Book 2020 Page 2256

Document 2020 GWH-2256 Type 53 001 Pages 7
Date 7/06/2020 Time 3:05:17PM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Willie D. Miller

Address 3045 230th Ave, Hopkinton, IA 52237

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

TRANSFEREE:

Name David Borntrager

Address 2405 Pheasant Rd, Hopkinton, IA 52237

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

Address of Property Transferred:
2405 Pheasant Rd, Hopkinton, IA 52237

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 Location - 101 ft to D Box See attached

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

Signature: Willie D. Miller (Transferor or Agent) Telephone No.: (319) 975-0775

Addendum

1. That part of the Northeast Quarter (NE ¼) of the Southeast Quarter (SE ¼) of Section Twenty One (21), Township Eighty Seven (87) North, Range Four (4), West of the Fifth Principal Meridian described as commencing at a point that is four hundred fifty six (456.0) feet North of the intersection of the centerline of the Hopkinton-Buck Creek road with the East line of said Section Twenty One (21), and running from thence West three hundred sixty (360.0) feet, thence North one hundred ninety (190.0) feet, thence East three hundred sixty (360.0) feet, thence South one hundred ninety (190.0) feet to the point of beginning, according to Plat of Retracement Survey recorded in Book 2017, Page 1704

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

Property information
Current Owner Willen Miller
Buyer _____ Realtor _____
Mailing Address 2805 Pheasant Rd Hopkinton 52237

Site Address/County P# 370210001300

No. of Bedrooms 3 Last Occupied? Yes Disposal? Y / N Softener? Y / N H_2O Supply? Well 101 to D Box

Records Available Yes Permit/Installation Date 2003 Installer N/A

Septic System Information
Septic Tank(s): Size 1250 Material Conc Condition Good
Tank Pumped? Yes Date 5-2-20 Licensed Pumper 358
Septic/Trash/Processing Tank: Size 1000 Material Conc Condition OK
Tank pumped? Yes Date 5-2-20 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 _____ Condition _____
Header Pipe(s) _____ Number of Lines _____
Pressure Dosed? _____

Secondary Treatment
Length of Absorption Fields 4x 50Ft Determined by Prob
Condition of Fields OK 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 submitted _____

Time of Transfer Inspection Worksheet

Other Components

Alarms _____ Working? _____ Disinfection _____ Working? _____

Control Box _____ Timers _____ Inspection Ports _____

Other Components THIS SYSTEM IS MADE 4-5 PERSON OCCUPANCY.

Overall condition of the private sewage disposal system

Acceptable? X Unacceptable? _____

Explain (attach additional pages as needed): KEEP PUMP EVEN 2 YEARS THERE WAS SIGNS OF THE SYSTEM BACKING UP AT ONE TIME.

Comments: SYSTEM HAS FILTER. NEED TO BE CLEANED EVEN YEAR.

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: 5-2-20

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: Miller
2405 Pheasant Rd
Hopkinton 52237

Age of Property 2016
Occupied
(Yes) or No

Inspection Co: Harter

Date of Inspection: 5-2-20

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? 101 to DBL
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 / Yes X No # of Bedrooms:
Is system adequately sized for # of Bathrooms X Yes No # of Bathrooms:
System working Properly (Yes) No (if no please explain below)

Additional Comments / Repairs needed:

