Recorded: 9/26/2019 at 3:17:32.0 PM
County Recording Fee: $0.00
Iowa E-Filing Fee: $0.00
Combined Fee: $0.00
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2019 PG: 2650

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Earl Eugene Quigley Jr. and Jennifer A. Quigley

Address 1352 E Red Sage Lane, Apple Valley, UT 84737

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

TRANSFEREE:

Name Brandie Lee Dolter and Louis R. Dolter

Address 2789 Paris Rd., Central City, IA 52214

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

Address of Property Transferred:

3086 State Hwy 13, Ryan, Iowa 52330

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

Legal Description of Property: (Attach if necessary)

That part of the West fractional one-half (Wfr1/2) of the Southwest Quarter (SW1/4) of Section Eighteen (18), Township Eighty Seven (87) North, Range Five (5), West of the Fifth P.M. described as commencing at the Northwest corner of said West factional one-half (Wfr1/2), and running thence South one thousand nine hundred seventy one (1971) feet to the point of beginning, thence East three hundred thirty four (334) feet, thence North one hundred fifty (150) feet, thence West three hundred thirty four (334) feet, thence South one hundred fifty (150) feet to the point of beginning.

1. **Wells (check one)**
   ___ 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)**
   ✓ 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)**
   ✓ 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.)

__ 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)

✓ 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]

__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 is 30 feet East of House. Drilled well, Active

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

Signature: _____ Telephone No.: (319) 432-2320
(Transferor or Agent)

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

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

Property information
Current Owner Eugene JR. Quigley
Buyer _____ Realtor _____
Mailing Address 3086 State Hwy 13 Ryan 52330

Site Address/County # 33618 00001300

No. of Bedrooms 3 Last Occupied? N/A Disposal? Y (N) Softener? Y / (N) H_2O Supply? well 130FT

Records Available Yes Permit/Installation Date 7-2002 Installer N/A

Septic System Information
Septic Tank(s): Size 1250 Material Concrete Condition Good
Tank Pumped? Yes Date 9-1-19 Licensed Pumper 358
Septic/Trash/Processing Tank: Size 1000 Material Cont Condition Good
Tank pumped? Yes Date 9-1-19 Licensed Pumper 358

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

Pump Ttanks/Vaults: Type _____ Size _____ Condition _____

Distribution System: Distribution Box Yes Outlets Used 4 Condition Good
Header Pipe(s) no Number of Lines _____
Pressure Dosed? Yes

Secondary Treatment
Length of Absorption Fields 4x100 Determined by Prob
Condition of Fields Good Determined by Prob
Type of Trench Material CHAMPER-

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? no Permitted? _____ NOI submitted _____

Time of Transfer Inspection Worksheet

Other Components

Alarms Yes Working? Yes Disinfection — Working? _____

Control Box _____ Timers _____ Inspection Ports _____

Other Components _____

Overall condition of the private sewage disposal system

Acceptable? X Unacceptable? _____

Explain (attach additional pages as needed): All in working condition

Comments: Keep tank pump every 3-4 years.

Site status at conclusion of Time of Transfer inspection:

Verify that controls are set on the appropriate mode.
Power is on to all components.
Revisit all components to verify lids are secure.
Gather all tools for removal from the site.
Verify that no sewage is on the ground surface.

Using this worksheet, write a narrative report of the inspection results.

Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.

This report indicates the condition of the private sewage disposal system at the time of the inspection. It does not guarantee that it will continue to function satisfactorily.

Signature of Certified Inspector: Robb Harter Date: 9-1-19

Name (print): Robb Harter Certificate #: 358

Address: 3031 160th Street Dyersville, Iowa 52040

Phone # 563-542-1010

Harter Custom Pumping, Inc & Septic Service

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

****

Homeowners: Quigley

Age of Property Now in 2002
Occupied
Yes or (No)

Inspection Co: HARTER

Date of Inspection: 9-1-19

Does this evaluation/inspection meet the requirements of state and local agencies? Yes X 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 1250 Gallons *Basis for estimate*
What is the separation between well and septic? 126
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 X Concrete ___ Fiberglass ___ Other
Liquid Level in tank X Normal ___ Below Normal ___ Above Normal
Access opening in tank ___ One X Two ___ Three ___ None
Number of risers ___ One X Two ___ Three ___ None
Condition of baffles and or sanitary tees:
Inlet baffle or "T" X Present and functional ___ Not functional ___ None present ___ Not Visible
Outlet baffle or "T" X Present and functional ___ Not functional ___ None present ___ Not Visible
Tank was pumped X Yes ___ No (if no please explain below
Is system adequately sized for # of Bedrooms X Yes ___ No # of Bedrooms:
Is system adequately sized for # of Bathrooms X Yes ___ No # of Bathrooms:
System working Properly X Yes ___ No (if no please explain below)

Additional Comments / Repairs needed:

HAS LIFT Pump in 1st TANK
KEEP Pump over 2-4 YEARS.

