

Book 2011 Page 1827 Type 43 001 Pages 3 Date 7/13/2011 Time 11:09 AM

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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR: Name Chieftain Holdings, L.L.C., as suc	ccessor by merger to Chieftain Co	orp.	
Address 6400 Westown Parkway, West	Des Moines, IA 50266		
Number and Street or RR	City, Town or P.O.	State	Zip
TRANSFEREE: Name Casey's Marketing Company			
Address One SE Convenience Boulevar	rd, Ankeny, IA 50021 City, Town or P.O.	State	Zip
Address of Property Transferred: 209 E. Main St., St. Charles, IA	City, Town, or P.O.		
Legal Description of Property: (Attach if & Patton's Addition to the Town of St. Charl located in and forming a part of the City of Sin Town Plat Book 2, Page 384 on December	les, Madison, County, Iowa, and porti St. Charles, Madison County, Iowa, as	ons of vacated streets as shown in the Plat of S	and alleys Survey filed
 Wells (check one) X There are no known wells situated of stated below or set forth on an attended of stated below or set forth on an attended of stated below or set forth on an attended to the stated below or set forth on an attended to the stated of set of set	on this property. The type(s), loc ttached separate sheet, as neces isposal site on this property. ite on this property and informations document. aste on this property. Is property and information related	on related thereto is	provided
Attachment #1, attached to this of 4. Underground Storage Tanks (chec There are no known underground		(Note exclusions su	ıch as

small farm and residential motor fuel tanks, most heating oil tanks, cisterns and septic tanks, in

X 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.

instructions.)

5.	Private Burial Site (check one)				
	\underline{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 sheet, as				
_	necessary.				
6.	Private Sewage Disposal System (check one)				
	 X 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				
	formation required by statements checked above should be provided here or on separate				
	neets attached hereto: le facility has two (2) active, double wall, composite (fiberglass coated steel) USTs installed in April 2001. The two (2) tanks				
	clude a 15,000 gallon tank with 10,000 gallon unleaded and 5,000 gallon diesel compartments and a 10,000 gallon unleaded				
plı	as tank. The tanks are generally located along the West border of the property. Said underground storage tanks are being				
op	erated in accordance with the rules and regulations of the Iowa Department of Natural Resources.				
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS				
	FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.				
Çi.	gnature:				
Οιζ	(Transfelor or Agent)				

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a.	Solid Waste Disposal (check one)			
	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.			
	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)			
	X 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.			
	rther descriptive information:			
<u>L(</u>	JST #9LTJ25			
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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.			
Sig	relephone No.: (515) 457-6130			
Ŭ	(Transferor or Agent)			