

Book 2019 Page 3948 Type 43 001 Pages 2 Date 12/12/2019 Time 12:35:45PM

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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

Name		ocable Trust under Agr	reement dated O	ctober 6, 19	93	
Address_1	4724 Glendale Rd.	Minnetonka	_		55345	
	Number and Street or RR	CI	ly, Town or P.O.	State	Zip	
TRANSFI	EREE:					
Name_M	att and Kari Clark					
Address _	1008 Schulte Rd.	St. Louis	MO		63146	
Number and Street or RR		City, Town	State		Zlp	
Address	of Property Transferred	<b>:</b>				
Rural Route			Madison County		IA	
Number and Street or RR		City, To	City, Town, or P.O.		State	Zap
stat 2. <b>Solid V</b> ∑The ☐The	re is a well or wells situated below or set forth on a Vaste Disposal (check one is no known solid waste is a solid waste disposechment #1, attached to the	an attached separate one) te disposal site on thi al site on this proper	sheet, as necessors property.	essary.		
3. Hazard ∑The ☐The	lous Wastes (check one re is no known hazardous re is hazardous waste on chment #1, attached to the	<ul><li>b)</li><li>s waste on this prope</li><li>this property and inf</li></ul>		d thereto is	provided in	ı
The sma inst	ground Storage Tanks ( re are no known undergro Ill farm and residential mo ructions.)	ound storage tanks of otor fuel tanks, most	heating oil tank	s, cistems	and septic to	anks, in
	re is an underground stol stance(s) contained are li					

	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
Ł	necessary. Private Sewage Disposal System (check one)
٠.	
	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.
	<ul> <li>☐ 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.</li> <li>A copy of the binding acknowledgment is attached to this form.</li> <li>☐ There is a building served by private sewage disposal system on this property. The buyer</li> </ul>
	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]
	<ul> <li>☐ This property is exempt from the private sewage disposal inspection requirements pursuant to the following exemption [Note: for exemption #9 use prior check box]:</li> <li>☐ The private sewage disposal system has been installed within the past two years pursuant to</li> </ul>
	permit number
	formation required by statements checked above should be provided here or on separate neets attached hereto:
_	
_	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Si	gnature: Oillan S. Hos Grobe Telephone No.: (954) 451. 5/20