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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 Kent Kiburz and Melissa Kiburz							
Αc	ldre	ss 2303 W Summit, Winterset, IA	50273				
		Number and Street or RR	City, Town or P.O.	State	Zip		
TF Na	RAN ame	SFEREE: Dennis M. Henrich, Barbara J. Her	nrich, Tod M. Henrich and Noel	L. Henrich			
Ac	ldre	SS 1510 4th Ave. SW, LeMars, IA	51031 City, Town or P.O.	State	Zip		
		Number and Sireet of AK	City, Town of P.O.	State	Ζιρ		
Αc	ldre	ss of Property Transferred:					
		Number and Street or RR	City, Town, or P.O.	State	Zip		
Le	gal	Description of Property: (Attach if n	ecessary) See Legal Description	on Attached			
1.		Ils (check one)					
		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), loc		tus are		
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 do		on related thereto is p	orovided in		
3.	Hazardous Wastes (check one)						
		■ There is no known hazardous waste on this property. ■ There is no known hazardous waste on this property. ■ 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.	Un	derground Storage Tanks (check					
		There are no known underground s small farm and residential motor for instructions.)	storage tanks on this property.	•			
		There is an underground storage to substance(s) contained are listed					

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.	Pri	vate 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 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
		ation required by statements checked above should be provided here or on separate attached hereto:
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		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
		AND THAT THE INTORNIATION STATED ABOVE IS TRUE AND CORRECT.
Siç	gnati	Telephone No.: (515) 221-9946

Parcel "E" located in the West Half (½) of the Northeast Quarter (¼), and in the Northwest (NW¼) of the Southeast Quarter (¼) of Section (1), Township Seventy-Four (74) North, Range Twenty-Seven (27) West of the 5th P.M., Madison County, Iowa, containing 22.07 acres, as shown in Plat of Survey filed in Book 2011, Page 674, on March 11, 2011, in the Office of the Recorder of Madison County, Iowa,

AND

Parcel "B" located in the Northwest Fractional Quarter (¼) of Section Six (6), Township Seventy-Four (74) North, Range Twenty-Six (26) West of the 5th P.M., Madison County, Iowa, containing 11.86 acres, as shown in Plat of Survey filed in Book 2011, Page 673, on March 11, 2011, in the Office of the Recorder of Madison County, Iowa