Book 2020 Page 2600
Document 2020 GWH-2600 Type 53 001 Pages 13
Date 8/04/2020 Time 10:36:20AM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

## REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

**TRANSFEROR:**

Name Glen J. Goerdt

Address 3183 Vine Rd, Dyersville, IA 52040

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

**TRANSFEREE:**

Name Harriet's House, LLC

Address 1999 McKinney Avenue #1005, Dallas, TX 75201

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

Address of Property Transferred:
3183 Vine Rd, Dyersville, IA 52040

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:**

Drilled well in working order
located 25 feet from N.E. corner of house.

**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.: (520) 249-1620

## GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

**a. Solid Waste Disposal (check one)**

___ There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.

___ There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.

**b.. Hazardous Wastes (check one)**

___ There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.

___ There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.

Further descriptive information:

_____

_____

_____

_____

_____

_____

_____

_____

_____

**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.: (520) 249-1620
(Transferor or Agent)

# Addendum

1. Lots Two (2) and Three (3) of Goerdt Subdivision A Subdivision Of The Northeast Quarter (NE1/4) of Section Twenty-Seven (27), Township Eighty-Nine North (T89N), Range Three West (R3W) Of The Fifth Principal Meridian, Delaware County, Iowa, Lying North Of The Abandon Dubuque and Northwestern Railroad Right Of Way, according to plat recorded in Book 8 Plats, Page 31

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

Property information
Current Owner Glen J Goendt
Buyer _____ Realtor _____
Mailing Address 309 E 104 St Ste 400 Kansas City MO 64131
Site Address/County #18027060710 3183 Vine Rd Ironville

No. of Bedrooms ____ Last Occupied? _____ Disposal? Y / N Softener? Y / N $H_2O$ Supply? WCD 117 Ft
Records Available _____ Permit/Installation Date _____ Installer _____

Septic System Information
Septic Tank(s): Size 1500 Material Conc Condition Good
Tank Pumped? Yes Date 6-14-20 Licensed Pumper 358
Septic/Trash/Processing Tank: Size _____ Material _____ Condition Good
Tank pumped? Yes Date 6-14-20 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 8 Condition Good
Header Pipe(s) No Number of Lines _____
Pressure Dosed? No

Secondary Treatment
Length of Absorption Fields 30x40 Ft Bed 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 Keep tank pump ever 3-4 years

Overall condition of the private sewage disposal system

Acceptable? X Unacceptable? _____

Explain (attach additional pages as needed): All in good working condition-

Comments: System has filter that need to be cleaned ever 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: [signature] Date: 6-16-20

Name (print): Robb Harter Certificate #: 38

Address: 3031 160th Street Dyersville, Iowa 52040

Phone # 563-542-1010

10-2008

542-0191

**DELAWARE COUNTY SANITATION**

Application # _____ EnviTrack: # _____ Permit # 2588

**Completion Report for Private Sewage Disposal System**

Owner: Russell Goerdt

Site Address: ~~1508~~ 3183 Vine Rd Dyersville Township: Bremen

Parcel #: 1802700001710 Lot # _____ Legal S-T-R 27-89-3

Mailing Address: _____

Contractor: Dan Lueck Bedroom #: 3

Water Supply: Private

Primary Treatment: Latitude: 42.49638287 Longitude: -91.17594048

Septic Tank Volume (g): 1500 Manuf: Snyder Material: Concr # Pieces: 1 # Cmp: 2

Riser Ht Lid 1 (in): 24" Riser Ht Lid 2 (in): 24" Filter Brand: Polylock Diameter (in): 4 Distance to well (ft): >10

Note: Effluent filter requires frequent cleaning.

Dose Tank Volume(g): _____ Pump or Siphon Dose: _____ Gallons/dose: _____ Riser Ht (in): _____ Alarm: _____

D-Box: Latitude: 42.49647216 Longitude: -91.17705923 Depth: 1'

Subsurface Absorption Type: Chambers Chamber Manuf: _____ Lineal Ft: _____ # Trenches: 1

Inches rock under pipe: _____ Trench Depth (in): _____ Trench width (in): _____ Distance to well (ft): _____

Surface Absorption Type: Eko Chamber Overall length (ft): 40' Overal width (ft): 30

Rock bed length (ft): 40' Rock bed width (ft): 30' Length of laterals (ft): 40 # Laterals: 8 Lat

Header pipe diameter (in): _____ Rock type: _____ Distance to well (ft): _____ Depth to bottom of trench (in): _____

Packed Bed Media Filter: _____ Sand filter length(ft): _____ Sand filter width (ft): _____ Sand filter sq ft: _____

Liner: _____ Distance to well (ft): _____ # Distributor lines: _____ # Collector lines: _____

Distributor line type: _____ Separating layer: _____ Discharge GPS (lat x long): _____

*Peat Filter: Serial #: _____ Closed or Open bottom: _____ Lineal Ft absorption: _____ # Laterals: _____

crushed rock, river rock or chamber _____ Trench width (ft): _____ Rock under pipe (in): _____

Distance to well (ft): _____ Inches soil cover over trench: _____ Discharge GPS (lat x long): _____

*Recirculating Textile Filter: Brand Name: _____ Distance to well (ft): _____

Discharge GPS (lat x long): _____ Absorption field installed after (no discharge) _____

*Note: A maintenance agreement with a manufacturer-approved contractor must be maintained for the life of the septic system.

