Book 2015 Page 2979
Document 2015 GWH-2979 Type 53 001 Pages 8
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Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Charles J. and Patricia J. Goedken

Address 2568 Moray Place, Lexington, Kentucky 40511

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

TRANSFEREE:

Name Loras F. and Suzanne R. Mensen

Address 218 East 4th Street, Earlville, Iowa 52041

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

Address of Property Transferred:

1990 332nd Avenue, Dyersville, Iowa 52040

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.
   - _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:

Well is located approximately 8 feet east of the house

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

Signature: _____ (Transferor or Agent) Telephone No.: (563) 543-0934

Addendum

1. The South one hundred Ninety eight (198) feet of the North eight hundred forty seven (847) feet of the West two hundred twenty (220) feet of the Southeast Quarter (SE1/4) of the Southwest Quarter (SW1/4) of Section Twenty Four (24), Township Eighty Nine (89) North, Range Three (3), West of the Fifth P.M.; also Lot One (1) of Scenic Hill Terrace 3rd Addition in the SE1/4 of the SW1/4, Section Twenty-Four (24), Township Eighty-Nine North (T89N), Range Three West (R3W) of the Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 2003, Page 4876

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

Property information

Current owner Charles & Patricia Goedken
Buyer _____ Realtor _____
Mailing address 1990 332nd Ave Dyersville IA 52040

Site Address/County 18024000910
Legal Description Bremen

No. of bedrooms 2 Last occupied? Now Records available No

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

Septic system information

Septic tank(s): size 1250 material Concr condition good
Tank pumped? Yes date 8-10-15 licensed pumper 358
Septic/trash/processing tank: size 1000 material Concr condition good
Tank pumped? Yes date 8-10-15 licensed pumper 358

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 6 condition good
Header pipe(s) _____ # of lines 6 Pressure dosed? No
Secondary treatment: 6 @ 40 Ft
length of absorption fields Rock & Pipe determined by Dug up
condition of fields good determined by Probe
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 Worksheet

Other Components

Alarms _____ Working? _____ Disinfection _____ Working? _____

Control Box _____ Timers _____ Inspection Ports _____

Other Components D Box is 34" Deep Put Wood Post on it to mark it.

Overall condition of the private sewage disposal system

Acceptable? Yes Unacceptable? _____

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

Comments: Keep tank pump even 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.

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: _____ Date: 8-10-15

Name (print): Robb Hanton Certficate #: 358

Address: 3031 160st Dyersville IA 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:
CHARles Goedken
1990 332nd Ave
Dyersville 52040

Age of Property

Occupied
(Yes) or No

Inspection Co:
Robb HARTER
3031 160ST

Date of Inspection: 08-10-15

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 1250 Gallons *Basis for estimate*
What is the separation between well and septic? 114
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: RH

Date: 8-10-15

Beacon™ Delaware County, IA

Summary



Parcel ID	180240000910
Alternate ID	
Property Address	1990 332nd Ave Dyersville
Sec/Twp/Rng	24-89-3
Brief Legal Description	S 198' N 847' W 220' SE SW EX RD (Note: Not to be used on legal documents)
Document(s)	DED: 135-184 (1995-08-31)
Gross Acres	0.78
Exempt Acres	N/A
Net Acres	0.78
CSR	N/A
Class	R - Residential (Note: This is for tax purposes only. Not to be used for zoning.)
Tax District	BREMEN
School District	WESTERN DUBUQUE

