

Document 2015 GW2613

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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

TRANSFEROR:			
Name Jerome Lippold			
Address 3746 Harrison St  Number and Street or RR	Norwalk City, Town or P.O.	IA State	50211 Zip
TRANSFEREE:			
Name Preferred Property Enterprises LLC			
Address 4230 Fleur Dr Ste 2  Number and Street or RR	Des Moines City, Town or P.O.	IA State	50321 Zip
Address of Property Transferred:			
226 W Main St	Saint Charles	IA State	50240
Number and Street or RR	City, Town or P.O.	State	Zip
<ol> <li>Wells (check one)</li> <li>There are no known wells situated on the control or set forth on an attached separate</li> <li>Solid Waste Disposal (check one)</li> </ol>	this property. The type(s), location	on(s) and legal statu	us are stated below
There is no known solid waste dispo	osal site on this property.		
☐ There is a solid waste disposal s Attachment #1, attached to this doc		mation related ther	eto is provided in
3. Hazardous Wastes (check one)			
There is no known hazardous waste	e on this property.		
There is hazardous waste on this pattached to this document.	property and information related	thereto is provided	in Attachment #1,
4. Underground Storage Tanks (check o	one)		
There are no known underground and residential motor fuel tanks, mo			
☐ There is an underground storage ta			nown substance(s)

5.	Pri	vate Burial Site (check one)
,	P	⊃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.	Pri	vate 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
		ation required by statements checked above should be provided here or on separate sheets ed hereto:
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM  AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sig	natu	Telephone No.: 64/) 164-24/8