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Book 2012 Page 3328 Type 43 001 Pages 2 Date 11/05/2012 Time 11:36 AM

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INDX ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRA	NSFEROR:			
Name	 The Secretary of Housing and Urba 	n Development		
Addre	ess 1670 Broadway, 21st Floor	Denver	СО	80202-4801
	Number and Street or RR	City, Town or P.O.	State	Zip
	SFEREE: • Carol White and Cary White			
1 40,7110				
Addre	ess 2005 62nd St	Des Moines	IA.	50322
	Number and Street or RR	City, Town or P.O.	State	Zip
Addre	ess of Property Transferred:	•		
	290th St	Macksburg	IA	50155
	Number and Street or RR	City, Town, or P.O.	State	Zip
ا ممعا	Description of Property: (Attach if r	necessary) Parcel "A" located in the	Northeast Quarte	r of the
	east Quarter of Section 10, Township 7			
	ied in a Survey Book 3, Page 136 of th			
	; B / L L	:	()	
	ells (check one)	l on this promoter	* *	
됟	There are no known wells situated There is a well or wells situated or		ion(a) and local	status ara
لـا	stated below or set forth on an att			status are
2. So	lid Waste Disposal (check one)	acrica coparate cricot, ac ricoco	ui y.	
☑ There is no known solid waste disposal site on this property.				
	There is a solid waste disposal site		related thereto i	s provided in
	Attachment #1, attached to this do	ocument.		
	zardous Wastes (check one)			
	There is no known hazardous was			
Ц	There is hazardous waste on this pattachment #1, attached to this do	property and information related the	nereto is provide	a in
4. Und	derground Storage Tanks (check			
	There are no known underground		lote exclusions s	uch as
	small farm and residential motor fuinstructions.)	uel tanks, most heating oil tanks,	cisterns and sept	ic tanks, in
	There is an underground storage to substance(s) contained are listed to	ank on this property. The type(s), below or on an attached separate	size(s) and any sheet, as neces	known sary.

5. Private Burial Site (check one)				
There are no known private burial site	es 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 decede	nt(s) is stated below or on an attached separate sheet, as			
necessary.				
6. Private Sewage Disposal System (che	ck one)			
All buildings on this property are server.	ved by a public or semi-public sewage disposal system.			
This transaction does not involve the	transfer of any building which has or is required by law to			
have a sewage disposal system.				
☐ There is a building served by private	sewage disposal system on this property or a building			
	ystem. A certified inspector's report is attached which			
	e sewage disposal system and whether any modifications			
	adopted by the Department of Natural Resources. A			
	companied by this form when recording.			
	sewage disposal system on this property. Weather or			
	prevent the certified inspection of the private sewage			
	d. The buyer has executed a binding acknowledgment			
• •	nduct a certified inspection of the private sewage disposal			
	e and to be responsible for any required modifications to			
	as identified by the certified inspection. A copy of the			
binding acknowledgment is attached				
	sewage disposal system on this property. The buyer has with the county board of health to install a new private			
	erty within an agreed upon time period. A copy of the			
binding acknowledgment is provided				
	sewage disposal system on this property. The building to			
	connected will be demolished without being occupied. The			
	riedgment with the county board of health to demolish the			
	eriod. A copy of the binding acknowledgment is provided			
with this form. [Exemption #9]	· · · · · · · · · · · · · · · · · · ·			
	ate sewage disposal inspection requirements pursuant to			
	emption #9 use prior check box]: lowa Code 455B.172(11)(a)(1)			
	nas been installed within the past two years pursuant to			
permit number				
	ed above should be provided here or on separate			
sheets attached hereto:				
	, 1			
:	:			
I HEREBY DECLARE THAT	I HAVE REVIEWED THE INSTRUCTIONS FOR THIS			
	FORM			
AND THAT THE INFORM	ATION STATED ABOVE IS TRUE AND CORRECT.			
∞	,			
Signature: (MILLIAM) (MILLIAM)	Telephone No.: (309) 736.3117			
(Transferor or Agent)	Q ·			