Book 2010 Page 4277

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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 Charlene J. Nefzger, f/k/a Charlene J. Domeyer

Address 315 Maple St., Apt. 6 Earlville IA 52041
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Jill A. Rahe

Address 215 N. Fairview, Earlville IA 52041
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
215 N. Fairview, Earlville IA 52041
Number and Street or RR | City, Town, or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) See 1 in Addendum

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.
   - ☒ 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: Charlene J. Nestgen (Transferor or Agent) Telephone No.: (563) 920-7299

FILE WITH RECORDER **DNR form 542-0960 (Sept. 1, 2010)**

Addendum

1. Block Fifty (50) and the South one-half (S1/2) of vacated Mary Street lying between Blocks Forty Nine (49) and Fifty (50), and the North one-half (N1/2) of vacated Elizabeth Street lying between Bocks Fifty (50) and Fifty One (51), all in Nottingham, now Earlville, Iowa, according to plat recorded in Book I L.D., Pages 346-347; also Lot One (1) of East Street Subdivision, A Subdivision Of Parcel J, Being A Part Of The NE1/4-NW1/4, Sec. 36, T89N, R4W, Of The Fifth P.M., City of Earlville, Delaware County, Iowa, according to plat recorded in Book 2002, Page 2609

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

Property information

Current owner Jane NeFZger

Buyer _____ Realtor Willenbrng.

Mailing address 215 North FAIRVIEW DR. FAIRVille IA.

Site Address/County 215 N. FAIRVIEW DR FAIRVILLE-

Legal Description Lot 424814 Longitude 912625

No. of bedrooms 3 Last occupied? Now Records available NO

Permit/installation date — Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1250 material CONCRETE condition good

Tank pumped? Yes date 12-2-10 licensed pumper 99-200206

Septic/trash/processing tank: size 560 material CONCRETE condition _____

Tank pumped? Yes date 12-2-10 licensed pumper 99-200206

Aerobic treatment unit (ATU) mfgr — size _____

Tank pumped? _____ date _____ licensed pumper _____

Maintenance contract? _____ expiration date _____ service provider _____

Condition _____

Pump tanks/vaults: type — size _____ condition _____

Distribution system: distribution box Yes outlets used 2 condition good

Header pipe(s) 2 # of lines 2 Pressure dosed? —

Secondary treatment:

length of absorption field (2) 125 Ft determined by Row

condition of fields good determined by _____

type of trench material Rock & Pipe

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 provided _____

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 _____

Explain (attach additional pages as needed): _____

_____

Comments: Keep HAND Pump 3-5 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 and attach a site sketch.

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 Hart Date: 12-2-101
Name (print): Robb Harter Certificate #: 358
Address: 3031 160 St Ottumwa IA 52401
Phone # 563-542-1010

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office, county Recorder in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

Harter Custom Pumping, Inc & Septic Service

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

****

Homeowners: Jane Netzger
215 North Fairview DR
Earlville IA

Age of Property _____ Occupied Yes or No

Inspection Co: Harter Custom Pumping Inc

Date of Inspection: 12-2-10

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? No well
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:

Keep tank Pump Every 3-5 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: 12-2-2010