

Book 2015 Page 1273 Type 43 001 Pages 3 Date 5/15/2015 Time 12:37 PM

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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

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

TRANSF Name	EROR: William L. Evans, Execut	Or			
	4529 91st Street, Urbandale, IA 50322				
	Number and Street or RR	City, Town or P.O.	State	Zip.	
TRANSF	EREE:				
Name	Scott A. Miller				
Address	2015 NW 81st, Clive, IA	50325			
	Number and Street or RR	City, Town or P.O.	State	Zip	
Address AG LAN	of Property Transferred: ND				
Nu	mber and Street or RR	City, Town or P.O.	State	Zip	
<u>√</u> ⊤ — ⊤ st 2. Solid	ated below or set forth on a Waste Disposal (check or	ed on this property. The type(s), In attached separate sheet, as ned		atus are	
in	Attachment #1, attached to		ation related thereto is (	provided	
<u>✓</u> T	dous Wastes (check one) here is no known hazardous here is hazardous waste on itachment #1, attached to th	s waste on this property. this property and information rela	ted thereto is provided	in	
4. Under  √ Ti sr in	rground Storage Tanks (c here are no known undergro nall farm and residential mo structions.)	heck one) ound storage tanks on this propert otor fuel tanks, most heating oil tar	nks, cisterns and septic	tanks, in	
		age tank on this property. The typosted below or on an attached sepa			

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)
	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 HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
_	Live of Government of the contract of the cont
Sig	nature: William L. Evens 5-6-15 Telephone No.: (515) 867-6021
	(Translator or Agent)

## Addendum

1. The Northwest Quarter (NW¼) of the Southeast Quarter (SE¼), and the Southwest Fractional Quarter (SWFrl¼), EXCEPT the South 21 acres of the East Half (E½) thereof, AND EXCEPT all that part of the Southwest Fractional Quarter (SWFrl¼) lying North and West of the center line of the County Road crossing said Southwest Fractional Quarter (SWFrl¼) and containing 5.5 acres more or less, ALL IN Section Nineteen (19), Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa.