

Document 2021 GW4288

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DNR form 542-0960 (July 18, 2012)

INDX ANNO **SCAN**

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRAN	SFER - GROUNDWA	TER HAZARD STATEMENT
TO B	E COMPLETED BY T	RANSFEROR

	EROR:			
Name	Dale H. Wearmouth and Ava D	. Wearmouth	10-7-1-4-4-1-1-1	
Address	1715 W. Prairie Street, Apt.			
me A NIGH	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF		talana D. Halmanadh		
Name	Katherine A. Holzworth and Mi	icnaei P. Holzworth		
Address	2280 220th Avenue, Cummin	ng IA 50061		
	Number and Street or RR	City, Town or P.O.	State	Zip
	of Property Transferred: h Street, Lorimor, IA 50149			
Legal Des	Number and Street or RR scription of Property: (Attach	City, Town or P.O. if necessary)	State	Zip
The East	scription of Property: (Attach t Half (½) of the Southeast		nty-four (24), To	wnship
The East Seventy-i	scription of Property: (Attach t Half (½) of the Southeast	if necessary) Quarter (1/4) of Section Twen	nty-four (24), To	wnship

FILE WITH RECORDER

4. Underground Storage Tanks (check one) x 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) 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) 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. X 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 .

• Attachment #1, attached to this document.

Information required by statements checked above should be provided here or on separate sheets attached hereto:

One (1) inactive well is located North of the dwelling unit. The well has a fence around it.

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

Signature: Ava D. Wearmouth, Transferor (Transferor or Agent)

Telephone No.: (515) 975-9562



IOWA DEPARTMENT of NATURAL RESOURCES TIME OF TRANSFER INSPECTION WAIVER BINDING AGREEMENT for FUTURE INSTALLATION 542-0064

This agreemen	nt is entered	l into this	15th	_ day of	October	-		,20	21	by and	
between the	Madison			County B	Board of	Health a	and	Michael	Holzwor	th	
It is understoo system on all p			-		-			•	sewage	e disposal	
The property l	ocated at	1599 320th	St., Lorimo	or		, Io	wa is	subjec	t to the i	nspection,	
and the buyer	Michael Ho	lzworth 515-	274-0279	holzfarm@	aol unc	derstand	s the	re is no	t an ade	equate privat	te
sewage dispos	al system s	erving this	property	.							
It is hereby agi code complian											ve
the property a	nd shall be	completed	no later	than 1st	·	day of	April			, 20 22	
Dated the 15th	h day HU BOYEF	will	r		,20 21	Rous Coun	TY BO	Ku DARD O		TH or	
This instrumer	nt was ackn	owledged l	oefore m	e on	Clok	AUTHO 200	15 15	D REPI	RESENT.	20 <u>2/</u>	
<i>§</i>	Commission My Cor	NA BURK ion Number 831 inmission Expire	417	by		Tina	Bu	otary Pi	ublic		