Recorded: 6/24/2022 at 1:50:28.0 PM

County Recording Fee: \$0.00 lowa E-Filing Fee: \$0.00 Combined Fee: \$0.00

Revenue Tax:

Delaware County, Iowa Daneen Schindler RECORDER

BK: 2022 PG: 1946

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

TRANS	FEROR:			
Name	Timothy L. Gott			
Address	Number and Street or RR	City, Town or PO	State	Zip
TRANS	FEREE:			
Name	Danny Ingles*		· · · · · · · · · · · · · · · · · · ·	
Address	Number and Street or RR	City, Town or PO	Posts State	IA 521
Address	of Property Transferred:			
	St NW, Hopkinton, Iowa 52237			
Number a	nd Street or RR	City, Town or PO	State	Zip
70 -	s (check one) There are no known wells situated on this p There is a well or wells situated on this pro	perty. The type(s), location(s) and	l legal status are	e stated below
0 0-1	or set forth on an attached separate sheet,	, as necessary.		
	d Waste Disposal (check one) There is no known solid waste disposal site There is a solid waste disposal site on Attachment #1, attached to this document.	n this property and information r	elated thereto i	s provided in
77	ardous Wastes (check one) There is no known hazardous waste on this There is hazardous waste on this property attached to this document.	property.	is provided in A	ttachment #1,
	erground Storage Tanks (check one) There are no known underground storage to residential motor fuel tanks, most heating of there is an underground storage tank on the contained are listed below or on an attached.	oil tanks, cisterns and septic tanks, this property. The type(s), size(s)	in instructions.)	

	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) 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 certified 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 as identified by the 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 buyer has executed a binding acknowledgment with the county board of health to demolish 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 b
ļ ā	nformation 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.: