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INDX ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENTTO BE COMPLETED BY TRANSFEROR

| TRA | NSI | FEROR: | | | | | | |
|-----|--|---|---------------------------------------|--------------------|-------------------|--|--|--|
| Nan | ne <u>F</u> | lomes by Fleetwood, LLC | | | | | | |
| Add | ress | 475 S 50th St Ste 100 Number and Street or RR | West Des Moines City, Town or P.O. | IA State | 50265 Zip | | | |
| TRA | ANSI | FEREE: | | | | | | |
| Nan | ne <u>C</u> | Cody Dean Buttler | | | | | | |
| Add | lress | 609 W Hutchings St Number and Street or RR | Winterset City, Town or P.O. | IA State | 50273 Zip | | | |
| Add | lress | of Property Transferred: | | | | | | |
| | | h Tree Dr Number and Street or RR | Winterset City, Town or P.O. | IA State | 50273 Zip | | | |
| 1. | 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. | | ardous Wastes (check one) There is no known hazardous waste There is hazardous waste on this p attached to this document. | · · · | nereto is provided | in Attachment #1, | | | |
| 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 ta contained are listed below or on an a | | | nown substance(s) | | | |

| 5. | Priv | rivate Buriał 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. | Pri | ate Sewage Disposal System (check one) | | | | |
| | U | 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 | | | | |
| | | ation required by statements checked above should be provided here or on separate sheets ad hereto: | | | | |
| | | | | | | |
| I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM | | | | | | |
| AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT. | | | | | | |
| Sig | gnati | ure: Acceptant Telephone No.: (5/5) 327-1700 | | | | |

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

| a. | Solid Waste Disposal (check one) | | | | | |
|--|----------------------------------|--|--|--|--|--|
| | | There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous. | | | | |
| | | There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary. | | | | |
| b. | Ha | zardous Wastes (check one) | | | | |
| | | There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules. | | | | |
| | | There pazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined. | | | | |
| Fu | rthei | descriptive information: | | | | |
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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. | | | | | | |
| | | Alice Both | | | | |
| Si | gnat | ure: Telephone No.: 615, 327-1700 | | | | |