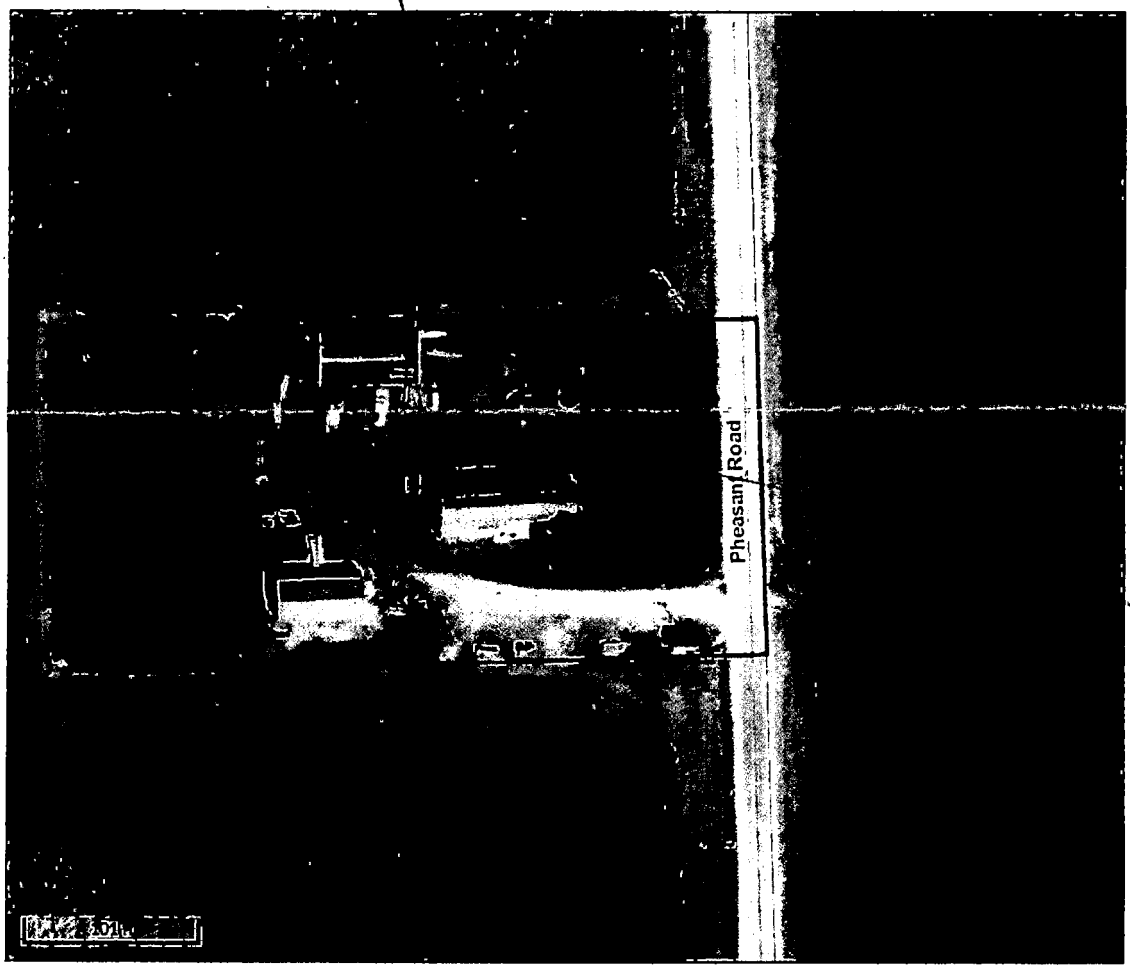
Keep Pump Every 2 Years

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.

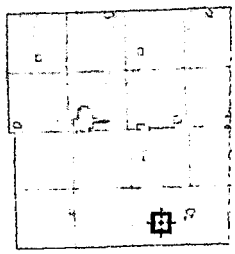
Inspected by : [signature] Date: 5-2-20

Well 101 Ft to DBox

Beacon™ Delaware County, IA



Overview



Legend

- Corporate Limits
- Political Township

Parcels

- BLL
- Parcel
- Roads

~ 1250 gal tank.

Parcel ID	370210001300	**Alternate ID**	n/a	**Owner Address**	Miller, Willie D & Martha A
Sec/Twp/Rng	21-87-4	**Class**	R		2405 Pheasant Rd
Property Address	2405 PHEASANT RD HOPKINTON	**Acreage**	n/a		Hopkinton, IA 52237
District	UNION MAQ VALLEY				
Brief Tax Description	PT NE SE AS DESC DR 84 P 282 (Note: Not to be used on legal documents)				

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Developed by Schneider GEOSPATIAL

1250 gal tank with Filter.
DBox is 28Ft North of tank.
~~22~~ 50 Ft Bed Chamber.
Well is 101Ft to DBox
DBox is 30" Deep