Recorded: 5/13/2020 at 4:04:18.0 PM
County Recording Fee: $0.00
Iowa E-Filing Fee: $0.00
Combined Fee: $0.00
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2020 PG: 1453

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

TRANSFEROR:
Name Leland Wilson a/k/a Leland J. Wilson
Address 001 Market Street, Delhi, IA 52223
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Timothy N. Olson
Address 421 Moore Street, Baraboo, WI 53913
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
001 Market Street, 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.
   - ___ 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:

_____

_____

_____

_____

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.: (563) 920-4026

Addendum

1. Lot Four (4), except the West one hundred sixty four and five-tenths (164.5) feet thereof, and Lot Five (5), except the West three hundred forty six and five-tenths (346.5) feet thereof, of Auditor's Plat No. 4 - Cramer Lakeside Subdivision of part of the Southwest Quarter (SW¼) of the Southwest Quarter (SW¼) of Section Sixteen (16), Township Eighty-Eight North (T88N), Range Four West (R4W) of the Fifth Principal Meridian, City of Delhi, Delaware County, Iowa, according to plat recorded in Book 6 Plats, Page 185.

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

Property information
Current Owner Ieland & Diana (w).Isom
Buyer _____ Realtor _____
Mailing Address Po Box 184 Dell. 52223

Site Address/County #490000310410

No. of Bedrooms 3 Last Occupied? Now Disposal? (Y) / N Softener? (Y) / N H_2O Supply? City water
No well

Records Available _____ Permit/Installation Date _____ Installer _____

Septic System Information
Septic Tank(s): Size 1250 Material Concrete Condition good
Tank Pumped? Yes Date 4-10-20 Licensed Pumper 358
Septic/Trash/Processing Tank: Size 1000 Material C Runt Condition good
Tank pumped? Yes Date 4-10-20 Licensed Pumper 358

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 4 Condition good
Header Pipe(s) No Number of Lines 4
Pressure Dosed? Yes

Secondary Treatment
Length of Absorption Fields 4x100 Determined by Prob
Condition of Fields good Determined by Dug up
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 submitted _____

Time of Transfer Inspection Worksheet

Other Components

Alarms Yes Working? Yes Disinfection _____ Working? _____

Control Box _____ Timers _____ Inspection Ports _____

Other Components HAS lift pump in working condition. WITH ALARM

Overall condition of the private sewage disposal system

Acceptable? X Unacceptable? _____

Explain (attach additional pages as needed): _____

Comments: All in good working condition

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: Robb Harter Date: 4-10-20

Name (print): Robb Harter Certficate #: 358

Address: 3031 160th Street Dyersville, Iowa 52040

Phone # 563-542-1010

Harter Custom Pumping, Inc & Septic Service

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

****

Homeowners: Wilson
PO Box 184
Dell

Age of Property 2000
Occupied
(Yes) or No

Inspection Co: HARter

Date of Inspection: 4-10-20

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 1250 Gallons *Basis for estimate*
What is the separation between well and septic? City water
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 X Concrete Fiberglass Other
Liquid Level in tank X Normal Below Normal Above Normal
Access opening in tank One X Two Three None
Number of risers One X Two Three None
Condition of baffles and/or sanitary tees:
Inlet baffle or "T" X Present and functional Not functional None present Not Visible
Outlet baffle or "T" X Present and functional Not functional None present Not Visible
Tank was pumped X Yes No (if no please explain below
Is system adequately sized for # of Bedrooms X Yes No # of Bedrooms:
Is system adequately sized for # of Bathrooms X Yes No # of Bathrooms:
System working Properly X Yes No (if no please explain below)

