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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 Connie Welch

Address 1605 State Hwy 92 Winterset IA 50273
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Bradley D. Robinson

Address 1351 State Hwy 92 Winterset IA 50273
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:
1605 State Hwy 92 Winterset IA 50273
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary): W 4125.5' S 52. SW SW SW Ex Hwy 31-76-28

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)

- 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)

- 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.
- 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:

Well is located on SE corner of the property.

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

Signature: Connie Welch Telephone No.: (515) 468-0001
(Transferor or Agent)

Space above for recording data

Prepared By and Return To: Joan Johnson, 3501 Westown Pkwy, West Des Moines, IA 50266 515-453-6268

BINDING ACKNOWLEDGEMENT FOR TIME OF TRANSFER SEPTIC INSPECTION

RE: (legal description)

This Binding Acknowledgement is entered into on Aug 23, 2010 between Bradley Robinson (Buyer) and the Madison County Board of Health.

Weather or other temporary physical conditions have prevented the certified inspection required by Iowa Code Sec. 455B.172(11)(a) of the private sewage disposal system located on the above-described real estate at the time of its transfer. The real estate is to be transferred to Buyer from Connie Welch (Seller).

Buyer and the County Board of Health agree that the certified inspection shall be completed no later than Dec 1, 2010. Should any modifications to the private sewage disposal system be required, these shall be completed no later than Dec 15, 2010.

This Binding Acknowledgement shall be filed with the County Recorder along with the instrument of transfer.

Bradley Robinson
Buyer

Buyer

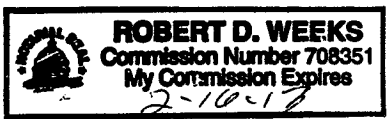
Madison County Board of Health

By [Signature]
Its Executive Director

STATE OF IOWA, COUNTY OF _____) ss:

This instrument was acknowledged before me on Aug 27, 2010 by Bradley Robinson (Buyer).

[Signature]
Notary Public in and for said State and County



STATE OF IOWA, COUNTY OF _____) ss:

This instrument was acknowledged before me on _____, 20____ by
_____ (Buyer).

Notary Public in and for said State and County

STATE OF IOWA, COUNTY OF Madison) ss:

This instrument was acknowledged before me on Aug 23, 2010 by
Jeff Wickell as Administrator of the
Madison County Board of Health.

[Signature]
Notary Public in and for said State and County

