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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: Michael John Meade and Sue Ellen Meade

Address: 13863 Wild Rose Ln | Dubuque | IOWA | 52002

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

TRANSFEREE:

Name: Kassie J. Billerbeck

Address: 443 East St | Arlington | IA | 50606

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

Address of Property Transferred:
2864 Hwy 3, Colesburg, IA 52035

(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 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:

_____

_____

_____

_____

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

Signature: Sue E. Meade (Transferor or Agent) Telephone No.: 563-556-3808

Addendum

1. That part of the Northwest Quarter (NW 1/4) of the Southeast Quarter (SE 1/4) of Section Six (6), Township Ninety (90) North, Range Three (3), West of the Fifth Principal Meridian described as commencing at the Northeast corner of said Northwest Quarter (NW 1/4) of the Southeast Quarter (SE 1/4) and running thence South on the East line of said quarter-quarter two hundred three and twelve one-hundredths (203.12) feet, thence North 89° 47' West four hundred twenty nine (429.0) feet, thence North sixty one and thirteen one-hundredths (61.13) feet, thence North 89° 47' West one hundred (100.0) feet, thence North one hundred forty one and ninety nine one-hundredths (141.99) feet to the North line of said quarter-quarter, thence South 89° 47' East along said line five hundred twenty nine (529.0) feet to the point of beginning, except that part thereof contained in Iowa Highway No. 3; also Lot Two (2), except the East one hundred (100) feet thereof, of the Subdivision of the N.W. 1/4 of the S.E. 1/4 and the N. 1/2 of the S.W. 1/4 of Sec. 6, Tp. 90 N. R. 3 W. of 5th P.M., according to plat recorded in Book 38 L.D., Pages 162-164.

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

Property information
Current Owner Mike Meade
Buyer Unknown Realtor Corner Stone Realty
Mailing Address

Site Address/County 2864 State Hwy 3 Colesburg, Ia 52035

No. of Bedrooms 4 Last Occupied? 6/12/12 Disposal? Y / N Softener? Y / N H_2O Supply?

Records Available Yes Permit/Installation Date 10/4/93 Installer Kuehl Construction

Septic System Information
Septic Tank(s): Size 1250 Material Concrete Condition Good
Tank Pumped? Yes Date 6/7/13 Licensed Pumper Yes - Donnie Kuehl
Septic/Trash/Processing Tank: Size NA Material Condition
Tank pumped? Date Licensed Pumper

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 3 Condition Good
Header Pipe(s) 3 Number of Lines 3 - 100' lines
Pressure Dosed? Yes

Secondary Treatment
Length of Absorption Fields 3 - 100' lines Determined by Per Diagram
Condition of Fields Good Determined by probing the lines
Type of Trench Material 10" gravelss 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 submitted

Time of Transfer Inspection Worksheet

Other Components

Alarms _____ Working? _____ Disinfection _____ Working? _____

Control Box _____ Timers_____ Inspection Ports _____

Other Components _____

_____

Overall condition of the private sewage disposal system

Acceptable? Yes Unacceptable? _____

Explain (attach additional pages as needed): Tank was pumped, looks ok. Riser was put on tank ground level. D-Box was located & dug up, Levels in box were good.

Comments: _____

_____

Site status at conclusion of Time of Transfer inspection:

