

Document 2015 GW3705

Book 2015 Page 3705 Type 43 001 Pages 2 Date 12/16/2015 Time 1:40:56PM

Rec Amt \$.00

INDX ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

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

TRANSF Name	EROR: ACM VISION V TRS	LLC			
Address		Bornuhill Road, Colu	mbia SC	29210	
	Number and Street or RR	City, Town or I	, ,	State	220
TRANSF Name		nd Wendy N. McDonald			
Address	319 East Grade Street,	Winterset, IA 50273			
	Number and Street or RR	City, Town or F	<b>?.0</b> .	State	Zip
	of Property Transferred: rd Street, Winterset, IA				
Nur	mber and Street or RR	City, Town or P.O.		State	Zφ
County o	of Madison, State of low	ttach if necessary) All that a, being more particularly uiberson's Addition to the	described as f	ollows: Lots Fiv	e (5) and
X Ti str 2. Solid X Ti in 3. Hazara X Ti At Under	here is a well or wells sit ated below or set forth or waste Disposal (check here is no known solid where is a solid waste disposal (check or here is no known hazard here is hazardous waste ttachment #1, attached traground Storage Tanks	raste disposal site on this posal site on this property d to this document.  ne) lous waste on this property on this property and infor o this document.  is (check one) rground storage tanks on	property. and information y. mation related	sary.  on related thereto i	s provided d in

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. 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
	ormation required by statements checked above should be provided here or on separate
<b>O</b> III	pets attached hereto:
<b>•</b>	
<b>OIN</b>	
	eets attached hereto:
	I HEREBY DECLARE THAT I HAVE REVIEWED 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.
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.  Telephone No.: (803) 414-3031
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

DNR form 542-0960 (July 18, 2012)

FILE WITH RECORDER