Recorded: 8/20/2019 at 10:19:10.0 AM
County Recording Fee: $0.00
Iowa E-Filing Fee: $0.00
Combined Fee: $0.00
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2019 PG: 2255

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Joseph VanDerHart Rachel VanDerHart

Address 29836 W Canyon Lane (Number and Street or RR) Palo Verde (City, Town or P.O.) AZ (State) 85343 (Zip)

TRANSFEREE:

Name Christopher J. Cooper

Address 4149 Buffalo Ridge Rd (Number and Street or RR) Anamosa (City, Town or P.O.) IA (State) 52205 (Zip)

Address of Property Transferred:

2958 110th Avenue (Number and Street or RR) Masonville (City, Town, or P.O.) IA (State) 50654 (Zip)

Legal Description of Property: (Attach if necessary)

See attached legal description

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.

FILE WITH RECORDER **DNR form 542-0960 (July 18, 2012)**

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:

_____

_____

_____

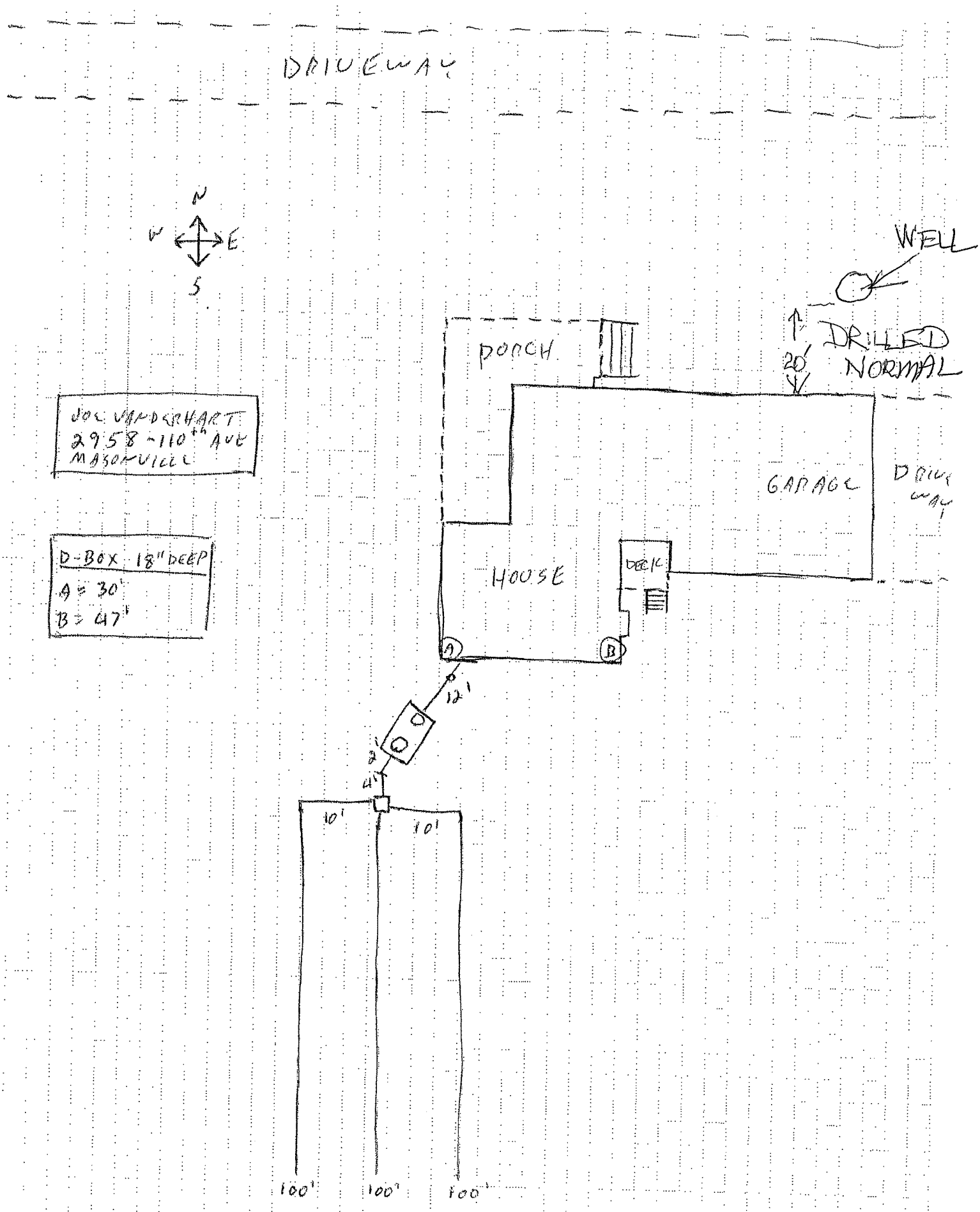
_____

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

Signature: _____ Telephone No.: (602) 622-2465
(Transferor or Agent)

