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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Robin Cram

Address 26269 232nd Ave, Delhi, IA 52223

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

TRANSFEREE:

Name Marvin Goldsmith

Address 75933 Road 434, Lexington, NE 68850

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

Address of Property Transferred:
26269 232nd Ave, Delhi, IA 52223

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

Legal Description of Property: (Attach if necessary) Leasehold Interest in property located at 26269 232nd Ave., Delhi, IA 52223, being a dwelling on leased land of Hawker known as "Lot Number 6" as per Rental Agreement recorded in Book 2019, Page 762 and located in Section Twenty Nine (29), Township Eighty Eight (88) North, Range Four (4), West of the Fifth P.M.; Parcel ID #000220290200509

1. **Wells (check one)**
   - X 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)**
   - 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:

_____

_____

_____

_____

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

Signature: Robin Cram (Transferor or Agent) Telephone No.: ~~(308) 324-3290~~ 563-608-9782

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

Addendum

1. Leasehold Interest in property located at 26269 232nd Ave., Delhi, IA 52223, being a dwelling on leased land of Hawker known as "Lot Number 6" as per Rental Agreement recorded in Book 2019, Page 762 and located in Section Twenty Nine (29), Township Eighty Eight (88) North, Range Four (4), West of the Fifth P.M.; Parcel ID #000220290200509

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

Property information
Current Owner Robin CRAM
Buyer _____ Realtor Myer
Mailing Address 26269 232nd Ave Delhi IA 52223

Site Address/County _____

No. of Bedrooms 2 Last Occupied? Home Now Disposal? Y / (N) Softener? Y (N) H_2O Supply? well 205 Ft to tank
Records Available Yes Permit/Installation Date 2006 Installer HanBack

Septic System Information
Septic Tank(s): Size 1000 gal Material Concrete Condition good
Tank Pumped? Yes Date 5-10-20 Licensed Pumper 358
Septic/Trash/Processing Tank: Size 1000 Material _____ Condition good
Tank pumped? Yes Date 5-10-20 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 3 Condition OK
Header Pipe(s) _____ Number of Lines _____
Pressure Dosed? _____

Secondary Treatment
Length of Absorption Fields 12X20 Determined by Dug up
Condition of Fields good Determined by Dug up
Type of Trench Material Rock & Pipe

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 _____ Working? _____ 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): All in working condition.

_____

_____

_____

Comments: Keep track Pump every 3-4 years.

_____

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: _____ Date: 5-10-20

Name (print): Robb Harter Certficate #: 358

Address: 3031 160th Street Dyersville, Iowa 52040

Phone # 563-542-1010