

Book 2016 Page 205 Type 43 001 Pages 2 Date 1/25/2016 Time 2:38:36PM 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

IKANSI	_			
Name _	Stephen C. ford			· · · · · · · · · · · · · · · · · · ·
	C653 THINOIS ST	Indianola City, Town or P.O.	TA State	50/25 Zip
TRANSI	EREE:			
Name _	Louise Clemons			
Address	1219 Wade St. Number and Street or RR	Des moines City, Town or P.O.	<u>In</u> State	Zip
Address	of Property Transferred:			
104 Number a	E. Center St nd Street or RR	City, Town or P.O.	<u>T</u> A State	<u>5</u> 0257
Legal De	escription of Property: (Attach if nec	essary)		
Lot	13-16 Block B	Original addition True	o, IA	
2. Solid 3. Haza 4. Unde 5. Priva	on an attached separate sheet, as need Waste Disposal (check one) There is no known solid waste disposal fibere is a solid waste disposal site attached to this document. Indous Wastes (check one) There is no known hazardous waste on this prothis document. In the company of	sal site on this property. on this property and information related thereto on this property. operty and information related thereto is provided e) orage tanks on this property. (Note exclusions such nks, cisterns and septic tanks, in instructions.) k on this property. The type(s), size(s) and any kn eate sheet, as necessary.	is provided in din Attachmen	n Attachment #1, nt #1, attached to m and residential
	There is a private burial site on this	tes on this property. property. The location(s) of the site(s) and know attached separate sheet, as necessary.	n identifying i	nformation of the
July 18th 2	012 cmz	FILE WITH RECORDER		DNR Form 542-0960

 6. Private Sewage Disposal System (check one) All buildings on this property are servec 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 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:
* The well on this property had been filled and no longer in a usable condition.
I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT. Signature: Telephone No.: 641-765-4770
(Transferor or Agent)