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)


DRIVEWAY
N
W
E
S
WELL
PORCH
20'
DRILLED
NORMAL
JOE VANDERHART
2958 - 110th AVE
MAHOMEN
GARAGE
HOUSE
DECK
D-BOX 18" DEEP
A = 30'
B = 47'
A
B
12'
2'
4'
10'
10'
100'
100'
100'

Miene
SEPTIC SERVICE
Office (319) 393-4142
Fax (319) 832-1695
MieneSeptic@mchsi.com

July 11, 2019

Re: Septic system at 2958 110th Avenue – MAIN HOUSE
Marion, IA 52302
Seller: Joseph VanDerHart

On July 10, 2019, we inspected the septic system at the above three bedroom residence. The two-compartment, 1,500 gallon, concrete tank is in good condition with baffles intact. When the tank was pumped there was four inches of crust on the top and eight inches of sludge on the bottom. Risers exist on the tank to the surface for maintenance purposes. This system contains an effluent filter. The new homeowners should be aware this filter needs to be checked for cleaning periodically. Failure to clean it when needed could result in a back up in the house. When the toilet was flushed, waste adequately ran into the tank. The washing machine is not discharging into the septic tank. The system was installed in 2012 by Erickson.

We dug up the plastic distribution box which is six feet from the tank and eighteen inches deep. We found that it is in good condition. Three lines lead out of it for a total of 300 feet of chamber field lines. There was no indication of previous failure or ponding of water when we probed the field lines and hydraulically loaded the distribution box. At the time of inspection, this system appeared to be functioning properly. The system is more than 100 feet from the well as per Iowa Code, Chapter 69.

Health Departments recommend septic tanks be pumped every three or four years, depending on the number of people living in the house and the amount of water usage. Wet wipes, tampons, disposable diapers, paint, cigarette butts, cat litter, facial tissues and paper towels should not be flushed into the system, even if the box says it is "septic safe." In addition, it is preferable to use liquid laundry detergent rather than a powder. Fabric softener sheets should be used in the dryer rather than a liquid in the washing machine. Please keep all vehicles off of the system. This inspection is an assessment of the current functioning of the system, not a guarantee of its future performance. If you have any questions, please call.

Sincerely,

Chris Boddicker

Inspected by Kyle Nekvinda
Certified Inspector #8866

542-0191

Time of Transfer Inspection Report

Property Information

Current Owner: Joseph VanDerHart MAIN HOUSE

Buyer: _____ Realtor: _____

Mailing Address: _____

Site Address/County: 2958 110th Avenue Masonville, IA 50654 Delaware County

Legal Description 8-87-6 North Linn

No. of bedrooms: 3 Last occupied: _____ Records available: Yes

Permit/ installation date: 2012 Separation distances (ok/no?): _____

Septic System Information

Septic tank(s): Size: 1500 GAL Material: CONCRETE Condition: OK

Tank pumped? ☑ Y ☐ N Date: 7-10-19 Licensed pumper: MIKE'S SEPTIC

Septic/Trash/Processing tank: Size: N/A Material: _____ Condition: _____

Tank pumped? ☐ Y ☐ N Date: _____ Licensed pumper: _____

Aerobic treatment unit (ATU) mfgr N/A Size _____

Tank pumped? ☐ Y ☐ N Date: _____ Licensed pumper: _____

Maintenance contract? ☐ Y ☐ N Expiration date: _____ Service provider: _____

Condition: _____

Pump tanks/vaults: Type: N/A Size: _____ Condition: _____

Distribution system: Distribution box PLASTIC Outlets used 3 Condition: OK

Header pipe(s): _____ No. of lines: _____ Pressure dosed? _____

Secondary Treatment:

