Book 2015 Page 3240
Document 2015 GWH-3240 Type 53 001 Pages 6
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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Leroy A. Willenbring

Address 324 Maple St., Earlville, IA 52041

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

TRANSFEREE:

Name Matthew J. Erickson and Heather J. Erickson

Address 8 Mary Street, Earlville, IA 52041

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

Address of Property Transferred:
27201 217th St., Earlville, IA 52041

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

Legal Description of Property: (Attach if necessary) Lot Twenty Five (25) of the Subdivision of Lot One (1) of Timbergate Subdivision of part of the South one-half (S1/2) of the Southwest Quarter (SW1/4) and part of the West one-half (W1/2) of the Southeast Quarter (SE1/4) of Section Thirty Six (36), Township Eighty Nine (89) North, Range Four (4), West of the Fifth Principal Meridian, according to plat recorded in Book 4 Plats, Page 39.

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:

12 feet from the North side 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: Lucy A Wilbur Telephone No.: (563) 542-0436
(Transferor or Agent)

DNR

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

Property information

Current owner Leroy Willenbring
Buyer _____ Realtor _____
Mailing address 27201 217th St Earlville, Iowa 52041

Site Address/County 27201 217th St Earlville, Iowa 52041/Delaware
Legal Description Parcel 1603601006D0

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

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

Septic system information

Septic tank(s): size 1000 material Conc condition Good
Tank pumped? Yes date 10-22-15 licensed pumper JSY
Septic/trash/processing tank: size 900 material Conc condition good
Tank pumped? Yes date 10-22-15 licensed pumper JSY

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 4 condition good
Header pipe(s) — # of lines — Pressure dosed? —

Secondary treatment:
length of absorption fields 4 x 65-Ft determined by Rob
condition of fields good determined by Rob
type of trench material Tile

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 _____

Harter Custom Pumping, Inc & Septic Service

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

****

Homeowners: Leroy Willenbring, 27209 217th St, Earlville, Iowa 52041

Age of Property 1979 — Occupied Yes or No

Inspection Co: Harter Custom Pumping, 3031 160th St Dyersville Iowa 52040

Date of Inspection: 10-22-15

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 1000 Gallons *Basis for estimate*

What is the separation between well and septic? over 360ft

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:

All 100 Good working Condition

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.

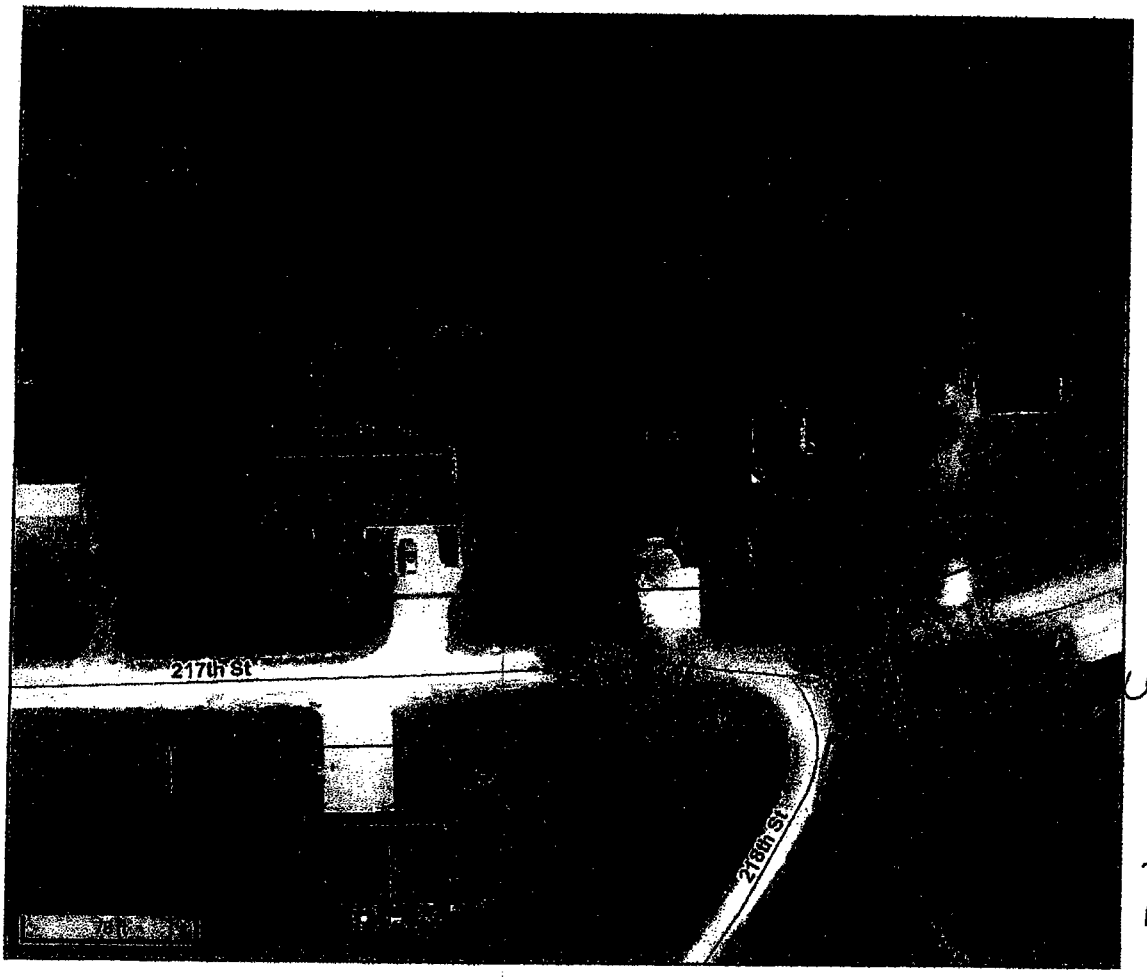
This report comments on the workability of the system on the day of the inspection only, and is in no way intended to be a warranty.

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.

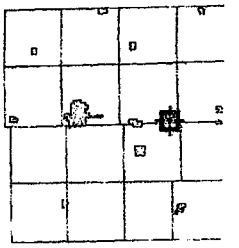
Inspected by : [signature]

Date: 10-22-15

Beacon™ Delaware County, IA



Overview



Legend

- Corporate Limits
- Political Township
- Parcels
- Roads

well
310 Ft
FROM TANK

Parcel ID	160360100600	**Alternate ID**	n/a	**Owner Address**	Willenbring, Leroy A
Sec/Twp/Rng	36-89-4	**Class**	R		27201 217th St
Property Address	27201 217TH ST EARLVILLE	**Acreage**	n/a		Earlville, IA 52041
District	ONEIDA TWP.				
Brief Tax Description	TIMBERGATE SUB LT 25 OF LOT 1 (Note: Not to be used on legal documents)				

Date created: 10/6/2015
Last Data Upload: 10/6/2015 3:11:49 AM

Developed by
The Schneider Corporation

DBox IS 12 Ft NORTH OF TANK 28" DEEP

18" tile with SOCK

(3) x 70 Ft

1000 GAL TANK WITH 2 RISER

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): Keep tank pump ever 3-5 years

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: _____

Name (print): Robb Hunter Date: _____

Address: 3031 160th St Dyersville, Iowa 52040 Certificate #: 3583

Phone # _____