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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 John Michael Stone Estate

Address 882 NE Donelson Rd., Hillsboro, OR 97124

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

TRANSFEREE:

Name MCQEX 1, LLC

Address 18936 Shooting Star Rd., Anamosa, IA 52205

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

Address of Property Transferred:
3225 275th Ave., Hopkinton, IA 52237

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

Legal Description of Property: (Attach if necessary) See attached EXHIBIT A for full 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)**
   - ___ 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 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]
   - X This property is exempt from the private sewage disposal inspection requirements pursuant to the following exemption [Note: for exemption #9 use prior check box]: sale by estate, Exemption #3 .
   - ___ 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:

WELL LOCATION: From farmyard light pole, cross road to east, go north approximately 25 feet. Well is covered with house siding.

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

Signature: Deborah Ann Miles (Transferor or Agent) Telephone No.: 319-270-6377

FILE WITH RECORDER **DNR form 542-0960 (July 18, 2012)**

EXHIBIT A

All that part of the Southwest Quarter (SW¼) of the Southwest Quarter (SW¼) of Section Twenty Five (25) that lies West of the Maquoketa River except commencing at a point two hundred forty four and thirty two one-hundredths (244.32) feet South and five hundred seven and nine one-hundredths (507.09) feet East of the Northwest corner of said Southwest Quarter (SW¼) of the Southwest Quarter (SW¼), and running thence South 10° 28′ 20" West five hundred ninety five and thirty one one-hundredths (595.31) feet, thence South 86° 29′ 40" East two hundred seven and seventy one one-hundredth (207.71) feet, thence North 37° 10′ 20" East seven hundred ten (710.0) feet along the center of the Maquoketa River, thence North 86° 29′ 40" West five hundred twenty nine and twelve one-hundredths (529.12) feet to the point of beginning, and the Southeast Quarter (SE¼) of the Southeast Quarter (SE¼) of Section Twenty Six (26), and the Northeast Quarter (NE¼) of the Northeast Quarter (NE¼) of Section Thirty Five (35), and all that part of the Northwest Quarter (NW¼) of the Northwest Quarter (NW¼) of Section Thirty Six (36) which lies West of the Maquoketa River and North of the Wild Cat and Table Rock Road, all in Township Eighty Seven (87) North, Range Four (4), West of the Fifth P.M., and the Southwest Quarter (SW¼) of the Northwest Quarter (NW¼) and the Northwest Quarter (NW¼) of the Southwest Quarter (SW¼) of Section Twenty Five (25), and the Northeast Quarter (NE¼) of the Southeast Quarter (SE¼) and the Southeast Quarter (SE¼) of the Northeast Quarter (NE¼), and the South eleven (11) acres of the Northeast Quarter (NE¼) of the Northeast Quarter (NE¼) of Section Twenty Six (26), and the Southeast Quarter (SE¼) of the Northeast Quarter (NE¼) and the East one-half (E½) of the Northeast Quarter (NE¼) of the Southeast Quarter (SE¼) of Section Thirty Five (35), all in Township Eighty Seven (87) North, Range Four (4), West of the Fifth P.M., Delaware County, Iowa,

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a. Solid Waste Disposal (check one)

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.

b.. Hazardous Wastes (check one)

There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.

There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.

Further descriptive information:

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Signature: Barbara S1 (Transferor or Agent) Telephone No.: (563) 568-0011

FILE WITH RECORDER **DNR form 542-0960 – Attachment #1 (June 26, 2009)**

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Time of Transfer Inspection Report (DNR Form 542-0191)

Property information

Current owner_ **John Stone Estate** _____

Buyer _**Mathew & Elizabeth McQuillen** ___ Realtor _ **Smed Reality-Barb** ___

Mailing address _____

Site Address/County _**3225 275th Ave. Hopkinton, IA County-Deleware** _

Legal Description _____

No. of bedrooms _**1**___ Last occupied? ___ Records available _**NO**_____

Permit/installation date _**1994**____ Separation distances ok/ no? ____**OK**_____

Septic system information

Septic tank(s): size __**1000**_____ material _**Concrete** _ condition __ **good** __

Tank pumped? _**Yes**_____ date _**5/24/13**__ licensed pumper _**Groth Services LLC**_____

Septic/trash/processing tank: size ____ material ___ condition __ ___

Tank pumped? _____ date _____ licensed pumper ____

Maintenance contract? _____ expiration date _____ service provider _____

Pump tanks/vaults: type _ _ size _____ condition _____

Distribution system: distribution box___**NO**_ outlets used ___ condition _

Header pipe(s) ___**YES**_____ # of lines _**1?**____ Pressure dosed? _**NO**___

Secondary treatment:

length of absorption fields __**65'?** __ determined by _**Probe** _____

condition of fields __**good**_____ determined by _**Hydraulic load test**___

type of trench material __**Rock and Pipe**_____

Size of sand filter___ _____Determined by_____

Vent pipes above grade?_____Discharge pipe located?_____

Effluent sample taken?_____

Media filters: type _____

Maintenance contract? _____ expiration date _____ service provider _____

NPDES General Permit No. 4: required? _____ permitted? _____ NOI provided _____

[johnstone]

