



Book 2015 Page 265 Type 43 001 Pages 2 Date 2/02/2015 Time 12:34 PM

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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

TRANSF	EROR:			
Name	Larry W. Fisher and Sand	lra Fisher		
Address	117 S. 14th Avenue, Winterset, Iowa 50273			
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF	EREE:			
Name	Craig S. Thomas			
Address	409 W. Jefferson, Winters	set, IA 50273		
	Number and Street or RR	City, Town or P.O.	State	Zip
	of Property Transferred: efferson, Winterset, IA 50	273		
Nur	nber and Street or RR	City, Town or P.O.	State	Zip
<u>X</u> TI		tuated on this property. ted on this property. The type(s), locan an attached separate sheet, as nece		s are
2. Solid X TI	Waste Disposal (check o nere is no known solid was	ne) te disposal site on this property. sal site on this property and informat	•	vided
	dous Wastes (check one)			
<u>X</u> TI TI	nere is no known hazardou nere is hazardous waste or	is waste on this property. n this property and information relate	d thereto is provided in	
	tachment #1, attached to the			
<u>X</u> Ti		check one) round storage tanks on this property. otor fuel tanks, most heating oil tank		
		rage tank on this property. The type isted below or on an attached separa		∧ n

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)
	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 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]
	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 .
Inf	ormation required by statements checked above should be provided here or on separate
	eets attached hereto:
	I VEDERVINES ARE THAT I HAVE BEVIEWED THE INSTRUCTIONS FOR THIS FORM
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sin	nature:
- 8	1 Cicpholic No. (515) 557-7410