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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Mildred Berniece Wendt

Address 1228 400th Street, Strawberry Point, IA 52076

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

TRANSFEREE:

Name Howard R. Buerckley

Address 2335 Highway 218, Osage, IA 50461-8336

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

Address of Property Transferred:
1228 400th Street, Strawberry Point, IA 52076

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 west of house. Submersible Pump.

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

Signature: Berneice Wenth (Transferor or Agent) Telephone No.: (563) 933-2091

Addendum

1. That part of the Northwest fractional Quarter (NWfr¼) of the Northwest Quarter (NW¼) of Section Four (4), Township Ninety (90) North, Range Six (6), West of the Fifth Principal Meridian described as commencing at the Northwest corner of said Section Four (4), and running thence North 89° 28' East eight hundred nine and three-tenths (809.3) feet along the North line of said Section Four (4) to the point of beginning, thence North 89° 28' East five hundred (500.0) feet, thence South 0° 32' East four hundred ninety five (495.0) feet, thence South 89° 28' West five hundred (500.0) feet, thence North 0° 32' West four hundred ninety five (495.0) feet to the point of beginning.

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): Septic tank was Located, Dug up & Pumped. Outlet pipe was Hook to tile line.

_____

_____

Comments: New Bed system was installed 21'x50' PVC & Rock

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: Donnie Kuehl Date: 5/12/17
Name (print): Donnie Kuehl Certficate #: 8989
Address: 39342 Hilton Road Hilton Road, Ia 52042
Phone # 563-928-6418

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

Property information
Current Owner Bernie Wendt
Buyer Unknown Realtor
Mailing Address

Site Address/County 1228 400th Street Strawberry Point, Ia 52076 (Delaware)

No. of Bedrooms 3 Last Occupied? Disposal? Y / N Softener? Y / N H_2O Supply?

Records Available No Permit/Installation Date Installer

Septic System Information
Septic Tank(s): Size 1000 Material Concrete Condition Good
Tank Pumped? Yes Date 5/3/17 Licensed Pumper Donnie Kuehl
Septic/Trash/Processing Tank: Size 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

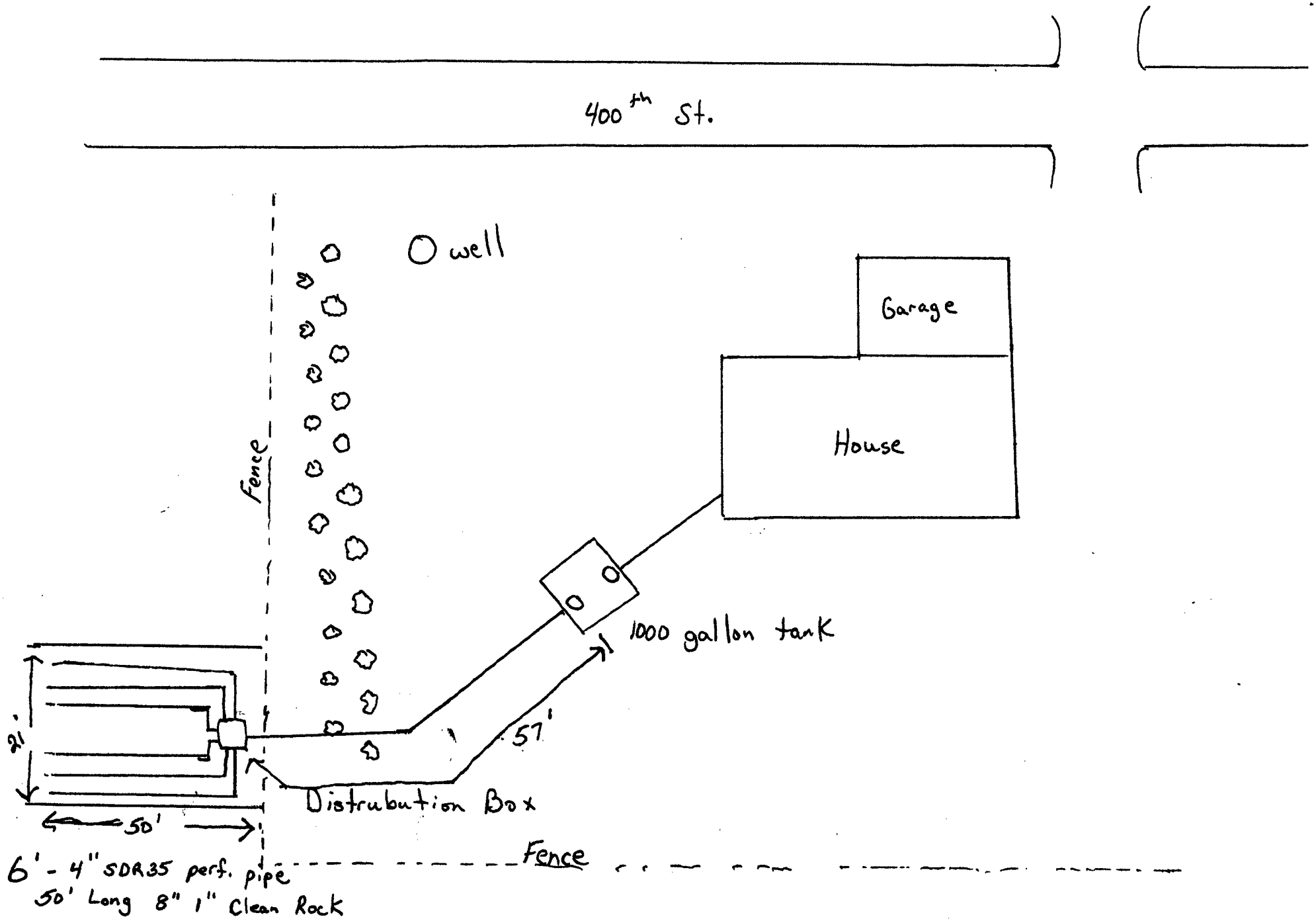
Distribution System: Distribution Box Yes Outlets Used 6 Condition New
Header Pipe(s) 6 Number of Lines 6 - 50' lines
Pressure Dosed? No

Secondary Treatment
Length of Absorption Fields 20' x 50' Bed Determined by
Condition of Fields New Determined by
Type of Trench Material PVC & Rock

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


400th St.
well
Garage
House
Fence
1000 gallon tank
57'
21'
50'
Distrubution Box
Fence
6' - 4" SDR35 perf. pipe
50' Long 8" 1" Clean Rock