Owner

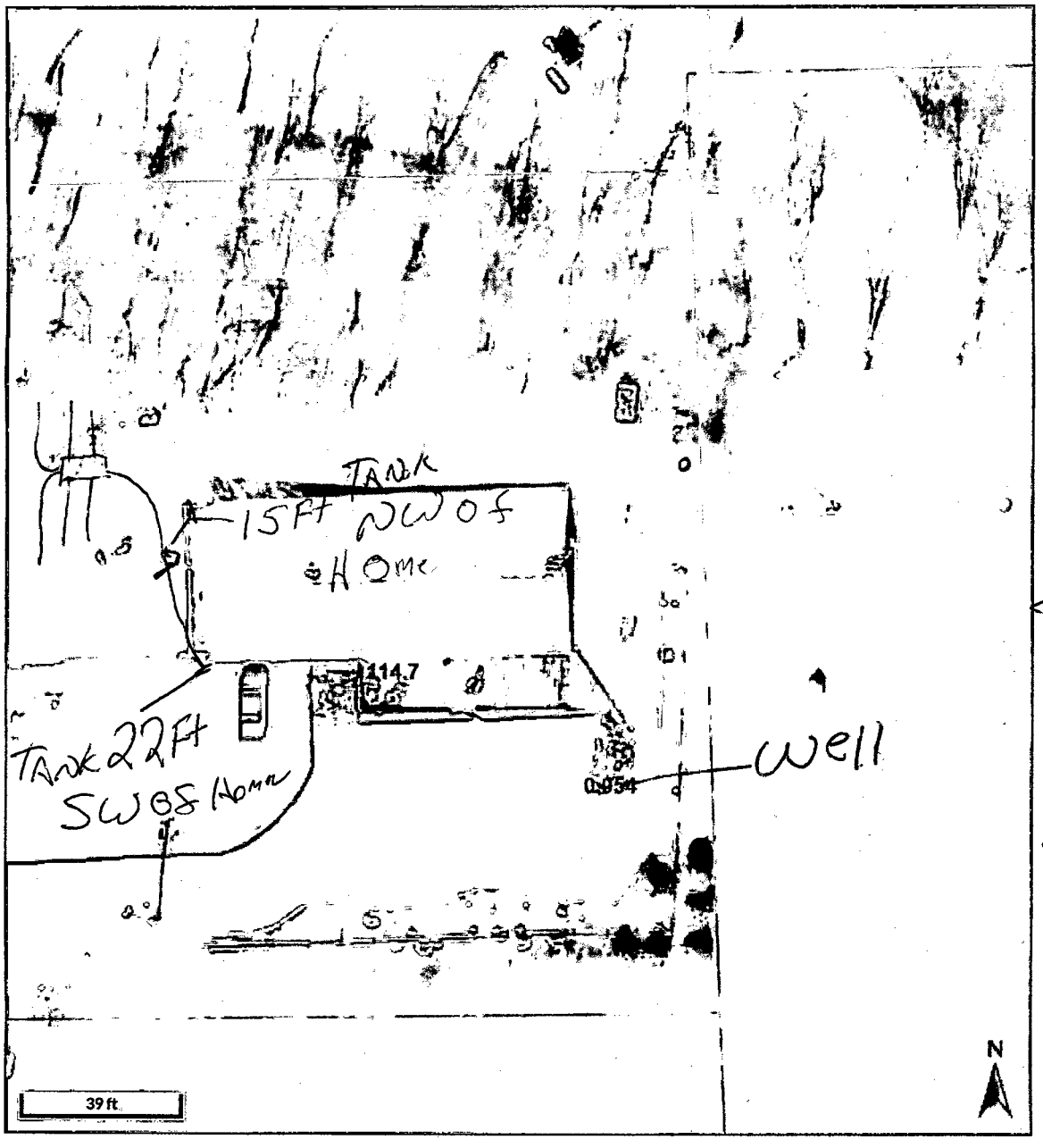
Primary Owner
(Deed Holder)
Goedken, Charles & Patricia
1990 332nd Ave
Dyersville, IA 52040-
Secondary Owner
Mailing Address

Land

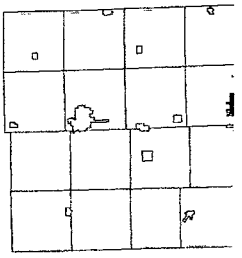
Lot Area 0.78 Acres; 33,977 SF

Residential Dwellings

Beacon™ Delaware County, IA



Overview



Legend

- Corporate Limits
- Political Township
- Parcels
- Roads

DBox is 32" Deep

DBox to TANK 22 Ft

6 Inch's 25 Ft Rock & Pipe

Date created: 8/6/2015
Last Data Upload: 8/6/2015 5:03:50 AM

Developed by
The Schneider Corporation

1990 332nd Ave
Dyersville