BK: 2022 PG: 1975

Recorded: 6/30/2022 at 1:20:10.0 PM

Pages 2

County Recording Fee: Iowa E-Filing Fee: \$0.00

Combined Fee: Revenue Tax:

LISA SMITH RECORDER Madison County, Iowa

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TRANSF	EROR:	E GOIM LETED BY TIVANSI ENC		
Name Address	Brody W. Willrich and Caitlyn Willrich	<u>h</u>		
Address	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF	EREE:			
Name Address	Elaina L. Patterson and Bodey Patte	erson		
	Number and Street or RR	City, Town or P.O.	State	Zip
Address	of Property Transferred:			
	st Maple Avenue	Earlham	IA	50072
Nur	mber and Street or RR	City, Town or P.O.	State	Zip
— st 2. Şol jd	ated below or set forth on a Waste Disposal (check o r	ed on this property. The type(s), In attached separate sheet, as ned ne) e disposal site on this property.	ocation(s) and legal sessary.	status are
☐ TI in		al site on this property and inform	ation related thereto i	s provided
	dous Wastes (check one)			
TI	nere is no known hazardous nere is hazardous waste on tachment #1, attached to th	this property and information rela	ted thereto is provide	d in
	ground Storage Tanks (cl	h <mark>eck one)</mark> ound storage tanks on this propert	ty (Note evaluaions d	auch oc
sr	nall farm and residential mostructions.)	tor fuel tanks, most heating oil tar	ıks, cisterns and sept	ic tanks, in
L] Th	nere is an underground stor	age tank on this property. The typested below or on an attached sepa		

5. Private	€ Burial Site (check one)
_ · ✓Th	nere are no known private burial sites on this property.
] Th	nere is a private burial site on this property. The location(s) of the site(s) and known
└─_ide	entifying information of the decedent(s) is stated below or on an attached separate sheet, as
	cessary.
	Sewage Disposal System (check one)
	buildings on this property are served by a public or semi-public sewage disposal system.
Th	is transaction does not involve the transfer of any building which has or is required by law to
	ve a sewage disposal system.
	here is a building served by private sewage disposal system on this property or a building
	thout any lawful sewage disposal system. A certified inspector's report is attached which
	cuments the condition of the private sewage disposal system and whether any modifications
	e required to conform to standards adopted by the Department of Natural Resources. A
	rtified inspection report must be accompanied by this form when recording.
	ere is a building served by private sewage disposal system on this property. Weather or
	ner temporary physical conditions prevent the certified inspection of the private sewage
	posal system from being conducted. The buyer has executed a binding acknowledgment
WIT	the county board of health to conduct a certified inspection of the private sewage disposal
sys	stem at the earliest practicable time and to be responsible for any required modifications to
	private sewage disposal system as identified by the certified inspection. A copy of the
	ding acknowledgment is attached to this form.
I h	ere is a building served by private sewage disposal system on this property. The buyer has
exe	ecuted a binding acknowledgment with the county board of health to install a new private
	wage disposal system on this property within an agreed upon time period. A copy of the
	ding acknowledgment is provided with this form.
]Th	ere is a building served by private sewage disposal system on this property. The building to
wh	ich the sewage disposal system is connected will be demolished without being occupied. The
bu	yer has executed a binding acknowledgment with the county board of health to demolish the
bui	Iding within an agreed upon time period. A copy of the binding acknowledgment is provided
wit	h this form. [Exemption #9]
Th	is property is exempt from the private sewage disposal inspection requirements pursuant to
the	following exemption [Note: for exemption #9 use prior check box]:
	e private sewage disposal system has been installed within the past two years pursuant to
	mit number
·	
Information	on required by statements checked above should be provided here or on separate
	ached hereto:
LHE	REBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
	THE THE INTERNATION STATES ADOPT TO THOU AND SOURCE.
	13 / ///
Signature:	Telephone No.: \$5-255-8758
_	(Transferor or Agent)