**Recorded: 3/14/2016 at 1:01:48.0 PM**
**Fee Amount: $0.00**
**Revenue Tax:**
**Delaware County, Iowa**
**Daneen Schindler RECORDER**
**BK: 2016 PG: 631**

## REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

**TRANSFEROR:**

Name Vernon E. Quint *Jr.*

Address c/o Dennis Quint, 804 3rd St., Dyersville, IA 52040

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

**TRANSFEREE:**

Name Travis J. Mensen and Meghan L. Mensen

Address 740 Carter Dr., Ryan, IA 52330

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

Address of Property Transferred:
1895 310th St., Ryan, IA 52330

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

Legal Description of Property: (Attach if necessary) Parcel 2016-05 Part of the Southeast Quarter of the Southeast Quarter (SE¼ SE¼) of Section Sixteen (16), Township Eighty-seven (87) North, Range Five (5) West of the Fifth Principal Meridian, Delaware County, Iowa according to plat recorded in Book 2016, Page 43.

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.
   - X 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:**

Well still in use located approximately 20 feet east of the house located on the property.

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

PLEASE SIGN & DATE

Signature: _____ 1/28/16 Telephone No.: (563) 875-7325
(Transferor or Agent)

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

# IOWA DEPARTMENT of NATURAL RESOURCES
# TIME of TRANSFER INSPECTION AGREEMENT
# BINDING AGREEMENT for FUTURE INSPECTION
## 542-0062

This agreement, in accordance with Iowa Code 455B.172 (11), is entered into this 4th day of March 20 16 by and between Dennis Lyons County Board of Health and Meghan Monsen. It is agreed that due to weather or other temporary physical conditions that prevent the certified inspection of the private sewage disposal system at the property located at 1896 310th St. Ryan, IA 52330 from being conducted, that the required inspection shall be completed no later than July 1st, 20 16. The buyer further agrees to be responsible for any required modifications to the private sewage disposal system as identified by the certified inspection.

Dated the 4th day of March 20 16.

Meghan L Monsen
PROPERTY BUYER

Dennis Lyons
COUNTY BOARD OF HEALTH or AUTHORIZED REPRESENTATIVE

This instrument was acknowledged before me on March 4, 20 16

by, Peggy A Hildebrand

PEGGY A. HILDEBRAND
Commission Number 707482
My Commission Expires
12-6-17

Notary Public