

Book 2017 Page 2652 Type 43 001 Pages 3 Date 8/23/2017 Time 12:38:16PM

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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

TRANSF			,	
Name	Loren A. Olson	andala IA 50222		
Address	10644 Sharon Circle, Urb			
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF	EREE:			
Name				
Address	3032 Settlers Trail, Saint	Charles, IA 50240		
	Number and Street or RR	City, Town or P.O.	State	Zip
Address of 3032 Set	of Property Transferred: tlers Trail, Saint Charles, L	A 50240		
Nur	nber and Street or RR	City, Town or P.O.	State	Zip
TI TI st	ated below or set forth on a	ted on this property. The type(s), locan attached separate sheet, as neces		tus are
TI		te disposal site on this property. sal site on this property and informati	ion related thereto is p	orovided
3. Hazar	dous Wastes (check one)		
TI	tachment #1, attached to t	n this property and information related his document.	d thereto is provided i	in
	ground Storage Tanks (d			
sn		round storage tanks on this property. otor fuel tanks, most heating oil tanks		
TI	nere is an underground sto	rage tank on this property. The type isted below or on an attached separa		

5.	Private Burial Site (check one) There are no known private burial sites on this property.
	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
1	necessary.
6.	Private Sewage Disposal System (check one)
6.	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
	formation 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.
Sig	gnature: Telephone No.: (515) 360-8047

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)

Addendum

1. The Southwest Quarter (1/4) of Section Four (4), Township Seventy-four (74) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa; Except the Northeast Quarter (1/4) of the Southwest Quarter (1/4) of said Section; and Except that part of Parcel "C" located therein, as shown in Plat of Survey recorded in Book 2007, Page 1610, on April 19, 2007; and Except that part of Parcel "E" located therein, as shown in Plat of Survey recorded in Book 2014, Page 845 on April 11, 2014; and Except that part of Parcel "F" located therein, as shown in Plat of Survey recorded in Book 2014, Page 846 on April 11, 2014, all in the Office of the Recorder of Madison County, Iowa.