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CHEK

LISA SMITH, COUNTY RECORDER

MADISON COUNTY IOWA

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

TRANSF	EROR:			
Name	Daryn L. Behlers and Cynthia L. Ame	eodeo-Behlers		
Address	719 West Washington Street	Winterset	IA IA	50273
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF	EREE:			
Name	Aaron E. Beechy and Ruby J. Beech	y		· · · · · · · · · · · · · · · · · · ·
Address	719 West Washington Street	Winterset	IA	50273
	Number and Street or RR	City, Town or P.O.	State	Zip
Address	of Property Transferred:			
719 West W	ashington Street	Winterset	IA	50273
Nur	nber and Street or RR	City, Town or P.O.	State	Zip
2. Solid TI TI TI TI TI TI At 4. Under	ated below or set forth on an Waste Disposal (check one here is no known solid waste here is a solid waste disposal Attachment #1, attached to dous Wastes (check one) here is no known hazardous here is hazardous waste on tachment #1, attached to this ground Storage Tanks (chere are no known underground storage tanks)	ed on this property. The type(s), lot attached separate sheet, as necestable disposal site on this property. It site on this property and informations document. Waste on this property. this property and information relates document.	essary. tion related thereto is ed thereto is provided . (Note exclusions s	s provided d in uch as
T	nere is an underground stora	nge tank on this property. The type ted below or on an attached separ		

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
	neçessary.
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
	pormit name of
Inf	ormation required by statements checked above should be provided here or on separate
	eets attached hereto:
311	cets attached hereto.
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	LUCDEDV DEGLADE THAT LUAVE DEVIEWED THE INSTRUCTIONS FOR THIS FORM
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
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Sic	nature: Cypitha Iffrede Behlers Telephone No.: 515 419 3924
•	(Transferor or Adjust)
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