**REAL ESTATE TRANSFER** - GROUNDWATER HAZARD STATEMENT

Please read the filing instructions on the reverse side **BEFORE** completing this form.

**PART I - TO BE COMPLETED BY TRANSFEROR**

(Please Type or Print Legibly)

**TRANSFEROR** Name Donald L. Broyles and Lois J. Broyles

Address PO Box 1421 Clatskanie Oregon 97016
Number and Street or RR | City, Town or PO | State | Zip

**TRANSFEREE** Name Kyle J. Lange

Address 405 Mary Street | Earlville | IA | 52041
Number and Street or RR | City, Town or PO | State | Zip

Address of Property Transferred 210 1st Street SE | Hopkinton | IA | 52237
Number and Street or RR | City, Town or PO | State | Zip

Legal Description of Property Lot Two (2), Block Nine (9), Carter's Addition to Hopkinton, Iowa, according to plat recorded in Book E L D, Page 529

**1. Wells (check one)**
- ☑ There are no known wells situated on this property
- ☐ There is a well or wells situated on this property. The type(s), location(s), and legal status are stated below.

**2. Solid Waste Disposal (check one)**
- ☒ There is no known solid waste disposal site on this property.
- ☐ There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resourses that the site is deemed to be potentially hazardous.
- ☐ There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below.

**3. Hazardous Wastes (check one)**
- ☒ There is no known hazardous waste on this property.
- ☐ There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.

**4. Underground Storage Tanks (check one)**
- ☒ There are no know underground storage tanks on this property. (Note exclusions such as small farm and residential motor fuel tanks, most heating oil tanks, cisterns and septic tanks, in instructions.)
- ☐ There is an underground storage tank or tanks on this property. The type(s), size(s), and any known substances(s) contained are described below.

**5. Private Burial Site (check one)**
- ☒ 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) is stated below. The known identifying information of the decendent is stated below.

Information, is any, required by statements checked above:

Attachment for Additional Information? Y/N If so, number of pages_____.

**I HEREBY DECLARE THAT THE INFORMATION CONTAINED IN PART 1 OF THIS STATEMENT IF TRUE, AND CORRECT**

Signature: _____ Telephone Number: (319) 330-1564
(Transferor or Agent)

**PART II - TO BE COMPLETED BY RECORDER**

Date of Instrument_____ Book/I.D._____

Date of Recording_____ City or Township___

Deed ☐ Contract ☐ County_____

DNR form (July 99)

**FILE WITH**
(See Ins

Book 2007 Page 3967

Document 2007 GWH-3967 Type 53 001 Pages 1
Date 12/11/2007 Time 9:44:44AM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA