Document 2008 GW43

Book 2008 Page 43 Type 43 001 Pages 1 Date 1/04/2008 Time 12:19 PM

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LISA SMITH, COUNTY RECORDER

MADISON IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR			
TRANSFEROR Name Susan C. Hollen, Eric J. Hollen, John Craig Oldh	nam, Sally Rac Oldham,	David E. Oldham an	d Sally Chesnut Oldham
Address 105 S 16th St., Winterset, IA 50273			
Number and Street or RR	City, Town or P.O.	State	Zip
TRANSFEREE Name Danny Joe Allen			
Address 1966 175th Lanc, Winterset, IA 50273	City, Town or P.O.	State	Zp
Address of Property Transferred	City, Town, or F	7. 0 .	State Zip
Legal Description of Property Sec 1 in Addendum			
 Wells (check one) □ There are no known wells situated on this property. × There is a well or wells situated on this property. The type Solid Waste Disposal (check one) № There is no known solid waste disposal site on this property, but site is deemed to be potentially hazardous. □ There is a solid waste disposal site on this property which Resources. The location(s) of the site(s) is stated below Hazardous Wastes (check one) × There is no known hazardous waste on this property. □ There is hazardous waste on this property and it is being the state of the property and it is being the state of the property and it is being the state of the property and the state of the property. 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 locating decedent is stated below. 	erty. no notice has been receive th has been deemed to be p w. g managed in accordance of property. (Note exclusions tructions.) The type(s), size(s) and ar	d from the Department potentially hazardous by with Department of Natus such as small farm and the known substance(s) of the such that we have the such as small farm and the such as small farm as small farm and the such as small farm and the such as small farm as sm	of Natural Resources that the the Department of Natural ural Resources rules. d residential motor fuel tanks, contained are listed below.
Information, if any, required by statements chec I HEREBY DECLARE TH AND THAT THE IN	cked above shall be provide IAT I HAVE REVIEWED TH FORMATION STATED AB	IE INSTRUCTIONS FO	R THIS FORM
Signature: SUSAN C. HOUR	·	Telephone Number: (515)462-3731

542-0960

Additional Groundwater Hazard Information

1. One well at little house. One well at main house. One well at barn site.

Addendum

1. The Southeast Quarter (1/4) of the Northwest Quarter (NW1/4) and the North Fractional Half (1/2) of the Northwest Quarter (1/4) of Section Two (2), in Township Seventy-six (76) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, AND The South Half (1/2) of the Southwest Quarter (1/4) of Section Thirty-five (35), in Township Seventy-seven (77) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa