Book 2019 Page 2437
2019 GWH-2437 Type 53 001 Pages 7
Date 9/06/2019 Time 2:24:31PM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:
Name Carl R Bockenstedt and Leslie L Bockenstedt
Address 1946 332nd St, Dyersville, IA 52040
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Joshua D Hagerty and April S Hagerty
Address 15857 Middle Rd, Dubuque, IA 52040
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
1946 332nd Ave, Dyersville, IA 52040
Number and Street or RR | City, Town or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) Parcel 2019-50 in the South 1/2 of the SE1/4 of the NW 1/4, Section 24, T.89N. R.3W. of the 5th P.M., Delaware County, Iowa, according to plat recorded in Book 2019, Page 1869.

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.
   - X 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: Carl R. Bockenstedt Telephone No.: 563-663-2400
(Transferor or Agent)
Dianne Jorgen POA

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

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

Property information
Current Owner Bockenstedt Family Trust
Buyer _____ Realtor _____
Mailing Address 1946 332nd Ave Dyersville
Site Address/County #1802400000500

No. of Bedrooms 5 Last Occupied? Now Disposal? Y / N Softener? Y / N H_2O Supply? well

Records Available Yes Permit/Installation Date 2001 Installer _____

Septic System Information
Septic Tank(s): Size 1500 Material Concrete Condition good
Tank Pumped? Yes Date 6-15-19 Licensed Pumper JSB
Septic/Trash/Processing Tank: Size 1000 Material Concrete Condition good
Tank pumped? Yes Date 6-15-19 Licensed Pumper JSB

Aerobic treatment unit (ATU) MFGR — Size _____
Tank Pumped? _____ Date _____ Licensed Pumper _____
Maintenance Contract? _____ Expiration Date _____ Service Provider _____
Condition _____

Pump Ttanks/Vaults: Type Yes lift Size 2" Condition good

Distribution System: Distribution Box Yes Outlets Used _____ Condition _____
Header Pipe(s) no Number of Lines 5
Pressure Dosed? Yes

Secondary Treatment
Length of Absorption Fields 5 x 90 Determined by Prob
Condition of Fields good Determined by Prob
Type of Trench Material Chamber

Size of Sand Filter — Determined by _____
Vent Pipes Above Grade? _____ Discharge Pipe Located? _____
Effluent Sample Taken? _____ Results _____

Media Filters: Type —
Maintenance Contract? _____ Expiration Date _____ Service Provider _____
Condition _____

NPDES General Permit No. 4: Required? _____ Permitted? _____ NOI submitted _____

Harter Custom Pumping, Inc & Septic Service

Robb Harter * Owner/ Operator
3031 160th Street Dyersville, IA 52040 * 563-875-8730 or 563-542-1010

****

Homeowners: Chris & Leslie Bockenstedt
1946 332nd Ave
Dyersville 52040

Age of Property: 2001

Occupied: Yes or No

Inspection Co: Robb Harter

Date of Inspection: 6-15-19

Does this evaluation/inspection meet the requirements of state and local agencies? Yes ✓ No ___ N/A ___

Section 1:

Location of the system: East West (North) South
Was Water run into the system for 30 minutes? (Yes) No
Does the septic tank have a visible riser? (Yes) No
Estimated size of tank 1500 Gallons *Basis for estimate*
What is the separation between well and septic? 136 ft
Does the separation of the well and septic meet local requirements? (Yes) No N/A

Section2: Disposal Field

Any evidence of malfunction (No) Yes (Please check all applicable observed conditions)
___ Wet Areas ___ Unusual green/lush vegetation
___ Liquid Discharges to surface ___ Discharge pipe of unknown origin
___ Localized surface settling ___ Other (Describe below)

Septic Tank:

Septic tank material ✓ Concrete Fiberglass Other
Liquid Level in tank ✓ Normal Below Normal Above Normal
Access opening in tank One ✓ Two Three None
Number of risers One ✓ Two Three None
Condition of baffles and/or sanitary tees:
Inlet baffle or "T" ✓ Present and functional Not functional None present Not Visible
Outlet baffle or "T" ✓ Present and functional Not functional None present Not Visible
Tank was pumped ✓ Yes No (if no please explain below
Is system adequately sized for # of Bedrooms ✓ Yes No # of Bedrooms:
Is system adequately sized for # of Bathrooms ✓ Yes No # of Bathrooms:
System working Properly ✓ Yes No (if no please explain below)

Additional Comments / Repairs needed:

All in working condition.
Keep pump every 3-4 years

Septic systems are subterranean, it is impossible to determine their overall condition. No prediction can be made as to when or if a system might fail.
This report comments on the workability of the system on the day of the inspection only, and is in no way intended to be a warranty.
Workability can be altered by factors such as excessive rainfall, heavy water usage, faulty plumbing, neglect or physical damage to the system. All tanks require pumping maintenance.

