

Document 2023 GW1453

Book 2023 Page 1453 Type 43 001 Pages 3 Date 6/23/2023 Time 12:45:11PM

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BRANDY MACUMBER, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

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Name: Ham Family Trust, a Revocable Living Trust

Address: c/o Roland L. Ham and Shirley J. Ham, 2343 250th Street, Winterset, IA 50273

TRANSFEREE:

Name: Joshua W. Mullins

Address: 1894 Macksburg Road, Lorimor, IA 50149

Address of Property Transferred:

2451 Prairieview Avenue, Winterset, IA 50273

Legal Description of Property: (Attach if necessary)

A tract of land in the Northeast Quarter (%) of the Southeast Quarter (%) and in the Southeast Quarter (%) of the Northeast Quarter (%) of Section Sixteen (16), Township Seventy-five (75) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, containing 3.000 acres, as shown in Plat of Survey filed in Book 2, Page 128 on September 20, 1988, in the Office of the Recorder of Madison County, Iowa.

1.	Wel	ls (check one)
		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.
2.	Soli	d Waste Disposal (check one)
	\boxtimes	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.	Haz	ardous Wastes (check one)
	\boxtimes	There is no known hazardous waste on this property.
		There is hazardous waste on this property and information related thereto is provided in Attachment #1, attached to this document.
4.	Und	erground 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 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.	Priv	ate Burial Site (check one)
	\boxtimes	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.

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)

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
Information required by statements checked above should be provided here or on separate sheets attached hereto:
One (1) active well is located approximately 6-8 feet West of the dwelling unit.
I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED
ABOVE IS TRUE AND CORRECT.
Signature: Savy Hom Telephone No.: (515) 468-1525 Roland L. Ham, Co-Trustee, Transferor



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

This agreement is entered into this 10 day of 500, 20 23 by and
between the Madison County Board of Health and Josh Mullin
It is understood that Iowa Code 455B.172(11) requires an inspection of the private sewage disposal system on all properties not specifically exempted in Iowa at the time of transfer.
The property located at 2451 PRATETEVIEW AVE , lowa is subject to the inspection,
and the buyer <u>Josh Mullins</u> understands there is not an adequate private
sewage disposal system serving this property.
It is hereby agreed that the time of transfer inspection will not be required and the buyer agrees that a code compliant private sewage disposal system or connection to a public sewer shall be installed to serve
the property and shall be completed no later than day of August_, 20 23_
Dated the 1/9 day of June ,20 13
BUYER COUNTY BOARD OF HEALTH or AUTHORIZED REPRESENTATIVE
This instrument was acknowledged before me on
ROBERT C. DUFF Commission Number 157831 My Cognission Expires Notary Public