Book 2009 Page 2532
Document 2009 GWH-2532 Type 53 001 Pages 1
Date 6/26/2009 Time 2:45:37PM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Dennis L. Haas, Del Rose A. Haas, Administrator

Address 217 W. Margaret St., Earlville, IA 52041

Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:

Name Thomas E. Nefzger and Joyce A. Nefzger

Address 2628 195th St. Earlville, IA 52041

Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:

217 W. Margaret St., Earlville, IA 52041

Number and Street or RR | City, Town, or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) Lot Two (2) of R.D.R. Subdivision, A Subdivision of the West 315.625' of the East 983.25' of the South 99' of the SE 1/4 - SE 1/4 (Except L.D., Book 62, Page 201) Section 26, Township 89 North, Range 4 West of the Fifth P.M., City of Earlville, Delaware County, Iowa, according to plat recorded in Book 2000, Page 3239

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 or set forth on an attached separate sheet, as necessary.
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 Resources 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 or on an attached separate sheet, as necessary.
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 known 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 on this property. The type(s), size(s) and any known substance(s) contained are listed below or on an attached separate sheet, as necessary.
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) 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)**
   - ☒ There are no known private sewage disposal systems on this property.
   - ☐ There is a private sewage disposal system on this property. A certified inspector's report is provided 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.
   - ☐ There is a 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 provided with this form.
   - ☐ There is a 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.

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: Del Rose A. Haas (Transferor or Agent) Telephone No.: (563) 920-0614