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Book 2018 Page 3572 Type 43 001 Pages 6

Date 11/05/2018 Time 10:31:41AM

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INDX  
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SCAN

LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

CHEK

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

**TRANSFEROR:**

Name Theresa E. Corrigan

Address 3331 144th Ct., Cumming, IA 50061

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Heather L. MacLennan and Michael A. Buban

Address 1120 31st St., West Des Moines, IA 50266

Number and Street or RR

City, Town or P.O.

State

Zip

**Address of Property Transferred:**

3331 144th Ct., Cumming, IA 50061

Number and Street or RR

City, Town, or P.O.

State

Zip

Legal Description of Property: (Attach if necessary)

See Attached "Legal Description"

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**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:**

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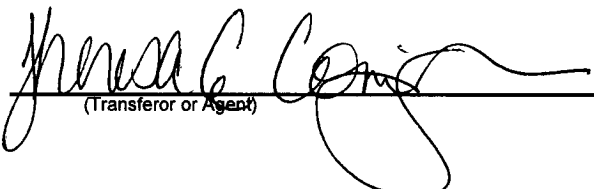


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**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature:   
(Transferor or Agent)

Telephone No.: (515) 229-2018

LEGAL DESCRIPTION

Lot Thirteen (13) of WALNUT COVE ESTATES SUBDIVISION, PLAT NO. 2, located in the Northwest Quarter (1/4) of Section Twenty-five (25), Township Seventy-seven (77) North, Range Twenty-six (26) of the 5<sup>th</sup> P.M., Madison County, Iowa.



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

Property information

Current owner Brett and Theresa Corrigan  
Buyer \_\_\_\_\_ Realtor Stacey Carpenter  
Mailing address \_\_\_\_\_

Site Address/County 3331 144 court, Cumminy, IA / Madison  
Legal Description \_\_\_\_\_

No. of bedrooms 5 Last occupied? Current Records available \_\_\_\_\_

Permit/installation date 8-8-12 Separation distances  no? \_\_\_\_\_

Septic system information

Septic tank(s): size 2000 gal material concrete condition good  
Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_  
Septic/trash/processing tank: size \_\_\_\_\_ material \_\_\_\_\_ condition \_\_\_\_\_  
Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_

Aerobic treatment unit (ATU) mfr \_\_\_\_\_ size \_\_\_\_\_  
Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_  
Maintenance contract? \_\_\_\_\_ expiration date \_\_\_\_\_ service provider \_\_\_\_\_  
Condition \_\_\_\_\_

Pump tanks/vaults: type plastic size 300 condition good

Distribution system: distribution box yes outlets used 6 condition good  
Header pipe(s) 4" sch 40 # of lines 6 Pressure dosed? No

Secondary treatment:  
length of absorption fields 100' x 6 determined by Map  
condition of fields good determined by inspection  
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 Worksheet

Other components:

Alarms X Working? yes      disinfection \_\_\_\_\_ working? \_\_\_\_\_

Control box X      Timers \_\_\_\_\_      inspection ports \_\_\_\_\_

Other components \_\_\_\_\_  
\_\_\_\_\_

#### Overall condition of the private sewage disposal system

Report system status System working properly at Inspection

Explain (attach additional pages as needed): House septic tank good, D-box good, garage pump tank good.

Comments: Hydrolic test good, all plumbing is running into septic system, Lateral field dry.

#### 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: Ben Beedwell      Date: ~~9-8-18~~ 9-8-18  
 Name (print): Ben Beedwell      Certificate #: 11612  
 Address: 1106 North St, Unit 42, Indianola, IA, 50125  
 Phone #: 515-681-2053

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office in the county the inspection was conducted and to;

Permit No 018-12  
Date of Inspection: 8-8-12  
Contractor: Larry Huff

Name: Theresa Corrigan  
3331 - 144<sup>th</sup> Street  
Inspected by: Jean Thompson

