

Book 2014 Page 1279 Type 43 001 Pages 3 Date 6/02/2014 Time 1:31 PM

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LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

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

TRANSF Name	<b>EROR:</b> 13462, L.L.C.				
	13462 Lake Shore Dr, Clive, IA 50325				
	Number and Street or RR	City, Town or P.O.	State	Zìp	
TRANSF	EREE:				
	Bradley O. Tadlock				
Address	2963 Carver Road, Winte	rset, IA 50273			
	Number and Street or RR	City, Town or P.O.	State	Zip	
	of Property Transferred: o.'s: 660141126010000, 66	0141128000000, & 6601412460200	00		
Nui	mber and Street or RR	City, Town or P.O.	State	Zip	
l enal De	scription of Property: (Attac	ch if necessary) See 1 in Addendum			
2. Solid  T T st  2. Solid  T T in  3. Hazar  A	ated below or set forth on a Waste Disposal (check of here is no known solid wastere is a solid waste disposal Attachment #1, attached to the dous Wastes (check one here is no known hazardout)	ted on this property. The type(s), local attached separate sheet, as necestre)  steed disposal site on this property. It is a site on this property and informate of this document.  It is waste on this property. It is property and information related this document.	essary. '	provided	
↓ ⊤ sr in	here are no known undergi mall farm and residential m structions.)	round storage tanks on this property, otor fuel tanks, most heating oil tank brage tank on this property. The type	s, cisterns and septic	tanks, in	
		isted below or on an attached senar			

5.	Private 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	Private Sewage Disposal System (check one)
٠.	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
1:	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
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	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
nf	formation 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.
	ALL THAT THE INTERNATION OF A LED ABOVE TO TRUE AND CONNECT.
٠. دا چ	Telephone No : (515) 249-2112
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## Addendum

The South Half (½) of the Northeast Quarter (¼) of Section Eleven (11); **AND** the North Half (½) of the Southwest Quarter (¼) of the Northwest Quarter (¼) of Section Twelve (12), all in Township Seventy-four (74) North, Range Twenty-eight (28) West of the 5<sup>th</sup> P.M., Madison County, Iowa, EXCEPT that part conveyed for public highways or roads.

**AND** 

The Northwest Quarter (¼) of the Northwest Quarter (¼) of Section Twelve (12), Township Seventy-four (74) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa.