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INDX ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENTTO BE COMPLETED BY TRANSFEROR

| TRANSF | EROR: | | | |
|---------------|--|---|---------------------------|--------|
| Name | Corkrean and Watts Devel | opment Company | | |
| Address | 65 Jefferson, Winterset, IA 50273 | | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip |
| TRANSF | EREE: | | | |
| Name | Marcus Arnold | | | |
| Address | Post Office Box 455, El Do | orado, KS 67042 | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip |
| | of Property Transferred: h 9th Avenue, Winterset, IA | A 50273 | | |
| Nur | nber and Street or RR | City, Town or P.O. | State | Zip |
| <u>X</u> TI | (check one) here are no known wells situ | | | |
| st | ated below or set forth on a | ed on this property. The type(s), loon attached separate sheet, as nece | | is are |
| | Waste Disposal (check on here is no known solid wast | ne) e disposal site on this property. | | |
| | here is a solid waste dispose Attachment #1, attached to | al site on this property and informat this document. | ion related thereto is pr | ovided |
| 3. Hazar | dous Wastes (check one) | | | |
| <u> </u> | | this property and information relate | d thereto is provided in | |
| | tachment #1, attached to th | | | |
| <u>X</u> Th | | heck one) ound storage tanks on this property. otor fuel tanks, most heating oil tank | | |
| TI | nere is an underground stor | age tank on this property. The type | | |

| 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 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 |
| sh | eets attached hereto: |
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| | |
| | I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM |
| | AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT. |
| | |
| | |
| Qi, | Tolophono No.: (515) 462 2120 |