Comments: Effluent filter requires frequent cleaning.

Pull Filter out twice a year to clean and pump out every 3 to 5 years

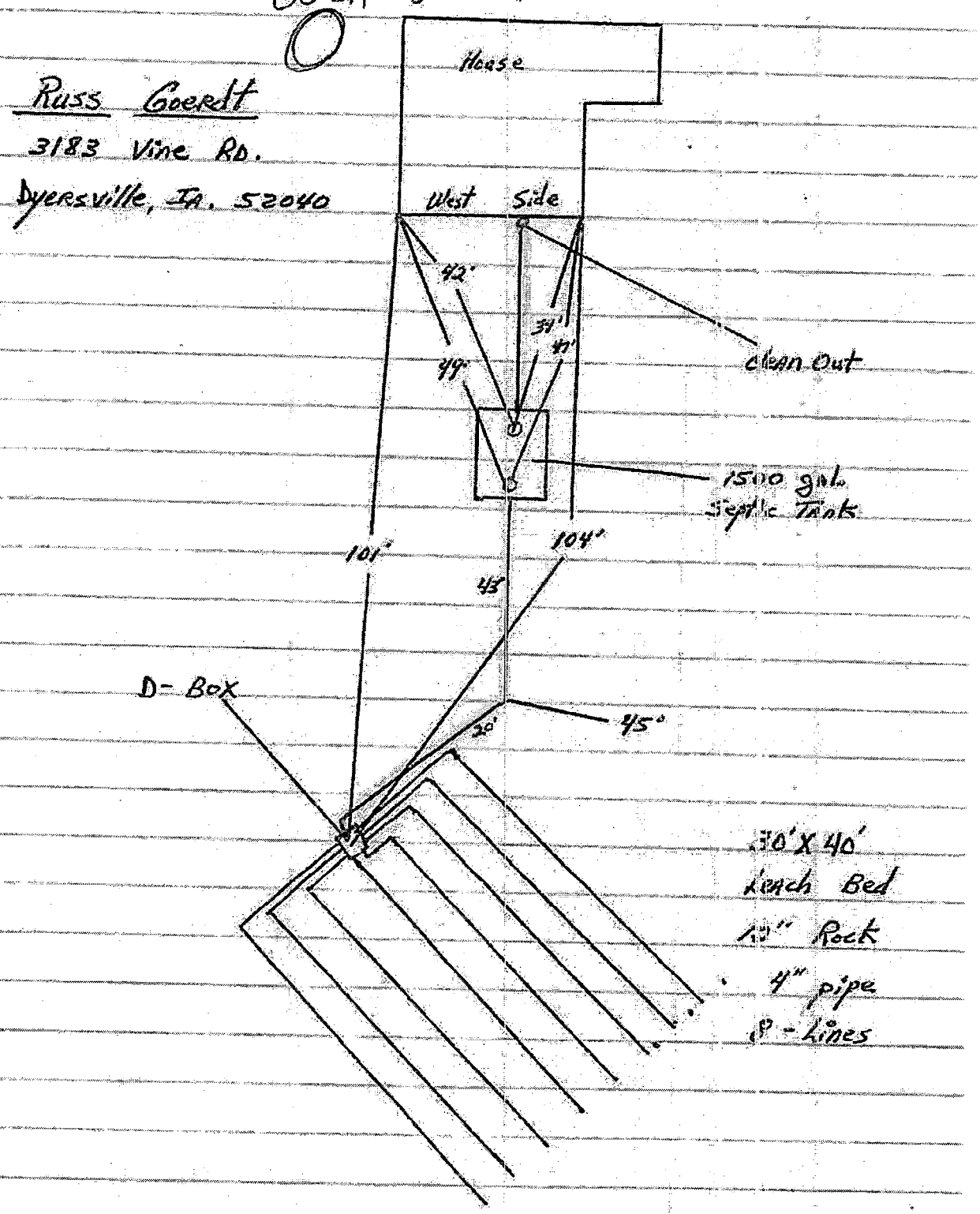
Was any portion of the field covered before the inspection: no System installation approved: Yes

