

Document 2012 GW614

Book 2012 Page 614 Type 43 001 Pages 3 Date 3/02/2012 Time 7:48 AM

Rec Amt \$.00

INDX V ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENTTO BE COMPLETED BY TRANSFEROR

| | | SFEROR: Craig Saveraid and Marta Saveraid | | | |
|----------|----------------|---|-----------------------------|---------------------------|-------------|
| Ad | dre | ss P.O. Box 150, Winterset, IA 50273 | | | |
| | | Number and Street or RR | City, Town or P.O. | State | Zip |
| | | SFEREE: H. Lee Saveraid | | | |
| Ad | dre | ss 2145 310th Street, Lorimor, IA 5014 | 49 | | |
| | | Number and Street or RR | City, Town or P.O. | State | Zip |
| Ad M: | dre adis | ss of Property Transferred: son County | | | |
| | | Number and Street or RR | City, Town, or P.O. | State | Zip |
| (S | $E\frac{1}{4}$ | Description of Property: (Attach if nece) of the Southeast Quarter (SE¼) of the ship Seventy-four (74), Range Twenty- | : Northeast Quarter (NE¼) | of Section Thirty (30) |), |
| 1. | We | ells (check one) | | | |
| • | | There are no known wells situated on | this property. | | |
| | | There is a well or wells situated on this | s property. The type(s), lo | . , | tus are |
| _ | _ | stated below or set forth on an attache | ed separate sheet, as nec | essary. | |
| 2. | | lid Waste Disposal (c heck one) | al aita an thia manantu | | |
| | | There is no known solid waste disposal There is a solid waste disposal site on | | tion rolated therete is | aravidad in |
| | | Attachment #1, attached to this docum | | tion related thereto is p | provided in |
| 3. | Ha | zardous Wastes (check one) | nent. | | |
| • | | There is no known hazardous waste o | n this property. | | |
| | | There is hazardous waste on this prop | | ed thereto is provided i | in |
| | | Attachment #1, attached to this docun | • | | |
| 4. | Un | derground Storage Tanks (check on | e) | | |
| | X | There are no known underground stora small farm and residential motor fuel tinstructions.) | | | |
| | | There is an underground storage tank substance(s) contained are listed belo | | | |

| 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 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 ack nowledgment |
| | | 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. |
| | X | There is a building served by private sewage disposal system on this property. The buyer has |
| | | executed a binding ack nowledgment 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 |
| | ш | 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 |
| | | permit number |
| Inf | orm | ation required by statements ch ecked above should be provided here or on separate |
| sh | eets | attached hereto: |
| Th | ere | is one inactive well located approximately 40 feet East of the garage on the East side of the driveway. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS |
| | | FORM |
| | | AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT. |
| | | |
| | | |
| Sig | nati | ure: |

TIME OF TRANSFER INSPECTION WAIVER BINDING ACKNOWLEDGEMENT for FUTURE INSTALLATION

| This agreement is entered into this 215th day of FERCUACY 20 12 by and between Madison County Board of Health and H. Lee. SAVE(A:D). | | | | | | |
|--|--|--|--|--|--|--|
| WHEREAS, it is understood the lowa Administrative Code 567-69 requires an inspection of the private sewage disposal system on all property located in lowa at the time of transfer. | | | | | | |
| WHEREAS, the property located at 3235 Clanton Cruiz, Marison Co., lowa is subject to the inspection, and the buyer H. Lee Saveraro 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 | | | | | | |
| Dated the 21st day of Fascury 2012. | | | | | | |
| PROPERTY BUYER MADISON COUNTY BOARD OF HEALTH OR AUTHORIZED REPRESENTATIVE | | | | | | |
| W.T.S. | | | | | | |
| This instrument was acknowledged before me on, 2012_ by Har Saveraid | | | | | | |
| Notary Public Ex: 1-12-18 | | | | | | |