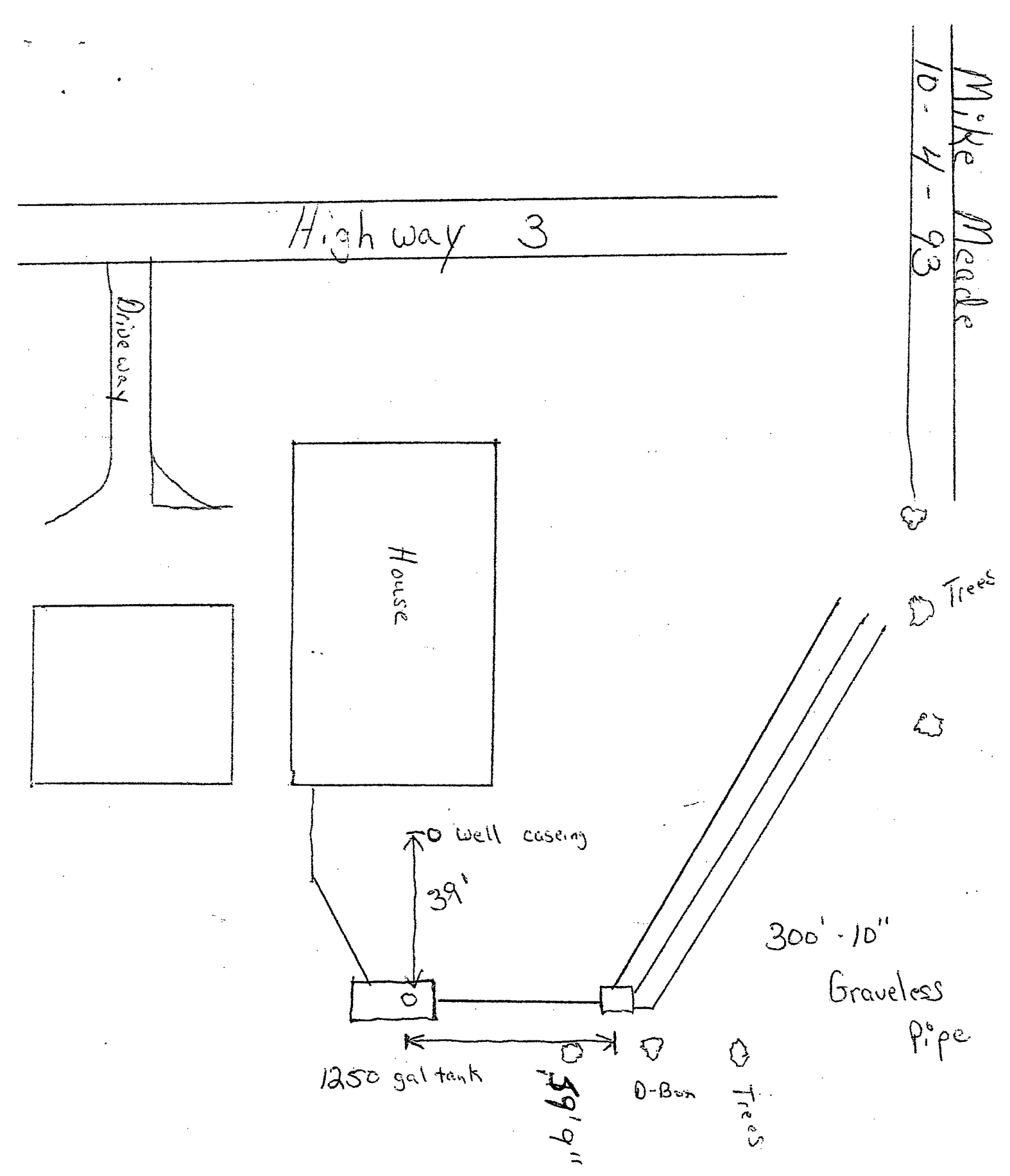
Verify that controls are set on the appropriate mode.
Power is on to all components.
Revisit all components to verify lids are secure.
Gather all tools for removal from the site.
Verify that no sewage is on the ground surface.

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: Donald Kuehl Date: 6/5/13
Name (print): Donald Kuehl Certficate #: 8889
Address: 39342 Hilton Road, Edgewood, Ia 52042
Phone # 563-928-6418


Mike Meade
10-4-93
Highway 3
Driveway
House
Trees
well casing
39'
300' - 10"
Graveless
Pipe
1250 gal tank
59' 6"
D-Box
Trees

KUEHL'S SEPTIC SERVICE

39342 Hilton Rd. • Edgewood, IA 52042
(563) 928-6418
Cell: (563) 920-2077

SOLD BY

DATE 6/10/11

NAME Corner Stone Realty

ADDRESS P.O. Box 475

PHONE

CITY Strawberry Point Ia 52076

☐ CASH ☑ CHARGE ☐ PAID ON ACCOUNT

QTY.		DESCRIPTION	PRICE	AMOUNT
	1			
1250	2	gal. septic tank		
	3	pumping		195.00
	4			
1	5	8" Concrete Riser		45.00
	6			
1	7	Inspection Fee		275.00
	8			515.00
	9		tax	36.05
	10		Total	551.05
	11			
	12			
	13			
	14			
	15			
	16			

RECEIVED BY

TOTAL 551.05

THANK YOU