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LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSF	EROR:				
Name	Allen Eugene Reeves and	d Marilyn Louise Reeves			
Address	3317 Larkspur Lane, Lorimor, IA 50149				
	Number and Street or RR	City, Town or P.O.	State	Zip	
TRANSF	EREE:				
Name	Gary A. Reeves and Susa				
Address	2118 - 330th Street, Lorin	mor, IA 50149			
	Number and Street or RR	City, Town or P.O.	State	Zip	
	of Property Transferred: rkspur Lane, Lorimor, IA	50149			
Nu	mber and Street or RR	City, Town or P.O.	State	Zip	
Survey file 1. Wells X T	(check one) here are no known wells s	of the 5th P.M., Madison County, Iowa, contain pril 4, 2008, in the Office of the Recorder of M ituated on this property. ated on this property. The type(s), loc	Madison County, Iowa.		
stated below or set forth on an attached separate sheet, as necessary. 2. Solid Waste Disposal (check one) X 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 document.					
3. Hazardous Wastes (check one)					
T A	ttachment #1, attached to	n this property and information relate this document.	ed thereto is provided	in	
<u>X</u> T	mall farm and residential m	check one) round storage tanks on this property. notor fuel tanks, most heating oil tank	•		
T		orage tank on this property. The type			

5.	Private 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.	Private 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 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
	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]
	X This property is exempt from the private sewage disposal inspection requirements pursuant to
	the following exemption [Note: for exemption #9 use prior check box]: Sale between Family Members.
	The private sewage disposal system has been installed within the past two years pursuant to
	permit number
	ormation required by statements checked above should be provided here or on separate
sh	eets attached hereto:
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sic	nature: Marchyn Reenes Telephone No.: 515-465.9890
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