this property or a building without any lawful
	rage disposal system. A certified inspector's report is attached which documents the condition of the private
sev	rage disposal system and whether any modifications are required to conform to standards adopted by the
De	partment of Natural Resources. A certified inspection report must be accompanied by this form when recording.
☐ The	re is a building served by private sewage disposal system on this property. Weather or other temporary physical
	ditions prevent the certified inspection of the private sewage disposal system from being conducted. The buyer
	executed a binding acknowledgment with the county board of health to conduct a certified inspection of the
	ate sewage disposal system at the earliest practicable time and to be responsible for any required modifications
-	he private sewage disposal system as identified by the certified inspection. A copy of the binding
	nowledgment is attached to this form.
	re is a building served by private sewage disposal system on this property. The buyer has executed a binding
	nowledgment with the county board of health to install a new private sewage disposal system on this property
	nin an agreed upon time period. A copy of the binding acknowledgment is provided with this form.
_	re is a building served by private sewage disposal system on this property. The building to which the sewage
	cosal system is connected will be demolished without being occupied. The buyer has executed a binding
	nowledgment with the county board of health to demolish the building within an agreed upon time period. A
	y of the binding acknowledgment is provided with this form. [Exemption #9]
	property is exempt from the private sewage disposal inspection requirements pursuant to the following
	mption [Note: for exemption #9 use prior check box]:
The 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:
SF C	of a selection will that is to associate
3 CO1	ner of property has well that is not operable
I HEREBY DE	CLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED
ABOVE IS TR	UE AND CORRECT.
	/ / //
C: 4	14 W/2 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Signature:	Telephone No.: 515 229 1120

LEGAL DESCRIPTION

A tract of land located in the Southeast Quarter (1/4) of the Southeast Quarter (1/4) of Section 25, Township Seventy-seven (77) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, more particularly described as follows: Commencing at the Northeast Corner of the Southeast Quarter (1/4) of the Southeast Quarter (1/4) of said Section Twenty-five (25), running thence South 38 rods, thence in a Northwesterly direction approximately 27 rods to a point 20 rods South of the North line of said Southeast Quarter (1/4) of the Southeast Quarter (1/4) thence North 20 rods to said North line, thence East approximately 21 rods to the point of beginning, and containing approximately 3.8 acres.





Time of Transfer Inspection Report

	Other components: Alarms Working? disinfection working?
	Control box inspection ports
	Other components
	Overall condition of the private sewage disposal system
Pu	Report system status This is an older Septic System In at 1975 Explain (attach additional pages as needed): TANK & Laterals are In fair Condition, ran Hydrolic weter te Comments: Gallons, This septic system w working at this time of Inspection
	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: Mike Fallian Date: 11-10-21 Name (print): MIKE HARKIN Certificate #: 9450 Address: 3311 140th St Cumming Io wa 50061 Phone # 515-360-0399
	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. 9 th St. Des Moines, IA 50319
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Time of Transfer Inspection Report (DNR Form 542-0191)

Property information
Current owner ADAM Wiegort
Current owner ADAM WIEGOT Buyer VIC + AMANDA MINElla Realtor Megan O'L Cary Mailing address 1477 Warren Ave Cumming Ta 50061
Mailing address 14/1 Warrert Hoe Com ming 10 50001
Site Address/County 1477 Warren AVE Cumming Ta 50061 Legal Description
No. of bedrooms 3 Last occupied? Still Records available 45
Permit/installation date 683 Separation distances (ok/no?
Septic system information
Septic tank(s): size 1000 material Concrete condition fair Tank pumped? Les date 11-10-21 licensed pumper Wreger 737 Septic/trash/processing tank: size material condition
Septic/trash/processing tank: size material condition Tank pumped? date licensed pumper
Aerobic treatment unit (ATU) mfgr size Tank pumped? date licensed pumper
Maintenance contract? expiration date service provider Condition
Pump tanks/vaults: type size condition
Distribution system: distribution box <u>Alastr</u> Coutlets used <u>4</u> condition <u>Fair</u> Header pipe(s) <u>4 CS</u> # of lines <u>4</u> Pressure dosed? <u>NO</u>
Secondary treatment: length of absorption fields 40 90' determined by Drobe
condition of fields <u>favr</u> type of trench material <u>Rock+ pipe</u> determined by <u>Drobe + Hydrolic</u> water type of trench material <u>Rock+ pipe</u>
type of trench material Rock+ Pipe '+es+
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
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