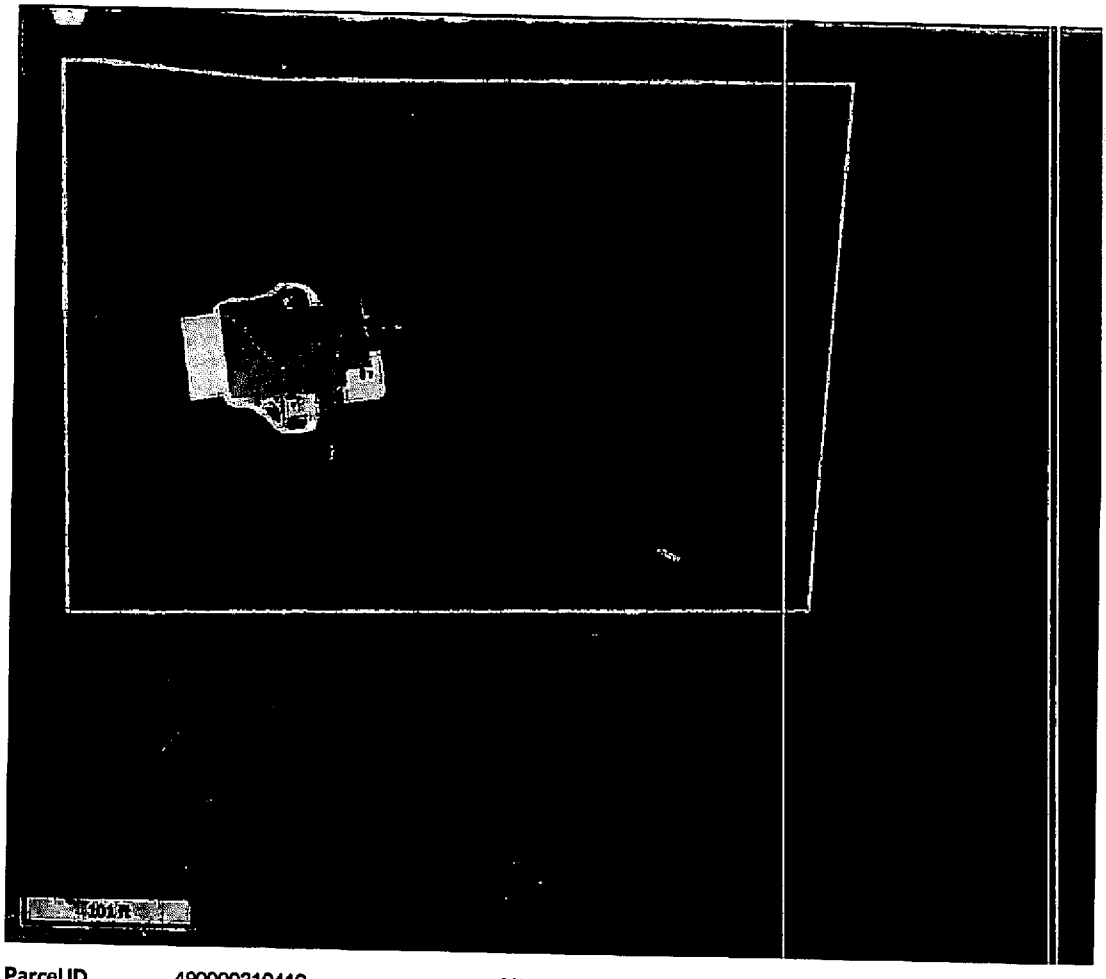
Additional Comments / Repairs needed:

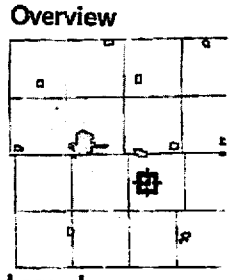
All in working condition -

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: Robb Harter Date: 4-10-20

Beacon™ Delaware County, IA





Legend

- Corporate Limits
- Political Township

Parcels

- BLL
- Parcel
- Roads

Parcel ID	490000310410	Alternate ID	n/a	Owner Address	Wilson, Leland & Dian a
Sec/Twp/Rng	16-88-4	Class	R		001 Market St
Property Address	001 MARKET ST	Acreage	3.17		PO Box 184
	DELHI				Delhi, IA 52223-
District	DELHI CORP. TIF				
Brief Tax Description	LOT 4 EX W 164.5'				
	AUDITOR'S PLAT NO. 4				
	CRAMER LAKESIDE SUBD				
	(Note: Not to be used on legal documents)				

Disclaimer: The information in this web site represents current data from a working file which is updated continuously. Information is believed reliable, but its accuracy cannot be guaranteed. No warranty, express or implied, is provided for the data herin, or its use. Special assessments not shown.

Date created: 4/14/2020
Last Data Uploaded: 4/14/2020 7:42:58 PM

Developed by Schneider GEOSPATIAL

1250 tank
DBox is 111 Ft South of tank
DBox is 8" Deep with 4 out lines
City water. NO well
Tank is 51Ft SW of Home.