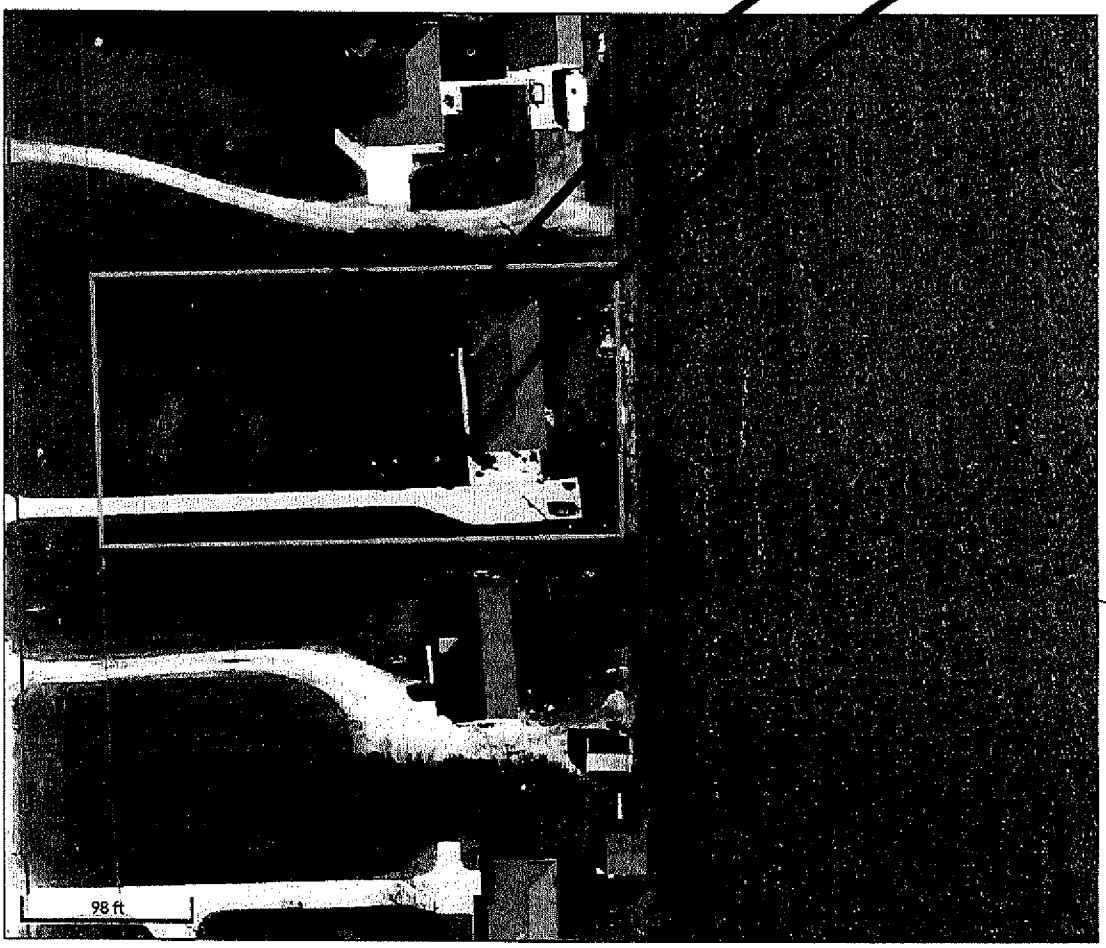
Septic systems are subterranean, it is impossible to determine their overall condition. No prediction can be made as to when or if a system might fail.
This report comments on the workability of the system on the day of the inspection only, and is in no way intended to be a warranty.
Workability can 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: ___

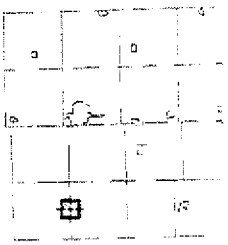
Beacon™ Delaware County, IA

1250 TANK

Lift Pump



Overview



Legend

- Corporate Limits
- Political Township

Parcels

- BLL
- Parcel

Roads

Well

Parcel ID	330180001300	Alternate ID	n/a	Owner Address	Quigley, Earl Eugene Jr
Sec/Twp/Rng	18-87-5	Class	R		3086 Hwy 13
Property Address	3086 STATE HWY 13 RYAN	Acreage	1.01		Ryan, IA 52330
District	HAZEL GREEN WEST DELAWARE FD 11				
Brief Tax Description	PT. SW FR SW AS DESC B. 124 P. 307 (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: 9/10/2019
Last Data Uploaded: 9/10/2019 12:43:20 AM

Developed by Schneider GEOSPATIAL

1250 TANK: D Box is 5Ft From TANK
D Box is 14" Deep 4 lind of
CHAMBER TANK HAS A Filter IN THE
2nd lid THAT Need to be CLND EVERY YEAR
well is 126 Ft East OF TANK