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Document 2015 GWH-3472 Type 53 001 Pages 5
Date 12/28/2015 Time 10:15:10AM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Paul M. and Kathleen J. Fahey

Address 2255 Kerper Boulevard, Dubuque, IA 52001

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

TRANSFEREE:

Name Gary's Property, LLC

Address 1118 Hwy 30, Stanwood, IA 52337

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

Address of Property Transferred:
110 Jefferson Street, Delaware, IA 52036

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

Legal Description of Property: (Attach if necessary) Lots Eleven Hundred Seventy Five (1175), Eleven Hundred Seventy Six (1176), Eleven Hundred Eighty Nine (1189) and Eleven Hundred Ninety (1190), Delaware, Iowa, according to plat recorded in Book 2 L.D., pages 488-489, except that part conveyed to the State of Iowa by Warranty Deed recorded in Book 32 T.L.D., page 296.

1. **Wells (check one)**
   - X 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)**
   - 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)**
   - ___ 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.)
   - X 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 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]
   - ___ 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:

_____

_____

_____

_____

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

Signature: [signature] agent/attorney (Transferor or Agent)) Telephone No.: 563 582-7180

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

PLEASE NOTE ANY CHANGES TO EXISTING TANK INFORMATION

1. Have there been any changes to the status of the tanks at your site such as removals, closures, temporary closures or new installations during the past 12 months? ____Yes ____No
2. Have any changes been made to your tanks or piping, such as changing from a suction to pressure delivery system, changes in leak detection methods, tanks, or piping, adding cathodic, spill or overfill protection? ____Yes ____No

	1	2	3
Installation Year	1989	1989	1989
Capacity (gal.)	10,000	6,000	4,000
Product	Gasohol	Unleaded	Premium Unl
Compartments	1	1	1
Status	Regulated tank - active	Regulated tank - active	Regulated tank - active
Tank Material	Fiberglass	Fiberglass	Fiberglass
Double Walled	No	No	No
Interior Lined	No	No	No
Lining Inspection Required	No	No	No
Cathodic Type	None	None	None
Leak Detection	ATG	ATG	ATG
Spill Capacity	25 gallon	25 gallon	25 gallon
Overfill Device	Auto Shutoff	Auto Shutoff	Auto Shutoff
Line Material	Fiberglass	Fiberglass	Fiberglass
Double Walled	No	No	No
Cathodic Type	None	None	None
Delivery System	Pressure	Pressure	Pressure
Leak Detection	LTT	LTT	LTT
Leak Detector	Mechanical	Mechanical	Mechanical
Vapor Recovery Installed Tested			

PLEASE CONFIRM THE FOLLOWING POLICY INFORMATION

Policyholder/Insured

Name:	**RAINBO OIL COMPANY**
Federal Tax ID #:	**420481740**
Address:	**PO BOX 768 2255 KERPER BLVD**
City:	**DUBUQUE**
State: **IA**	Zip Code: **52001**
Phone:	**(563) 582-7653**
Contact Name:	
Contact Phone:	
Contact Fax:	
Contact E-mail:	**suek@rainbolubes.com**

Site Information

Name:	**KWIK STOP FOOD MARTS**
Address:	**110 E JEFFERSON ST (EXT 282 HWY 20)**
City:	**DELAWARE**
State: **IA**	Zip Code: **52036**
Contact Name:	**JILL REIMER**
Contact Phone:	**(563) 582-7291**
Contact Fax:	**(563) 557-1541**
Contact Email:	

Additional Insured(s)

Name:	**DUBUQUE BANK & TRUST CO.**
Address:	**14TH & CENTRAL AVE.**
City:	**DUBUQUE**
State: **IA**	Zip Code: **52001**
Phone:	
Fax:	
E-mail:	
Type:	**Other**

PLEASE NOTE THE FOLLOWING INSPECTION INFORMATION

1. Most recent PMMIC inspection was performed on: **5/15/2015**
2. All dispensers have intact secondary containment? **No**
3. All piping/STP have intact secondary containment? **No**
4. All piping/STP secondary containment have functional sensors? **No**

PLEASE CONFIRM THE FOLLOWING SITE INFORMATION

1. The number of dispenser(s) at your site is: **6**
2. NESHAP Throughput Category is: **Between 10,000 and 100,000 gallons**

Please submit a **completed** NESHAP Notification form if **NO** data is indicated above or your throughput category has changed for gasoline dispensing facilities only. The form may be downloaded from **www.pmmic.com** under Forms\Iowa\IDNR & EPA Forms.