Length of absorption fields: 300' Determined by: MAP

Condition of fields: OK Determined by: LOADING + PROBING

Type of trench material: CHAMBER

Size of sand filter: N/A Determined by: _____

Vent pipes above grade? ☐ Y ☐ N Discharge pipe located? ☐ Y ☐ N

Effluent sample taken _____ Results: _____

Media Filters: Type: N/A

Maintenance contract? ☐ Y ☐ N Expiration date: _____ Service provider: _____

Condition: _____

NPDES General Permit No. 4: Required? ☐ Y ☐ N Permitted? ☐ Y ☐ N NOI provided: _____

Time of Transfer Inspection Report

Other components:
Alarms N/A Working? _____ disinfection _____ working? _____

Control box N/A Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status SYSTEM WORKING OK

Explain (attach additional pages as needed): _____

Comments: WASHING MACHINE DOES NOT RUN THRU SEPTIC SYSTEM

Site status at conclusion of Time of Transfer inspection:

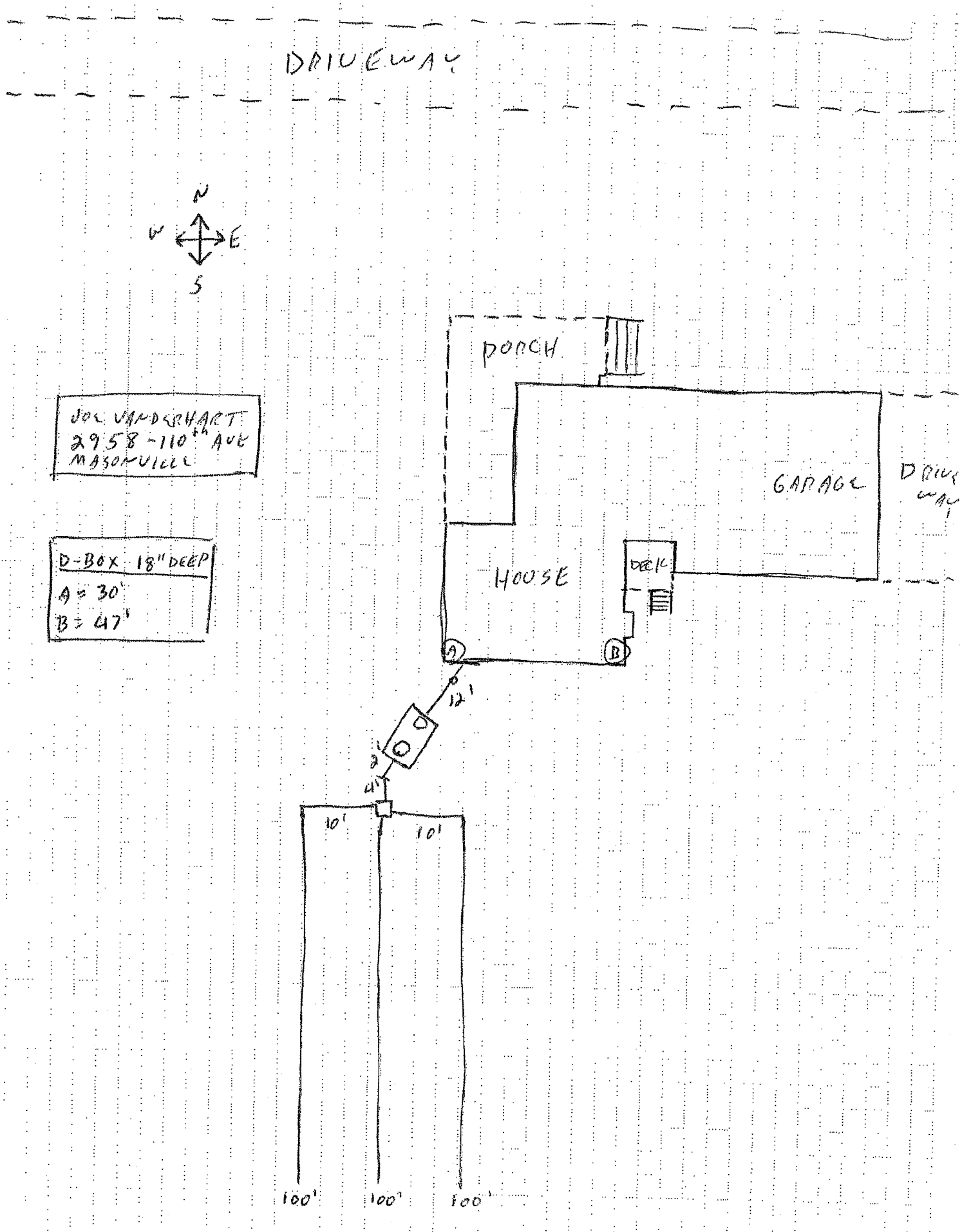
- Verify that controls are set on the appropriate mode.
- Power is on to all components.
- Revisit all components to verify lids are secure.
- Gather all tools for removal from the site.
- Verify that no sewage is on the ground surface.