Inspected by: Robb Harter Date: 6-15-19

Area (Minor)=1A AND Class=RE AND Price=100000-200000 AND Status=ACT AND Type=SNGLF

CMA Summary Report

RESIDENTIAL Summary Statistics

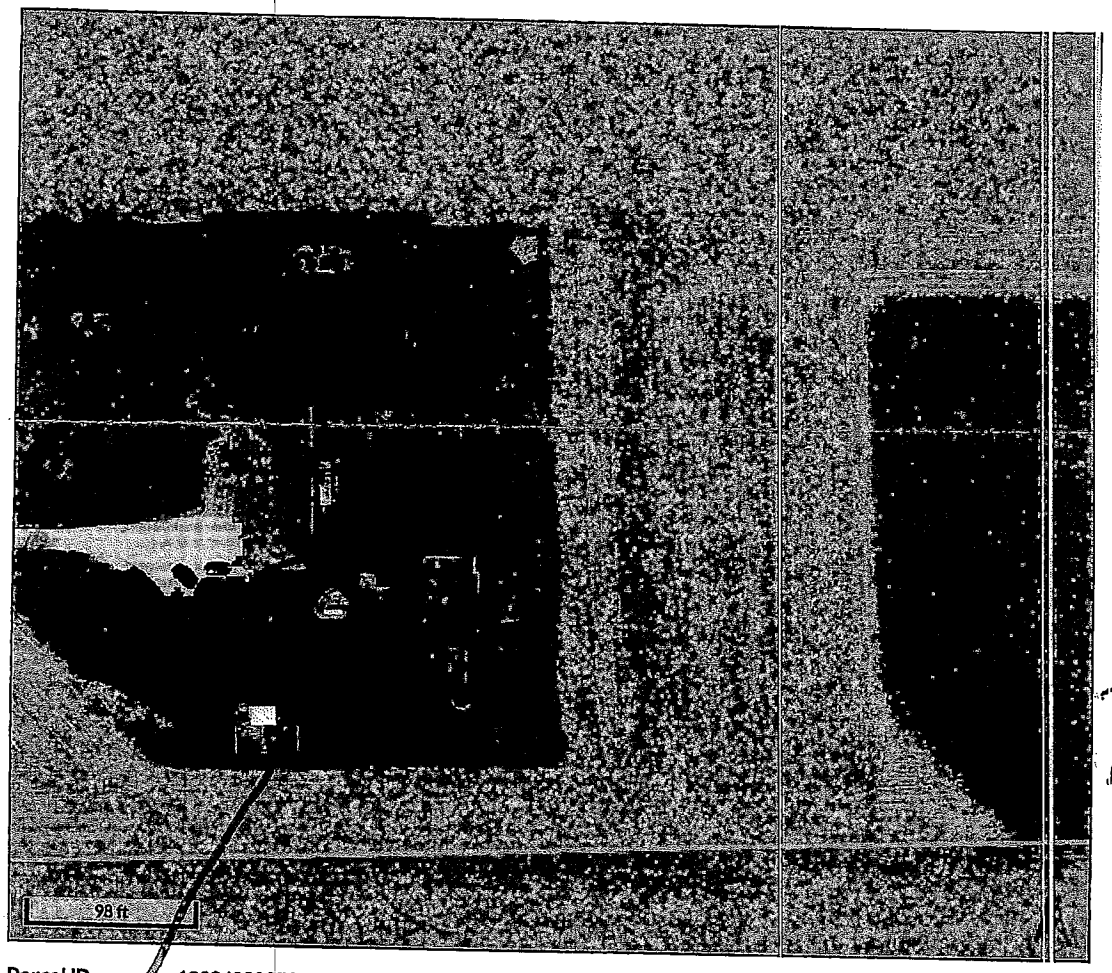
High	Low	Average	Median
LP:$104,900	$104,900	$104,900	$104,900
SP:$0	$0	$0	$0

