

Book 2011 Page 962 Type 43 001 Pages 4 Date 4/15/2011 Time 11:25 AM Rec Amt \$.00

INDX ANNO SCAN

CHEK

LISA SMITH, COUNTY RECORDER

MADISON COUNTY IOWA

#### **REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT** TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

| Nam                  | ne John McQuigg   |                              |             |                   |  |  |  |
|----------------------|---|------------------------------|-------------|-------------------|--|--|--|
| Addı                 | ress 2315 170th Trl   | Winterset City, Town or P.O. | IA<br>State | 50273<br>Zip      |  |  |  |
|                      |   | Only, 10wil Or 7.0.          | State       | حاب               |  |  |  |
|                      | NSFEREE:  |                              |             |                   |  |  |  |
| Nam                  | ne Allison Nicole Acela   |                              |             |                   |  |  |  |
| Address 1601 46th St |   | Des Moines                   | IA          | 50310             |  |  |  |
|                      | Number and Street or RR   | City, Town or P.O.           | State       | Zip               |  |  |  |
| Addr                 | ress of Property Transferred:   |                              |             |                   |  |  |  |
|                      | 5 170th Tri   | Winterset                    | IA          | 50273             |  |  |  |
|                      | Number and Street or RR   | City, Town or P.O.           | State       | Zip               |  |  |  |
| [<br>]<br><b>2.</b>  | 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. |                              |             |                   |  |  |  |
|                      | 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. l                 | Underground Storage Tanks (check one)   |                              |             |                   |  |  |  |
| i                    | 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.)                     |                              |             |                   |  |  |  |
| I                    | There is an underground storage tall<br>contained are listed below or on an a   |                              |             | nown substance(s) |  |  |  |

| 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   | Private Sewage Disposal System (check one)  |  |  |  |  |
| NO    | 8   | All buildings on this property are served by a public or semi-public sewage disposal system.  |  |  |  |  |
| Dev   |   | This transaction does not involve the transfer of any building.   |  |  |  |  |
| y     |   | 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.   |  |  |  |  |
| mA.   |   | There is a building served by private sewage disposal system on this property. Weather or othe 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. |  |  |  |  |
| . 130 | g   | 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 whice sewage disposal system is connected will be demolished without being occupied. The buyer has exect a binding acknowledgment with the county board of health to demolish the building within an agreed 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 sheets and hereto:  |  |  |  |  |
|       |   | I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS   |  |  |  |  |
|       |   | FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.   |  |  |  |  |
| ✓ Sig | natu  | re: Jh M Quag - (, M Quag Telephone No.: (515) 422 - 33/8   |  |  |  |  |

## **GROUNDWATER HAZARD STATEMENT**

### ATTACHMENT #1

### NOTICE OF WASTE DISPOSAL SITE

| a.                              | Şol  | fid Waste Disposal (check one)   |  |  |
|---------------------------------|--|--|--|--|
| 0                               | There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous. |  |  |  |
| MIL                             | L  | There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary. |  |  |
| b. Hazardous Wastes (check one) |  |  |  |  |
|                                 |  | There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.  |  |  |
|                                 |  | There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.  |  |  |
| F                               | urther   | descriptive information:   |  |  |
| _                               |  | Vo hazardous waste   |  |  |
|                                 |  |  |  |  |
|                                 |  |  |  |  |
|                                 |  |  |  |  |
|                                 |  |  |  |  |
| _                               |  |  |  |  |
| _                               |  |  |  |  |
|                                 |  |  |  |  |
| _                               |  |  |  |  |
|                                 |  | I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM   |  |  |
|                                 |  | AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.   |  |  |
| <b>(</b> Si                     | gnatu  | 15 6h M Quigo - [MC/WM Telephone No.: (5/5) 422-3318   |  |  |
|                                 |  | (Transferor or Agent)  |  |  |

# TIME OF TRANSFER INSPECTION WAIVER BINDING ACKNOWLEDGEMENT for FUTURE INSTALLATION

This agreement is entered into this 14<sup>th</sup> day of April 2011 by and between Madison County Board of Health and Allison Acela.

WHEREAS, it is understood the Iowa Administrative Code 567-69 requires an inspection of the private sewage disposal system on all property located in Iowa at the time of transfer.

WHEREAS, the property located at 2315 170<sup>th</sup> Trail, Winterset, Iowa is subject to the inspection, and the buyer Allison Acela understands there is not a private sewage disposal system serving this property.

NOW THEREFORE, it is hereby agreed that the time of transfer inspection will not be required and agrees that the necessary private sewage disposal system to serve the property shall be installed and completed no later than the 1<sup>st</sup> day of September, 2011.

Dated the 14th day of April 2011.

PROPERTY BUYER

MADISON COUNTY BOARD OF HEALTH OR AUTHORIZED REPRESENTATIVE

Allison Acela

Elton A. Root, Environmental Health

This instrument was acknowledged before me on April 14, 2011 by

Notary Public