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:** 7-10-19
Name (print): Kyle Nekvinda **Certificate #:** 8866 **or**
Name (print): Joedy Hurtt **Certificate #:** 11305
Address: 3450 Clear Water Lane Robins, IA 52328
Phone # (319) 393-4142

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


DRIVEWAY
N
W
E
S
JOE VANDERHART
2958 - 110th AVE
MAZOMANIE
PORCH
GARAGE
DRIVE WAY
HOUSE
DECK
D-BOX 18" DEEP
A = 30'
B = 47'
A
B
12'
4'
41'
10'
10'
100'
100'
100'

Miene
SEPTIC SERVICE

Office (319) 393-4142
Fax (319) 832-1695
MieneSeptic@mchsi.com

July 11, 2019

Re: Septic system at 2958 110th Avenue – GUEST HOUSE
Marion, IA 52302
Seller: Joseph VanDerHart

On July 10, 2019, we tried to inspect the septic system at the guest house located on the property. We ran a camera through the line out of the house as far as we could; we then dug up the pipe at this point. We found it was belled clay tile which was a little over three feet deep. The line was approximately 70 feet out from the house. We could not locate any other septic components. Please consult Dennis Lyons (563) 927-5925 for further guidance.

Sincerely,

Chris Boddicker

Inspected by Kyle Nekvinda
Certified Inspector #8866

542-0191

Time of Transfer Inspection Report

Property Information

Current Owner: Joseph VanDerHart GUEST HOUSE

Buyer: _____ Realtor: _____

Mailing Address: _____

Site Address/County: 2958 110th Avenue Masonville, IA 50654 Delaware County

Legal Description 8-87-6 North Linn

No. of bedrooms: 3 Last occupied: _____ Records available: No

Permit/ installation date: _____ Separation distances (ok/no?): _____

Septic System Information

Septic tank(s): Size: _____ Material: _____ Condition: _____

Tank pumped? ☐ Y ☐ N Date: _____ Licensed pumper: _____

Septic/Trash/Processing tank: Size: _____ Material: _____ Condition: _____

Tank pumped? ☐ Y ☐ N Date: _____ Licensed pumper: _____

Aerobic treatment unit (ATU) mfgr _____ Size _____

Tank pumped? ☐ Y ☐ N Date: _____ Licensed pumper: _____

Maintenance contract? ☐ Y ☐ N Expiration date: _____ Service provider: _____

Condition: _____

Pump tanks/vaults: Type: _____ Size: _____ Condition: _____

Distribution system: Distribution box _____ Outlets used _____ Condition: _____

Header pipe(s): _____ No. of lines: _____ Pressure dosed? _____

Secondary Treatment:

Length of absorption fields: _____ Determined by: _____

Condition of fields: _____ Determined by: _____

Type of trench material: _____

Size of sand filter: _____ Determined by: _____

Vent pipes above grade? ☐ Y ☐ N Discharge pipe located? ☐ Y ☐ N

Effluent sample taken _____ Results: _____

Media Filters: Type: _____

Maintenance contract? ☐ Y ☐ N Expiration date: _____ Service provider: _____

Condition: _____

NPDES General Permit No. 4: Required? ☐ Y ☐ N Permitted? ☐ Y ☐ N 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 _____

Explain (attach additional pages as needed): _____

_____

Comments: RAN A CAMERA THRU LINE OUT OF HOUSE AS FAR AS WE COULD, THEN DUG UP @ THAT POINT & FOUND IT WAS DELLED CLAY TILE. DID NOT GO ANY FURTHER. THE LINE WAS A LITTLE OVER 3' DEEP 70' OUT FROM THE HOUSE

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:** 7-10-19
Name (print): Kyle Nekvinda **Certificate #:** 8866 **or**
Name (print): Joedy Hurtt **Certificate #:** 11305
Address: 3450 Clear Water Lane Robins, IA 52328
Phone # (319) 393-4142

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