



Document 2009 GW2594

Book 2009 Page 2594 Type 43 001 Pages 2

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

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

TRANSFEROR: Name _____ TF 32 _____

Address _____ Box 12282 _____ Des Moines IA 50312

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree: Name _____ Scott Adam Buckingham

Address _____ 204 E. Washington Street _____ Winterset IA 50273 _____

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

_____ 207 N Odell _____ Peru IA 50222

Number and Street or RR

City, Town, or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) _____ West 114 Ft of Lot 10 except Southf 10 feet of Sol
Odell's Addition to town of East Peru _____

1. Wells (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. 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. Hazardous Wastes (check one)

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. 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 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)

XX 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.

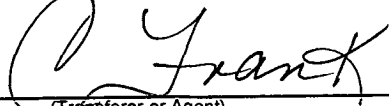
6. Private Sewage Disposal System (check one)

XX There are no known private sewage disposal systems on this property.

- There is a private sewage disposal system on this property. 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 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. When the inspection is completed, an amended Groundwater Hazard Statement shall be recorded with the certified inspection and shall include the document numbers of both the real estate transfer document and the original Groundwater Hazard Statement.
- There is a 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.
- This property is exempt from the private sewage disposal inspection requirements pursuant to the following exemption: _____.
- 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: BUYER IS PREVIOUS OWNER.
SELLER OBTAINED PROPERTY THROUGH TAX SALE. COUNTY TREASURER PROVIDED NO ADDITIONAL INFORMATION WHEN DEED WAS ISSUED. SELLER HAS NO FIRST HAND KNOWLEDGE OF PROPERTY. SELLER HAS NEVER SEEN PROPERTY.

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

Signature: 
(Transferor or Agent)

Telephone No.: 515) 280 5002