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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name Jcanne M Henrichsen

Address 12720 SUNFLOWER DRIVE, Urbandale, IA 50323-2377

Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name Daniel Nielsen

Address 2136 NORWOOD AVE WINTerset IOWA 50273

Number and Street or RR City, Town or P.O. State Zip

**Address of Property Transferred:**

2136 NORWOOD AVE WINTerset IOWA 50273

Number and Street or RR City, Town or P.O. State Zip

**Legal Description of Property: (Attach if necessary)**

Parcel "B" located in the Southwest Quarter (1/4) of the Northeast Quarter (1/4) of Section Thirty-two (32), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, containing 16.51 acres, as shown in Plat of Survey filed in Book 2015, Page 2987, on October 9, 2015, in the Office of the Recorder of Madison County, Iowa.

**1. Wells (check one)**

- There are no known wells situated on this property.
- There is a well or wells situated on this property. *The type(s), location(s) and legal status are stated below or set forth on an attached separate sheet, as necessary.*

**2. Solid Waste Disposal (check one)**

- There is no known solid waste disposal site on this property.
- There is a solid waste disposal site on this property. *Information related thereto is provided in attachment #1, attached to this document.*

**3. Hazardous Wastes (check one)**

- There is no known hazardous waste on this property.
- There is hazardous waste on this property. *Information related thereto is provided in Attachment #1, attached to this document.*

**4. Underground Storage Tanks (check one)**

There are no known underground storage tanks on this property. (Note exclusions such as small farm and residential motor fuel tanks, most heating oil tanks, cisterns and septic tanks, in instructions.)

There is an underground storage tank on this property. The type(s), size(s) and any known substance(s) contained are listed below or on an attached separate sheet, as necessary.

**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 \_\_\_\_\_.

**Information required by statements checked above should be provided here or on separate sheets attached hereto: «attach information if needed»**

**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature: Jeanne M. Henrichsen Telephone No.: 515.727.5330  
(Transferor or Agent)  
Jeanne M Henrichsen

**TIME OF TRANSFER INSPECTION  
BINDING ACKNOWLEDGEMENT for FUTURE INSTALLATION**

This agreement is entered into this 16<sup>th</sup> day of October, 2015 by and between Madison County Board of Health and Dan Nielsen.

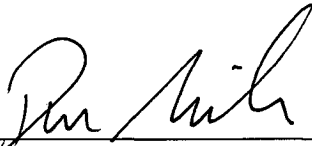
WHEREAS, it is understood the Iowa Administrative Code 567-69 requires an inspection of the private sewage disposal system on all property located in Iowa at the time of transfer.

WHEREAS, the property located at 2136 Norwood Avenue, Section 32 Union Township has failed to meet Septic requirements during a time of transfer inspection, and the buyer Dan Nielsen understands a private sewage disposal system must be installed on this property.

NOW THEREFORE, it is hereby agreed that the required and agrees that the necessary private sewage disposal system installation to serve the property shall be installed and completed no later than the 1st day of January, 2016.

Dated the 16<sup>th</sup> day of October, 2015.

PROPERTY BUYER



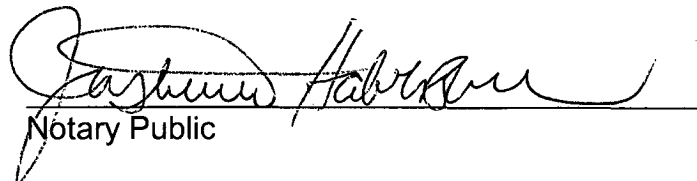
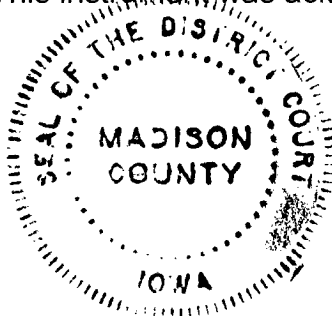
\_\_\_\_\_  
Dan Nielsen

MADISON COUNTY  
BOARD OF HEALTH OR  
AUTHORIZED REPRESENTATIVE



\_\_\_\_\_  
Elton A. Root, EH Officer

This instrument was acknowledged before me on October 16, 2015 by



\_\_\_\_\_  
Notary Public