Time of Transfer Inspection Report

Other components:
Alarms _____ Working? _____ disinfection _____ working? _____

Control box _____ Timers_____ inspection ports _____

Other components ___ _____

Overall condition of the private sewage disposal system

Report system status __ **Secondary treatment system is working**

Explain (attach additional pages as needed) ___**See Attached Narrative Report**____

Comments: _____

Signature of Certified inspector: _____ Date: 6-3-13

Name (print): ___**Corey Groth**_____ Certificate #: __**8810**_____
Address: _____**1690 165th Street Manchester, IA 52057**_____
Phone # ___563-927-5823_____

A copy of this report, the narrative report and sketch has been sent to the following by us:
YES- Seller/agent
NO- Buyer /agent, please give them a copy
YES- county sanitarian/environmental health office,
YES – Iowa DNR in Des Moines

[johnstone]

GROTH
SERVICES LLC

NARRATIVE INSPECTION REPORT
John Stone Property

HOME DESCRIPTION:

This is a pole building cabin with one bedroom and 1 bathroom. It does not have a garbage disposal. There is no basement, and no sump pump discharge. The sewer waste line exits out the floor towards the east and goes to a 1000 gallon dual compartment concrete tank. The septic tank does have one surface access riser over the two compartment wall. There is no distribution box, just leech line pipe directly out of the outlet from the septic tank. There is only room in the yard for approximately 65 feet of leech line.

Distance from septic tank to well is >50'.
Distance from leech bed to well is >100'.

CONDITION:

The concrete septic tank when pumped had a 6" scum layer and 50% solids. The inlet baffle and outlet baffle is in fair condition. Tank level was correct at the time of inspection. Someone else had hand dug up the leech line directly after the tank for us to inspect.

A hydraulic load test on the leeching system was calculated, 9.5 GPM from outside hydrant for 42 minutes for a total of 400 gallons. The purpose of this test is to simulate water usage in the home, indicating the secondary treatment system is working correctly. The cabin may not of been used enough recently for the test to be accurate. Normally I would have tested this one bedroom for 200 gallons, but I did increase it twice that amount to help ensure that the system was working.

The water flowed into the secondary treatment system and absorbed it entirely without backing up. The secondary system was not saturated with water when probed.

Please note: This septic system is grossly undersized even for a one bedroom cabin, and this should be kept in mind for the new owners. If the new owners increase the size of cabin, they will need to

increase the size of the septic system.

Mr. Carroll Smith who is a family friend was onsite with me. I did have to make a hole in the leech line to do my inspection and water load test. He said he was going to repair the hole in the leech pipe after I left. I walked the entire bottom hillside surrounding the cabin looking for effluent coming out. I also used dye in my load test to ensure accurate results, and only found some gutter tile lines that were not discharging.

This septic system inspection was conducted at **3225 275th Ave. Hopkinton, IA on May 24th 2013.** The septic was pumped out on **May 24th 2013** by us.

YES - this septic system does meet the Iowa Time of Transfer inspection criteria in it having secondary treatment.

Tank capacity was verified by interior liquid measurements
(L x W x H = in.3 x 0.00433 = US Gals)

Company Disclaimer

Based on what we were able to observe and our experience with on-site wastewater technology, we submit this sanitary sewage disposal system inspection report based on the present condition of the on-site sewage disposal system. Groth Services LLC has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future. Because of the numerous factors (usage, soil characteristics, previous failures, etc.) which effect the proper operation of a septic system as well as the inability of our Company to supervise or monitor the use or maintenance of the system, this report shall not be construed as a warranty by our Company that the system will function properly for any particular buyer. Groth Services LLC DISCLAIMS ANY WARRANTY, either expressed or implied, arising from the inspection of the septic system or this report. We are also not ascertaining the impact the system is having on the ground water.

I have studied the information contained herein and that my assessment is honest, thorough, and to the best of my ability correct. This Narrative report may not be copied without written approval from Groth Services LLC.

Certified by Corey J Groth # 8810

_____ **DATE** 6-3-13

[johnstone]

GROTH SERVICES

TIME OF TRANSFER INSPECTION MAP

DATE 5-31-13 SELLER JOHN STONE BUYER MATHEW McQUILLEN

ADDRESS 3225 275th AVE CITY HOPKINTON

