Book 2019 Page 2276
2019 GWH-2276 Type 53 001 Pages 5
Date 8/22/2019 Time 9:39:40AM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:
Name Gregory M. Merta and Kelly L. Merta
Address 3456 Lennon Lane , Marion , IA 52302
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name David A. Hermanson and Angie M. Hermanson
Address 2747 285th Avenue , Hopkinton , IA 52237
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
26249 215th Avenue , Delhi, IA 52223
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 15± west of the northwest corner of the cabin

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.: (319) 721-1209

Addendum

1. Lot Two (2) of Turtle Creek Heights Addition to Delaware County, Iowa, according to plat recorded in Book 2 Plats, Page 190; same being a part of the Southeast Quarter (SE¼) of the Northwest Quarter (NW¼) and of the Southwest Quarter (SW¼) of the Northeast Quarter (NE¼) of Section Twenty Five (25), Township Eighty Eight (88) North, Range Five (5), West of the Fifth Principal Meridian.

Time of Transfer Inspection Worksheet

Other Components

Alarms Yes Working? Yes Disinfection — Working? —

Control Box _____ Timers _____ Inspection Ports _____

Other Components _____

Overall condition of the private sewage disposal system

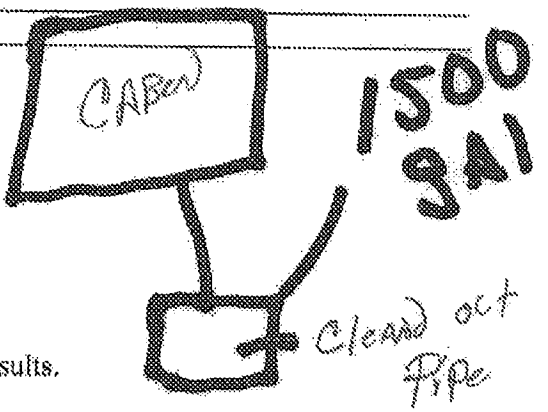
Acceptable? X Unacceptable? _____

Explain (attach additional pages as needed): Holding TANK
1500 gal with Alarm

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: [signature] Date: 2-19-19

Name (print): Robb Harter Certificate #: 366

Address: 3031 160th Street Dyersville, Iowa 52040

Phone #: 563-542-1010

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

Property information
Current Owner Gregory C Kelly Merta
Buyer _____ Realtor _____
Mailing Address 3456 Redwood Ln Marion IA 52302

Site Address/County 36249 215th Ave Delhi

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

Records Available Yes Permit/Installation Date _____ Installer _____

Septic System Information
Septic Tank(s): Size 1500 Material Concrete Condition good
Tank Pumped? Yes Date 7-16-19 Licensed Pumper _____
Septic/Trash/Processing Tank: Size 2-16-16 Material Conc Condition good
Tank pumped? Yes Date 2-16-19 Licensed Pumper 368

Aerobic treatment unit (ATU) MFGR _____ Size _____
Tank Pumped? _____ Date _____ Licensed Pumper _____
Maintenance Contract? Hold Tank Expiration Date _____ Service Provider _____
Condition _____

Pump Ttanks/Vaults: Type _____ Size _____ Condition _____

Distribution System: Distribution Box _____ Outlets Used _____ Condition _____
Header Pipe(s) _____ Number of Lines _____
Pressure Dosed? _____

Secondary Treatment
Length of Absorption Fields Hold Tank Determined by _____
Condition of Fields _____ Determined by _____
Type of Trench Material _____

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 _____