RESIDENTIAL - ACTIVE

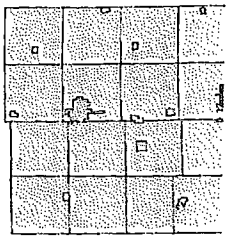
Number of Properties: 1

Num	Address	MLS #	Status	Area	Type	DOM	LP		
1	483 Kaufmann Avenue	138332	ACTIVE	DUBUQUE AREA	SINGLE FAMILY - DETACHED	11	$104,900		

Beacon™ Delaware County, IA



Overview



Legend

- Corporate Limits
- Political Township

Parcels

- BLL
- Parcel
- Roads

TANK 38 Ft NE of Home

9 Ft NW of Home

Parcel ID	180240000500	**Alternate ID**	n/a	**Owner Address**	Bockenstedt Family Trust
Sec/Twp/Rng	24-89-3	**Class**	A		D Scott Heineman & Kurt F Johnson Trustees
Property Address	1946 332ND AVE DYERSVILLE	**Acreage**	18.76		1946 332nd Ave
					Dyersville, IA 52040
District	BREMEN WESTERN DUBUQUE				
Brief Tax Description	S 1/2 SE NW EX ROAD (Note: Not to be used on legal documents)				

Disclaimer: The information in this web site represents current data from a working file which is updated continuously. Information is believed reliable, but its accuracy cannot be guaranteed. No warranty, express or implied, is provided for the data herin, or its use. Special assessments not shown.

Date created: 6/16/2019
Last Data Uploaded: 6/14/2019 12:48:08 AM

Developed by Schneider GEOSPATIAL

1500 GAL TANK WITH Fitting

HAS 11Ft Pump

Well

Well is 136 Ft To TANK

Well to TANK 166 Ft

WATER ANALYSIS REPORT

CITY OF DUBUQUE ENVIRONMENTAL MONITORING LABORATORY **IOWA LAB #014**

OWNER OF SUPPLY: Josh Hagerty PHONE: 563-542-0878

ADDRESS: 1946 332nd Ave Dyersville, IA 52040

REPORT TO: Jim Gross PHONE: 563-556-4663

ADDRESS: 18040 Riverside Road Dub, IA 52001

SAMPLE COLLECTOR NAME (please print): Jim Gross

SIGNATURE (submitter, if different from collector): _____

SAMPLE DATE/TIME: 7/8/2019 (month/day/year) 10100 (time) AM SUBMISSION DATE/TIME: 7/8/19 (month/day/year) 11:21 (time)

SAMPLE RECEIVED BY: KO

SPECIAL INSTRUCTIONS: _____

PWSID# _____ FACILITY ID# _____ SAMPLING POINT ID# _____

SAMPLE TYPE (check one) X ROUTINE ☐ REPEAT ☐ SPECIAL ☐ OTHER _____

(if repeat, give original sample # and repeat code) _____ (original sample #)

ANALYSES REQUESTED ↓	COLLECTION POINT:	COLLECTION POINT:	COLLECTION POINT:	COLLECTION POINT:
	Kit			
BACTERIAL ANALYSIS X 9223B-PA ☐ 9223B-18PA ☐ 9223B-QT ☐ 9223B-18QT ☐ 9215B	Absent KO Tech in KO Tech out KO Time in 1140 Time out 1140	Tech in ____ Tech out ____ Time in ____ Time out ____	Tech in ____ Tech out ____ Time in ____ Time out ____	Tech in ____ Tech out ____ Time in ____ Time out ____
NITRATE ANALYSIS [SM 4500-NO3 D] mg/L	10.0 Time 1500 Tech CB	Time ____ Tech ____	Time ____ Tech ____	Time ____ Tech ____
FLUORIDE ANALYSIS [SM 4500-F C (ISE)] mg/L	Time ____ Tech ____	Time ____ Tech ____	Time ____ Tech ____	Time ____ Tech ____
FREE CHLORINE mg/L	Tech ____	Tech ____	Tech ____	Tech ____
TOTAL CHLORINE mg/L	Tech ____	Tech ____	Tech ____	Tech ____
OTHER:	Tech ____	Tech ____	Tech ____	Tech ____
OTHER:	Tech ____	Tech ____	Tech ____	Tech ____
OTHER:	Tech ____	Tech ____	Tech ____	Tech ____

< MEANS LESS THAN Tech ____ = TECHNICIAN INITIALS

TOTAL CHARGE $ 40- EMS # 25631

THIS IS NOT A BILL – INVOICE WILL BE SENT

WHITE COPY: TO CUSTOMER PINK COPY: TO BILLING OFFICE GOLD COPY: TO LABORATORY