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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Jana S. Corkrean

Address 2906 N. 8th Avenue, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Leonard H. Holt and Dixie L. Holt

Address 2824 N. 8th Avenue, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

2906 N. 8th Avenue, Winterset, IA 50273

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 _____.

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

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

Signature: _____

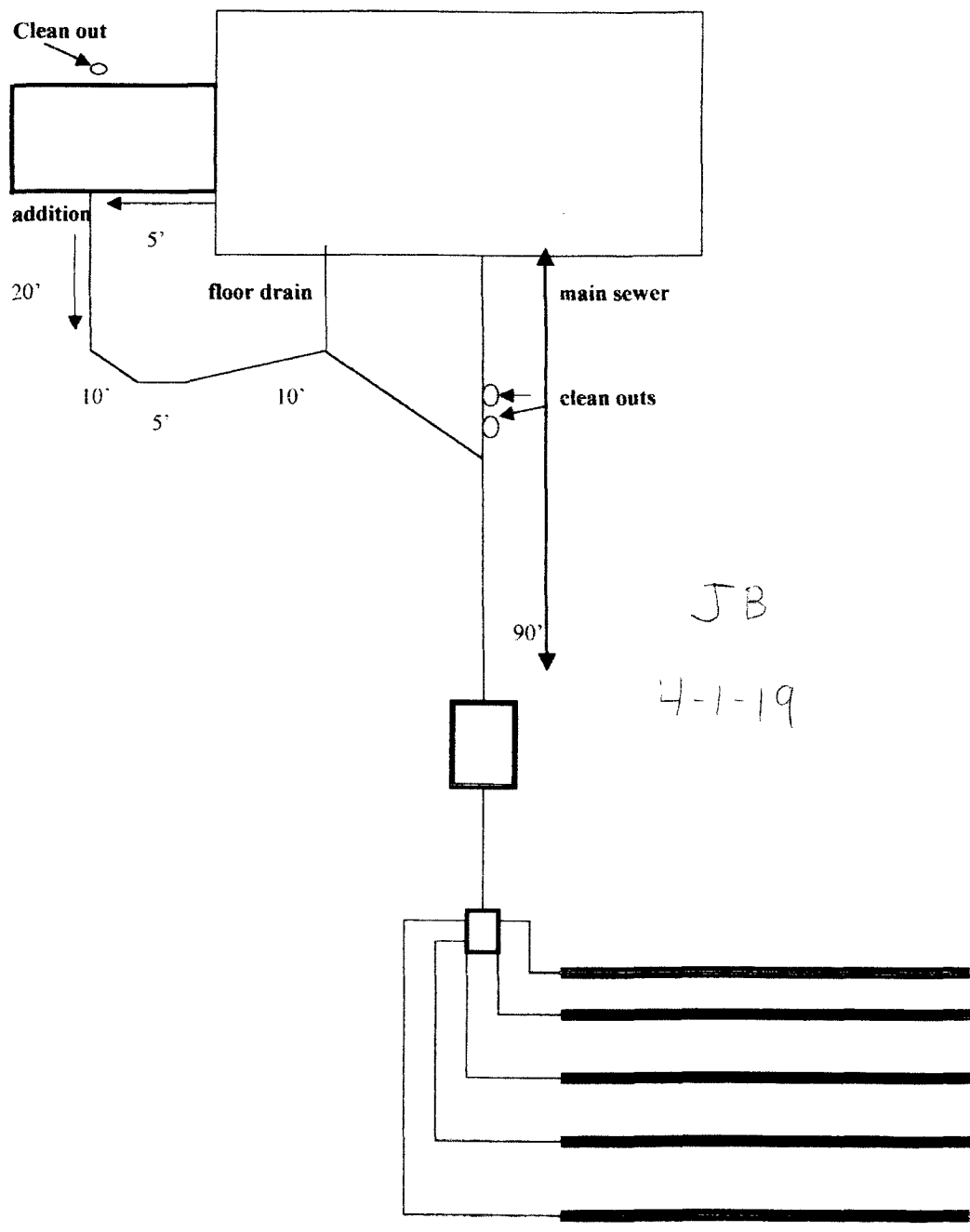
(Transferor or Agent)

Telephone No.: _____

515-468-8367

Addendum

1. A tract of land located in the South Half (1/2) of the Southwest Quarter (1/4) of Section Twenty-four (24), Township Seventy-six (76) North, of Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, more particularly described as follows to-wit:
Commencing at the Northeast corner of the West Half (1/2) of the Southeast Quarter (1/4) of the Southwest Quarter (1/4) of said Section Twenty-four (24), and running thence West 50 rods, thence South 47 rods, thence East 22 rods, thence South 29 rods, thence East 28 rods, thence North 76 rods to the Point of Beginning; EXCEPT a tract of land located in the West Half (1/2) of the Southeast Quarter (1/4) of the Southwest Quarter (1/4) of said Section Twenty-four (24), containing 0.100 acres, as shown in Plat of Survey filed in Book 2, Page 291 on February 18, 1992, in the Office of the Recorder of Madison County, Iowa,



JB
4-1-19

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: none

Overall condition of the private sewage disposal system: Good

Report system status: System was working properly on day of inspection.

Explain (attach additional pages as needed): System handled hydraulic test
and was dry when inspected.

Comments: Interior plumbing all goes to septic system.

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: Joe Bedwell Date: 4-1-19

Name (print): Joe Bedwell Certificate #: 10974

Address: 1310 East Clinton Avenue Indianola IA 50425

Phone #: 515-681-5885

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

Time of Transfer Inspection Report

Property Information

Current Owner: Jana Corkrean
 Buyer: _____ Realtor: _____
 Mailing Address: Same
 Site Address/County: 2906 N 8th Avenue Winterset IA 50273
 Legal Description: LOT 3 STover ADD Plat 1
 No. of bedrooms: 4 Last occupied: Current Records available: Yes
 Permit/ installation date: 11-01-01 Separation distances (ok/no?): OK

Septic System Information

Septic tank(s): Size: 1500 gal Material: Concrete Condition: good
 Tank pumped? ☒ Y ☐ N Date: 4-1-19 Licensed pumper: St-237
 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: _____ Size: _____ Condition: _____
 Distribution system: Distribution box Plastic Outlets used 5 Condition: good
 Header pipe(s): 5 No. of lines: 5 Pressure dosed? no
 Secondary Treatment:
 Length of absorption fields: 5 @ 100' Determined by: map, measuring, probe
 Condition of fields: good, dry Determined by: hydraulic test, probe
 Type of trench material: Chambers
 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: _____