

Book 2010 Page 1989 Type 43 001 Pages 2 Date 8/24/2010 Time 10:22 AM Rec Amt \$.00 IND

INDX **ANNO** SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name	Nancy L. Silverthorn				
Address	837 4th St Ne	Earlham	IA	50072	
	Number and Street or RR	City, Town or P.O.	State	Zip	
TRANSFI	EREF:				
Name	Joyce L. Von Rentzell				
Address	1187 Earlham Rd	Earlham	ΙA	50072	
	Number and Street or RR	City, Town or P.O.	State	Zip	
Address o	of Property Transferred:				
	837 4th St NE	Earlham	ΙA	50072	
	Number and Street or RR	City, Town or P.O.	State	Zip	
a 'The	ere are no known wells situated on this ere is a well or wells situated on this p low or set forth on an attached separa	roperty. The type(s), location(s) and leg	gal status	are stated	
	Vaste Disposal (check one)	•			
	ere is no known solid waste disposal s				
	ere is a solid waste disposal site on this property and information related thereto is provided in				
	tachment #1, attached to this document	nt.			
` `	lous Wastes (check one) ere is no known hazardous waste on t	his property			
		ty and information related thereto is pro	vided in A	Attachment	
	, attached to this document.	y and morniagen related another to pro-	.,		
4. Underg	ground Storage Tanks (check one)				
√ far		e tanks on this property. (Note exclusion post heating oil tanks, cisterns and seption			
		this property. The type(s), size(s) and or on an attached separate sheet, as no			

5. Pri	vate Burial Site (check one)			
	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. Priv	6. Private Sewage Disposal System (check one)			
X	All buildings on this property are served by a public or semi-public sewage disposal system.			
L	This transaction does not involve the transfer of any building.			
	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:				
I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.				
Signati	ure: Manua Sulve Sthorm Telephone No.: (515) 758-289/			