

Document 2022 GW1523

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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

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

TR	ANSI	FEROR:				
Nai	ne <u>F</u>	lomes By Fleetwood, LLC				
Add	iress	475 S 50th St Ste 100 Number and Street or RR	West Des Moines City, Town or P.O.	IA State	50265 Zip	
TR	ANSF	EREE:	•			
Na	ne <u>T</u>	anner J. Baldwin				
Add	iress	2014 Ash Tree Dr	Winterset	<u>IA</u>	50273	
		Number and Street or RR	City, Town or P.O.	State	Zip	
Add	iress	of Property Transferred:				
201	4 As	h Tree Dr	Winterset	IA	50273	
		Number and Street or RR	City, Town or P.O.	State	Zip	
2.	Solle	There are no known wells situated on the control of	nis property. The type(s), locations sheet, as necessary. sal site on this property. ite on this property and Informa			
		Attachment #1, attached to this docu	ment.			
3.		ardous Wastes (check one)				
	-	There is no known hazardous waste	, , <u>,</u>			
		There is hazardous waste on this pattached to this document.	roperty and information related th	ereto is provided	in Attachment #1,	
4 .	Underground Storage Tanks (check one)					
		There are no known underground s and residential motor fuel tanks, mos				
		There is an underground storage tal contained are listed below or on an a			nown substance(s)	

5.	Pri	vate Burial Site (check one)			
	D	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.	Priyate Sewage Disposal System (check one)				
	O/	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 certifled 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:					
·					
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.: (515) 327-1700					