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Document 2017 GWH-2994 Type 53 001 Pages 9
Date 10/30/2017 Time 10:46:26AM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Patrick J. Boeckenstedt & Kathryn A. Boeckenstedt

Address 1742 330th Avenue, Dyersville, IA 52040

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

TRANSFEREE:

Name EJC Farms, LC

Address 19734 Xavier Court, Dyersville, IA 52040

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

Address of Property Transferred:
1742 330th Avenue, Dyersville, IA 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.
   - ___ 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.
   - X 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~~ Seller 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:

#1) Water well approximately fifty (50') feet ESE 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: Robert J. Bockenstedt (Transferor or Agent) Telephone No.: (563) 590-1111

Addendum

1. The South one-half (S1/2) of the Northwest Quarter (NW1/4) and all that part of the North one-half (N1/2) of the Southwest Quarter (SW1/4) of Section Twelve (12) described as commencing at the Northwest corner of said North one-half (N1/2) of the Southwest Quarter (SW1/4) thence East ninety nine (99) rods, thence Southwesterly one hundred (100) rods to a point nineteen (19) rods West of the Southeast corner of the Northwest Quarter (NW1/4) of the Southwest Quarter (SW1/4) of said Section 12 (12), thence West sixty one (61) rods to the Southwest corner of said Northwest Quarter (NW1/4) of the Southwest Quarter (SW1/4), thence North to the place of beginning, all in Township eighty nine (89) North Range Three (3), West of the Fifth P.M., in Delaware County, Iowa.

Print Form

IOWA DEPARTMENT of NATURAL RESOURCES
TIME of TRANSFER INSPECTION AGREEMENT
BINDING AGREEMENT for FUTURE INSPECTION
542-0062

This agreement, in accordance with Iowa Code 455B.172 (11), is entered into this 12th day of January 20 15 by and between Delaware County Board of Health and Pat & Kathryn Boeckenstedt. It is agreed that due to weather or other temporary physical conditions that prevent the certified inspection of the private sewage disposal system at the property located at 1742 330th Ave Dyersville from being conducted, that the required inspection shall be completed no later than July 1st, 20 15 The ~~buyer~~ owner further agrees to be responsible for any required modifications to the private sewage disposal system as identified by the certified inspection.

Dated the 12th day of January 20 15.

Patrick J Boeckenstedt
PROPERTY ~~BUYER~~ owner
Kathryn A. Boeckenstedt

Dennis Lyons
COUNTY BOARD OF HEALTH or AUTHORIZED REPRESENTATIVE

This instrument was acknowledged before me on January 12, 20 15

by, Patrick J Boeckenstedt
Kathryn A. Boeckenstedt

PAMELA SPEARMAN MY COMMISSION EXPIRES October 28, 2016 EE 847043 Bonded thru Aaron Underwriters NOTARY PUBLIC STATE OF FLORIDA

Pamela Spearman
Notary Public

Dated 1/23/15 by Dennis Lyons.

NOTARIAL SEAL IOWA
JULIA L. HACKBARTH
Commission Number 169605
MY COMMISSION EXPIRES
MAY 24, 2017

Julia L. Hackbarth
Notary Public

42.53757
-91.15286

DELAWARE COUNTY BOARD OF SUPERVISORS (Print or Type) **Permit No.** _____

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 1742 330th Ave Section 12 Township Bremen

LOCATION: SW¼ NW¼ Sec 12 T-89-N R-3-W

Owner: Pat Boeckenholt Tenant: _____ Plumber: Budden

Lot Size: 200 Acres Type Commercial: _____ Residential: (No. Bedrooms) 4

Fixtures: Stools 2 Lavatories ___ Bath Tubs 2 Showers 2 Sinks 3 Automatic Laundry 1 Sump Pump ___

Septic Tank made by Swales Garbage Grinder _____ Construction Material concrete Gallons Cap. 1500

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

Absorption Field: Total length of laterals 400 F. No. of lateral lines 4-5

This system is new X Existing ___. in Filtrite

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 11-30

By Dennis Lyons
INSPECTOR

Patrick J. Boeckenholt
APPLICANT'S SIGNATURE

SEAL

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

Property information

Current owner Pat Boeckenstedt
Buyer _____ Realtor _____
Mailing address 1742 330th Ave Dyersville, Ia 52040

Site Address/County 1742 330th Ave Dyersville, Ia 52040
Legal Description _____

No. of bedrooms 4 Last occupied? Now Records available Yes

Permit/installation date 2010 Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1500 material Concrete condition Good
Tank pumped? Yes date 6-30-15 licensed pumper JS8
Septic/trash/processing tank: size 1000 material Concrete condition Good
Tank pumped? Yes date 6-30-15 licensed pumper JS8

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? no

Secondary treatment:
length of absorption fields 4x100 determined by Prob
condition of fields Good determined by Prob
type of trench material Chamber

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 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 Keep TANK Pumped even 3-5 years.

Explain (attach additional pages as needed): _____

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 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: 6-30-15
Name (print): Robb Hunter Certificate #: 258
Address: 3031 160th St Dyersville, Iowa 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

Harter Custom Pumping, Inc & Septic Service

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

****

Homeowners:
Pat Boeckenstedt
1742 330th Ave
Dyersville, Ia. 52040

Age of Property

Occupied
Yes or No

Harter Custom Pumping
Robb Harter
3031 160th Street
Dyersville, Iowa 52040

Date of Inspection: 6-30-15

Does this evaluation/inspection meet the requirements of state and local agencies? Yes X 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? 58
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:

Last 20 Ft of absorption Do not Drive on it when Wet.

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: 6-30-15

Owner % Pat. Boeckenstedt

1742- 330th Ave Dyersville Iowa

Installed 12/3/2010

Septic Tank = 1500 Gallon

Filter in Discharge Compartment

Secondary Treatment = 400 Ft - (Appx)
of Chambers - 8 Feet Spacing

(Note Last 20 Ft Projects into Field Area)

(Line #4 Starts At 49" to Bottom of Trench
& Finishes at 27" to Bottom of Trench)

Section Measurements // All Are From Points Shown.

A - to C = 32 Feet
A to D = 21 Feet
A to E = 20 Feet
B to E = 29 Feet
B to D = 39 Feet
B to C = 65 Feet

1st

4" Marker on top of Dist. Box

Surface to Top of Septic Tank Appx. 12 Inches

All Angles Are 60°

