

Document 2011 GW737

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INDX ANNO **SCAN**

CHEK

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR: Name					
Address 303 NW ROCK CREEK CT. Ankeny, IA 50023					
	NumberandSteetorAA .	City, Town or F.O.	State	Zþ	
TRANS	FEREE:				
Name_	Gale J. Starr				
Addres	S 8009 LEXINGTON PARK DR. CO	olorado Springs, CO 80920	Sus	Zip	
Addres	s of Property Transferred:				
813 6T	H CIR. Winterset, IA 50273				
	Nembe rands rector RR	Chy, Yows, or P.O.	State	Zīp	
	Description of Property: (Attach If ne ached Legal Description	cessary)			
_	ls (check one)	on this property.			
	There are no known wells situated There is a well or wells situated on stated below or set forth on an atta	this property. The type(s), locat		atus are	
	d Waste Disposal (check one)				
	There is no known solid waste disp				
	There is a solid waste disposal site		related inereto is	provided in	
	Attachment #1, attached to this do ardous Wastes (check one)	uilleik.			
	There is no known hazardous wash	e on this property.			
	There is hazardous waste on this p Attachment #1, attached to this do	roperty and information related t	hereto is provided	in	
	lerground Storage Tanks (check				
≯ Ø′	There are no known underground s small farm and residential motor fu Instructions.)	torage tanks on this property. (N	Note exclusions su cisterns and septic	ch as tanks, in	
	There is an underground storage ta substance(s) contained are listed b	nk on this property. The type(s) elow or on an attached separate	, size(s) and any k sheet, as necess	nown ary.	

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DNR form 542-0960 (Sept. 1, 2010)

	ivate 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. Pr	ivate Sewage Disposal System (check one)
廥	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.
	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.
	other temporary physical conditions prevent the certified inspection of the private sewage
	disposal system from being conducted. The buyer has executed a binding adknowledgment
	with the county bo and of health to conduct a certified in spection of the private sewage disposal system at the earliest practicable time and to be responsible for any required modification sto
	the private sewage disposal system as identified by the certified inspection. A copy of the
	binding acknowledgment is attached to this form.
	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
u	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
infor	nation required by statements checked above should be provided here or on separate
	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.
A	all CP 1)
Signat	Telephone No. (5/5) 208-1201

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