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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 Dale Welsh
Address 2270 270th Avenue, Earlville, Iowa 52041
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Allen F. Beohm and Carolee M. Beohm
Address 12195 Rae Ann Rd., Roscoe, Il 61073
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
2270 270th Avenue, Earlville, Iowa 52041
Number and Street or RR | City, Town or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) Lot One (1) of Level Living Estates, A Subdivision Of Part Of The Northwest Quarter (NW ¼) Of The Southwest Quarter (SW ¼) Of Section One (1), Township Eighty-Eight North (T88N), Range Four West (R4W) Of The Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 3 Plats, Page 240, subject to easements of record

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:

30 FROM ROAD & 15' LEFT OR NORTH OF DRIVEWAY

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) 929-9954
(Transferor or Agent)

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

Harter Custom Pumping, Inc & Septic Service

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

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Homeowners: Dale Welsh
2270 270th
Graville IA 52041

Age of Property 2001
Occupied
(Yes) or No

Inspection Co: Robb Harter
3031 160th Dyersville
Date of Inspection: 8-28-12

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) TANK IS 36" DEEP
Estimated size of tank 1500 Gallons *Basis for estimate*
What is the separation between well and septic? 168
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:

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: 8-28-12

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 All in Good working condition.

Explain (attach additional pages as needed): Keep tank pump ran 354 cycles

Comments: Tank is 32" Deep and D Box is 20" Deep.

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: _____ Date: 8-28-12
Name (print): Rob Kramer Certificate #: 354
Address: 7031 160th Dyersville IA 52040
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

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) **Permit No.** 1003

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 2270 270 AVE EARLVILLE Section 1 Township DECHI

LOCATION: SW ¼ OF NW ¼ OF SW ¼

Owner: TIM BENM Tenant: _____ Plumber: SELF

Lot Size: 1 ¼ ACRES Type Commercial: _____ Residential: (No. Bedrooms) 3

Fixtures: Stools 3 Lavatories 3 Bath Tubs 1 Showers 1 Sinks 1 Automatic Laundry 1 Sump Pump ___

Septic Tank made by _____ Garbage Grinder YES Construction Material CONCRETE Gallons Cap 1500

Percolation Test: 1. _____ 2. _____ 3. _____ 4. _____ Made by: _____

Absorption Field: Total length of laterals 200' No. of lateral lines 2

This system is new X Existing ___

I certify that the above information is correct and that all proposed work will be completed in accordance with the Delaware County Regulations.

Date Approved 8/11/01

By _____
INSPECTOR

Jim Benn
APPLICANT'S SIGNATURE

SEAL

