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Daneen Schindler, RECORDER/REGISTRAR DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

| Name | Ezra Jacob Birchall and Carrie A. Birchall | | | | | |
|---|--|---|-----------------------------|------------|--|--|
| Address | 828 Pleasant St., Mineral Point, WI 53565 | | | | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip | | |
| TRANSFE | REE: | | | | | |
| Name | David L. Reiss | | | | | |
| Address | 1492 Early Stagecoach Rd., Manchester, IA 52057 | | | | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip | | |
| | f Property Transferred: yson Ct., Manchester, IA 5 | 2057 | | | | |
| Numb | er and Street or RR | City, Town or P.O. | State | Zip | | |
| | | st Subdivision, a Subdivision of L re County, Iowa, according to pla | | | | |
| The The stated below the State of the State | ow or set forth on an attach Vaste Disposal (check on ere is no known solid waste ere is a solid waste disposant #1, attached to this docur ous Wastes (check one) ere is no known hazardous | ted on this property. The type(sed separate sheet, as necessary e) e disposal site on this property. el site on this property and information this property. waste on this property. en this property and information | ation related thereto is pr | rovided in | | |

| 4. Underground Storage | Tanks (check one) | | |
|----------------------------|------------------------------|---------------------------------|--|
| | | nks on this property. (Note e | xclusions such as small |
| | | oil tanks, cisterns and septic | |
| There is an under | ground storage tank on | this property. The type(s), | size(s) and any known |
| | | ached separate sheet, as ne | cessary. |
| 5. Private Burial Site (ch | | | |
| | n private burial sites on th | | |
| There is a private b | urial site on this property | . The location(s) of the site(s |) and known identifying |
| | | an attached separate sheet, | as necessary. |
| 6. Private Sewage Dispo | | | |
| | | public or semi-public sewage | |
| | | er of any building which has | or is required by law to |
| have a sewage disposal sy | | | |
| | | disposal system on this prope | |
| | | nspector's report is attached | |
| | | d whether any modifications a | |
| | | l Resources. A certified ins | pection report must be |
| accompanied by this form | | | |
| | | disposal system on this prop | |
| | | spection of the private sewag | |
| | | acknowledgment with the co | |
| | | disposal system at the earlie | |
| | | the private sewage disposal | |
| | | wledgment is attached to this | |
| | | e disposal system on this pr | |
| | | ity board of health to install | |
| | | reed upon time period. A | copy of the binding |
| acknowledgment is provide | | | and the state of t |
| | | e disposal system on this pro | |
| | | Il be demolished without beir | |
| | | ounty board of health to demo | |
| | nod. A copy of the bin | ding acknowledgment is pr | ovided with this form. |
| [Exemption #9] | mot from the private cour | an dianonal increation requir | amanta nurauant ta tha |
| following exemption [Note: | | age disposal inspection requir | ements pursuant to the |
| | | een installed within the past | two voors purculant to |
| permit number | | een mstalled within the past | two years pursuant to |
| permit number | • | | |
| Information required by | statements checked a | bove should be provided | here or on senarate |
| sheets attached hereto: | Statements Checked a | bove should be provided | nere or on separate |
| | | | |
| | | | |
| | | | |
| | | VED THE INSTRUCTIONS F | |
| AND THAT TH | IE INFORMATION STAT | ED ABOVE IS TRUE AND O | CORRECT. |
| ^ | | | |
| Signature: 4 | 11m - | Telephono No : | (608) 417-0150 |
| (Transferor or | Agent) | Telephone No.: | (000) 411-8108 |
| | | | |