PLEASE CONFIRM THE FOLLOWING COMPLIANCE INFORMATION

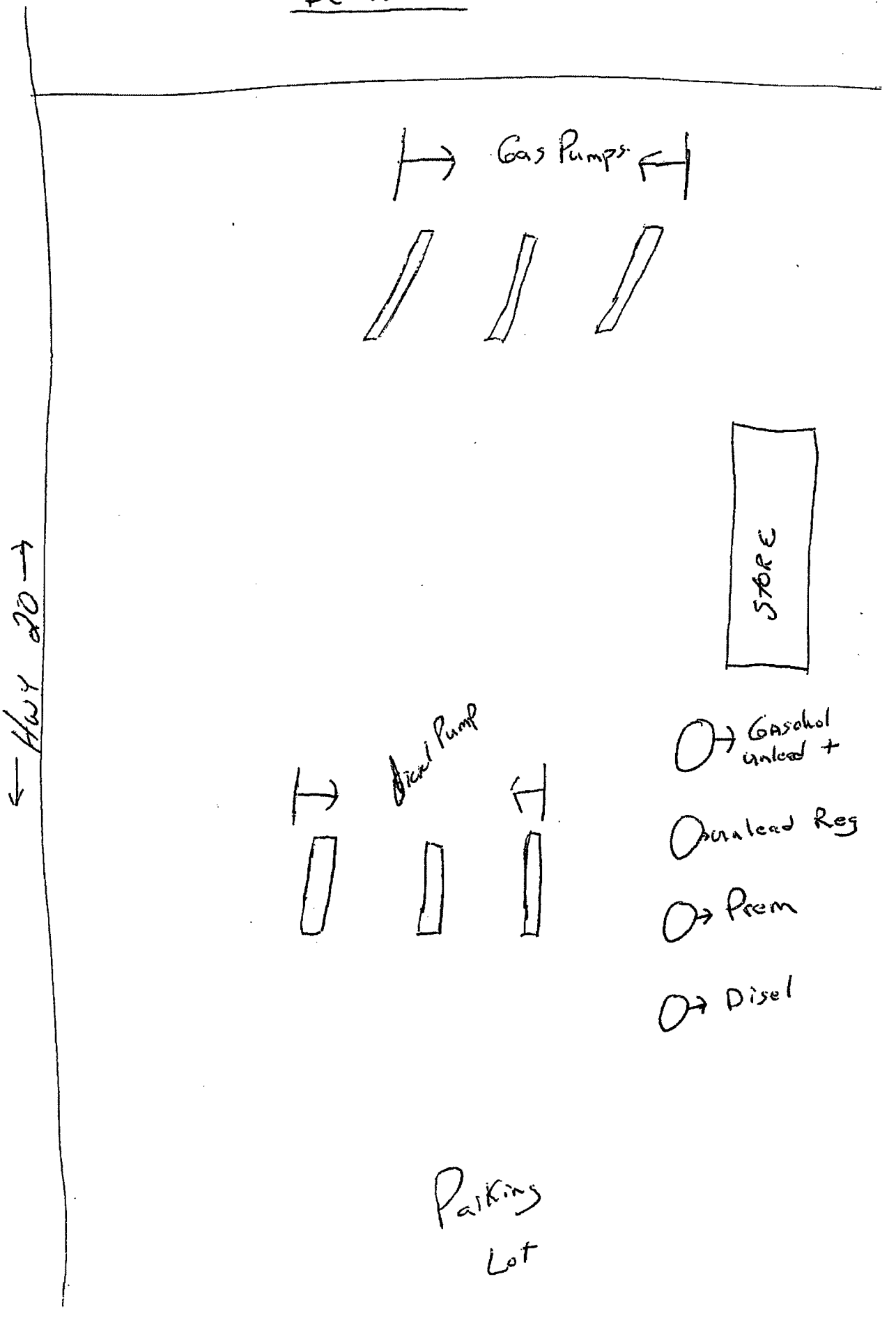
Class A Operator

Name:	**JILL REIMER**
Trainer:	**ROUNDS & ASSOCIATES**
Training Date:	**11/17/2010**
Certificate #: (if applicable)	**20101117-0072**

Class B Operator

Name:	**PAT SMITH**
Trainer:	**ROUNDS & ASSOCIATES**
Training Date:	**2/10/2011**
Certificate #: (if applicable)	**20110210-0029**

DELAWARE


Gas Pumps
STORE
Diesel Pump
Gasahol unlead +
unlead Reg
Prem
Disel
Parking Lot
← Hwy 20 →