

Book 2011 Page 592 Type 43 001 Pages 3 Date 3/02/2011 Time 4:02 PM

Rec Amt \$ .00

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CHEK

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

## **REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT**

TO BE COMPLETED BY TRANSFEROR

TF Na	RAN ame	<b>SFEROR:</b> Larry Dale Faux and Sheryl Ann F	Faux				
Αc	ddre	2999 State Hwy 92, Winterset,		01-1-			
		Number and Street or RR	City, Town or P.O.	State	Zip		
		SFEREE:					
Na	ame	Ted Benshoof			<del></del>		
۸۰	ddra	ss 1931 Quail Ridge Ave., Winters	set IA 50273				
Α.	Juie	Number and Street or RR	City, Town or P.O.	State	Zip		
۸		Duran anti- Transaction and					
AC	aare	ss of Property Transferred:					
	-	Number and Street or RR	Citý, Town, or P.O.	State	Zip		
1.	X	Ils (check one) There are no known wells situated There is a well or wells situated or		tion(s) and legal sta	tus are		
	_	stated below or set forth on an att					
2.		lid Waste Disposal (check one)					
		There is no known solid waste dis		1.6.10			
		There is a solid waste disposal sit	, , ,	n related thereto is p	provided in		
ર	Ha	Attachment #1, attached to this document.  Hazardous Wastes (check one)					
٠.		There is no known hazardous was	ste on this property.				
		There is hazardous waste on this		thereto is provided	in		
		Attachment #1, attached to this de					
4.	Un	Underground Storage Tanks (check one)					
	X	There are no known underground small farm and residential motor tinstructions.)					
		There is an underground storage to substance(s) contained are listed					

5.	Pri	vate Burial Site (check one)
	X	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 s heet, as
6	Dri	necessary. vate Sewage Disposal System (check one)
0.		
	X	All buildings on this property are served by a public or semi-public sewage disposal system.  Except for a machine shed which is not served. This transaction does not involve the transfer of any building. by a septic system.
		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 acknowl edgment 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 acknowledgm ent 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
		nation required by statements checked above should be provided here or on separate
Sn	eets	s attached hereto:
_		
_		
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sic	nati	ure: Telephone No.: (515) 468-1021
٠,٧	,	Tolophono No. ( )

## Addendum

1. All that part of the Southwest Quarter (SW 1/4) of the Southeast Quarter (SE 1/4) of Section Twenty-seven (27) lying South of the Primary Highway #92 and containing 6.03 acres, more or less; and the West Half (W ½) of the Northeast Quarter (NE 1/4) and the Northwest Quarter (NW 1/4) of the Northwest Quarter (SE 1/4) and the Northeast Quarter (NE 1/4) of the Northeast Quarter (NE 1/4) of the Southwest Quarter (SW 1/4) of Section Thirty-four (34); all in Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa.