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LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

	TO E	BE COMPLETED BY TRANSFEROR	JOINILMENT		
TRANSF					
Name	Randy D. Gamble and Jul	ie A. Gamble			
Address	2429 Hiatt Apple Trail, Winterset, IA 50273				
	Number and Street or RR	City, Town or P.O.	State	Zip	
TRANSF	EREE:				
Name	Audrey Eshelman				
Address	5276 NE 88th, Altoona, IA 50009				
	Number and Street or RR	City, Town or P.O.	State	Zip	
Address of IA	of Property Transferred:				
Nur	nber and Street or RR	City, Town or P.O.	State	Zip	
1. Wells X TI st 2. Solid X TI in 3. Hazar X TI At 4. Under	(check one) nere are no known wells situated below or set forth on a Waste Disposal (check onere is a solid waste disposal ere is a solid waste disposal ere is a solid waste disposal ere is no known solid waste dous Wastes (check one here is no known hazardous waste or tachment #1, attached to the ground Storage Tanks (check one ground Storage Tanks)	tuated on this property. ted on this property. The type(s), locan attached separate sheet, as neces ne) te disposal site on this property. sal site on this property and information this document.) s waste on this property. In this property and information related	ation(s) and legal stat sary. on related thereto is p	us are	
sn in: Ti	nall farm and residential mostructions.) nere is an underground sto	ound storage tanks on this property. otor fuel tanks, most heating oil tanks trage tank on this property. The type(s, cisterns and septic t (s), size(s) and any kn	anks, in lown	

5.	Private Burial Site (check one)
	X 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)
v.	All buildings on this property are served by a public or semi-public sewage disposal system.
	X 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
In	formation required by statements checked above should be provided here or on separate
	neets attached hereto:
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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.
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
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Si	gnature: Telephone No.: (515) 689-1469