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DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

# REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

**TRANSFEROR:**
Name Erland Q. Carlson

Address C/O Dawn Keenan 1729 162nd Avenue, Manchester, Iowa 52057
Number and Street or RR | City, Town or P.O. | State | Zip

**TRANSFEREE:**
Name Michael F. Loecke and Megan Loecke

Address 1826 180th Street, Manchester, Iowa 52057
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
2165 230th Avenue, Manchester, Iowa 52057
Number and Street or RR | City, Town, or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) See attached legal description

1. **Wells (check one)**
   - __ There are no known wells situated on this property.
   - X 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)**
   - X There is no known solid waste disposal site on this property.
   - __ There is a solid waste disposal site on this property and information related thereto is provided in Attachment #1, attached to this document.
3. **Hazardous Wastes (check one)**
   - X There is no known hazardous waste on this property.
   - __ There is hazardous waste on this property and information related thereto is provided in Attachment #1, attached to this document.
4. **Underground Storage Tanks (check one)**
   - X 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)**
   - X 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)**
   - X *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.
   - __ 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 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 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 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. [Exemption #9]
   - __ This property is exempt from the private sewage disposal inspection requirements pursuant to the following exemption [Note: for exemption #9 use prior check box]: _____.
   - __ The private sewage disposal system has been installed within the past two years pursuant to permit number _____.

**Information required by statements checked above should be provided here or on separate sheets attached hereto:**

Drilled well in working order located approx. 30' South of house. Well in NE Corner from Railroad - a abandoned and plugged - see attached.

**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM**
**AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature: X Ronnie R. Cuba (Transferor or Agent) Telephone No: 319 ) 396-8858

**FILE WITH RECORDER** **DNR form 542-0960 (Sept. 1, 2010)**

# Legal Description

Lots Two (2) and Three (3) and Lots One (1) and Two (2) of the subdivision of Lot Four (4), all of said Lots being a part of the subdivision of all that part of the Northeast Quarter of the Southeast Quarter (NE¼-SE¼) of Section 31, Township 89 North, Range 4 West of the 5th P.M. lying South of the South boundary line of the right of way for railway purposes as same is now used and occupied by the Illinois Central Railroad Company; also a strip of land Seven (7) feet wide North and South by 17.2375 chains East and West lying South of and adjoining said Lot One (1) of said subdivision of Lot Four (4) and said Lot Two (2) of said Subdivision of the Northeast Quarter of the Southeast Quarter (NE¼-SE¼) and; a tract of land adjoining the incorporated Town of Delaware, Iowa, described as commencing at the center and West of Adams Street in said Town of Delaware, thence running South 286 feet more or less to the South line of the Northwest Quarter of the Southwest Quarter (NW¼-SW¼) of Section Thirty-two (32), Township Eighty-nine (89) North, Range 4, West of the 5th P.M. thence West 17 rods 12 feet, more or less to the East line of Lot Two (2) of the Subdivision of the Northeast Quarter of the Southeast Quarter (NE¼-SE¼) Section Thirty-one (31), Township 89 North, Range 4 West of the 5th P.M. thence North 286 feet more or less to a point intersecting a continuation of a line drawn West from the center of Adams Street in said Town of Delaware, Iowa, thence East to the place of beginning and a strip of land Seven (7) feet North and South of the North side of the Southeast Quarter of the Southeast Quarter (SE¼-SE¼) of Section Thirty-one (31), Township 89 North, Range 4 West of the 5th P.M. lying South of and adjoining the land last above described and Lot Two (2) of the Subdivision of a part of the Northwest Quarter of the Southwest Quarter (NW¼-SW¼) of Section Thirty-two (32), Township 89 North, Range 4 West of the 5th P.M. and Lots 700 and 701 in the Town of Delaware, Iowa, the same being a part of the Northwest Quarter of the Southwest Quarter (NW¼-SW¼) of Section 32, Township 89 North, Range 4 West of the 5th P.M.

# Iowa Department of Natural Resources

# Abandoned Water Well
## Plugging Record

**1. Owner:** PWTS Well Number:

Name: Carlson Estate / Tom Hanson Atty City: Delaware State: Iowa

Address: 2165 Washburn Rd Zip: 52036 Phone: ( ) N/A

If this was a Public Water Supply Well, please provide:

PWSID Name: PWSID Number:

**2. Well (Cistern) Location:**

SE 1/4 of, NW 1/4 of, NW 1/4 of, Section 32, Twp. 89 N, Range 4 West/East (circle one)

Delaware County, Describe well location on property: NE Corner of Property

GPS Well Location: Latitude 42.47614 Longitude 91.35147

**3. Description:**

Well depth: 16 ft. Casing material: steel, plastic, concrete, clay, brick, stone (circle one)

Depth to water: 5' ft.

Casing diameter: 72" in. Type of construction: drilled, driven, bored, dug, augered (circle one)

Year or decade constructed:

Depth of casing: 16 ft. Check ☐ if this is a Monitoring Well Well ID

Check ☐ if Cistern depth: NA ft. diameter: NA ft.

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

**Signature of Owner:** Date Plugged: 9/19/11

*If plugged by certified well contractor, complete this box:*

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).

**Signature of Contractor:** Cert. No. 6715

*OR, If plugged by well owner, complete this box:*

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.

**Signature of County Agent:** Dennis Lyons Date Approved: 9-20-11

Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Private Wells Only - Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to the local county agent:

or, only if no county agent is available, to:

Water Supply Section
Iowa Department of Natural Resources
401 SW 7th Street, Suite M
Des Moines, IA 50309-4611