

Book 2024 Page 2015 Type 43 001 Pages 2 Date 8/20/2024 Time 1:21:50PM

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INDX **ANNO SCAN**

BRANDY MACUMBER, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

| TRANS | SFEF | 80 | R: |
|-------|------|----|----|
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Name: Becky Knight Realty, LLC

Address: 3212 278th Ln, St. Charles, IA 50240

TRANSFEREE:

Name: Shawn Richard Schulz and Brenda Cornwell

Address: 6000 NW 62ne Street Unit 200, Johnston, IA 50131

Address of Property Transferred

| | Three (3) and Four (4) of Timber Creek Estates Subdivision, Madison County, Iowa |
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| ots Thre | ecription of Property: (Attach if necessary) e (3) and Four (4) of Timber Creek Estates Subdivision, located in the Southwest Quarter (½) of the Northeast Quarter (½) of wenty-five (25), Township Seventy-five (75) North, Range Twenty-six (26), West of the 5th P.M., Madison County, Iowa. |
| 1. Well □ ☑ | s (check one) No Condition - There are no known wells situated on this property. Condition Present - 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. Solid ☑ □ | Waste Disposal (check one) No Condition - There is no known solid waste disposal site on this property. Condition Present - There is a solid waste disposal site on this property and information related thereto is provided in Attachment #1, attached to this document. |
| 3. Haza | rdous Wastes (check one) No Condition - There is no known hazardous waste on this property. Condition Present - There is hazardous waste on this property and information related thereto is provided in Attachment #1, attached to this document. |
| 4. Unde | Preground Storage Tanks (check one) No Condition - 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.) Condition Present - 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. Priva ☑ □ | nte Burial Site (check one) No Condition - There are no known private burial sites on this property. Condition Present - There is a private burial site on this property. The location(s) of the site(s) and known identifying |

FILE WITH RECORDER February 15, 2023 DNR Form 542-0960 information of the decedent(s) is stated below or on an attached separate sheet, as necessary.

| 6. Priv | ate Sewage Disposal System (check one) | | |
|------------|--|--|--|
| | No Condition - All buildings on this property are served by a public or semi-public sewage disposal system. | | |
| | No Condition - This transaction does not involve the transfer of any building which has or is required by law to have a | | |
| | sewage disposal system. | | |
| | Condition Present - 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. | | |
| | Condition Present - 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. | | |
| | Condition Present - There is a building served by private sewage disposal system on this property. The system is failing to | | |
| | ensure effective wastewater treatment or is otherwise improperly functioning, and 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. | | |
| | Condition Present - 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 #7] | | |
| | Condition Present - There is a building served by private sewage disposal system on this property. This property is | | |
| | exempt from the private sewage disposal inspection requirements pursuant to the following Exemption [Note: for | | |
| | exemption #7 use prior check box]: | | |
| | · | | |
| | Condition Present - There is a building served by private sewage disposal system on this property. The private sewage | | |
| | disposal system has been installed within the past two years pursuant to permit number: | | |
| | alsposal system has been motalised than the pass the pass to pass the | | |
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| Inform | ation required by statements checked above should be provided here or on separate sheets attached hereto: | | |
| GRS | cordinates are (-93.794847, 41.273441) | | |
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| <u> A</u> | w line | | |
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| | Well | | |
| | A DECLARACION DE MANDE DE MENACED THE INCORNECTIONS FOR THIS FORM AND THAT THE INCORNATION STATED | | |
| | DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED | | |
| AROVE I | S TRUE AND CORRECT. | | |
| Signature | : Valore Knind number Telephone No.: 515-707-3446 | | |
| Jigirature | (Transferd) | | |
| | viveinas | | |
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