Date of Final Inspection: 3-29-17 Environmental Health Specialist: Dennis Lyon

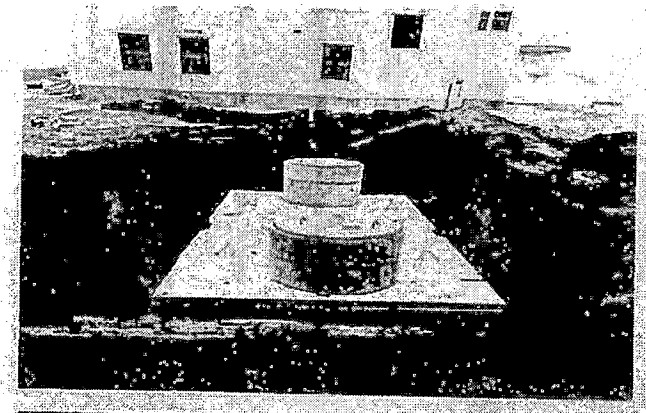
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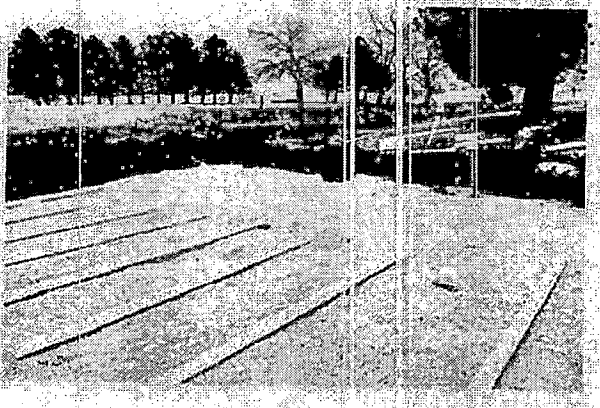
*This APPROVAL in no way makes the County responsible for the continued operation of this sanitation system*

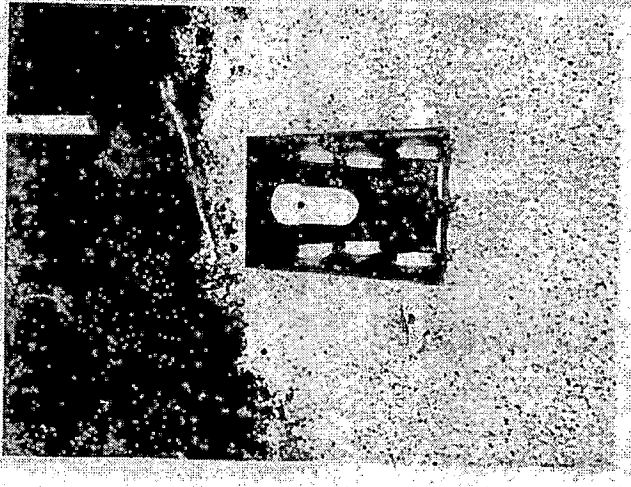
Well over 100 To D Box.

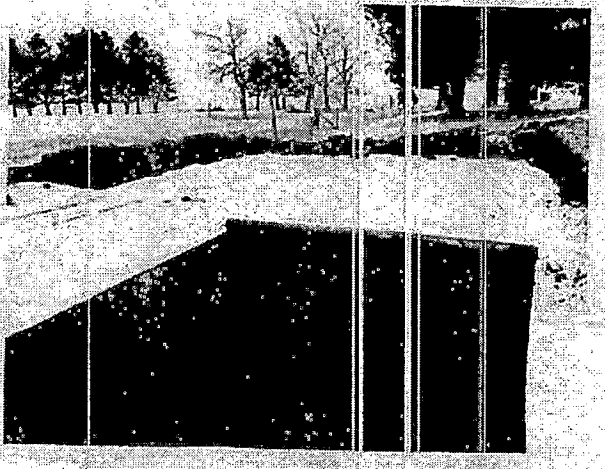



Russ Goerdt
3183 Vine Rd.
Dyersville, Ia. 52040







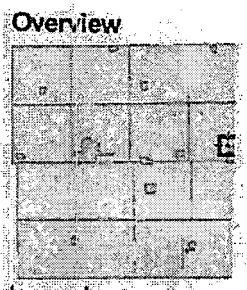


# Beacon™ Delaware County, IA

Feb 9th 1:30

563-590-1396



Legend
- Corporate Limits
- Political Township
- Parcels
- <all other values>
- Yes
- Roads

| | | | | | |
|---|---|---|---|---|---|
| Parcel ID | 180270001710 | Alternate ID | n/a | Owner Address | Goerdt, Russe H |
| Sec/Twp/Rng | 27-89-3 | Class | A | | 3183 Vine Rd |
| Property Address | 3183 VINE RD | Acreage | 26.17 | | Dyersville, IA 52040 |
| | DYERSVILLE | | | | |
| District | BREMEN | | | | |
| Brief Tax Description | LOT 3 GOERDT SUBDIV | | | | |
| | PT NE 1/4 | | | | |
| | (Note: Not to be used on legal documents) | | | | |

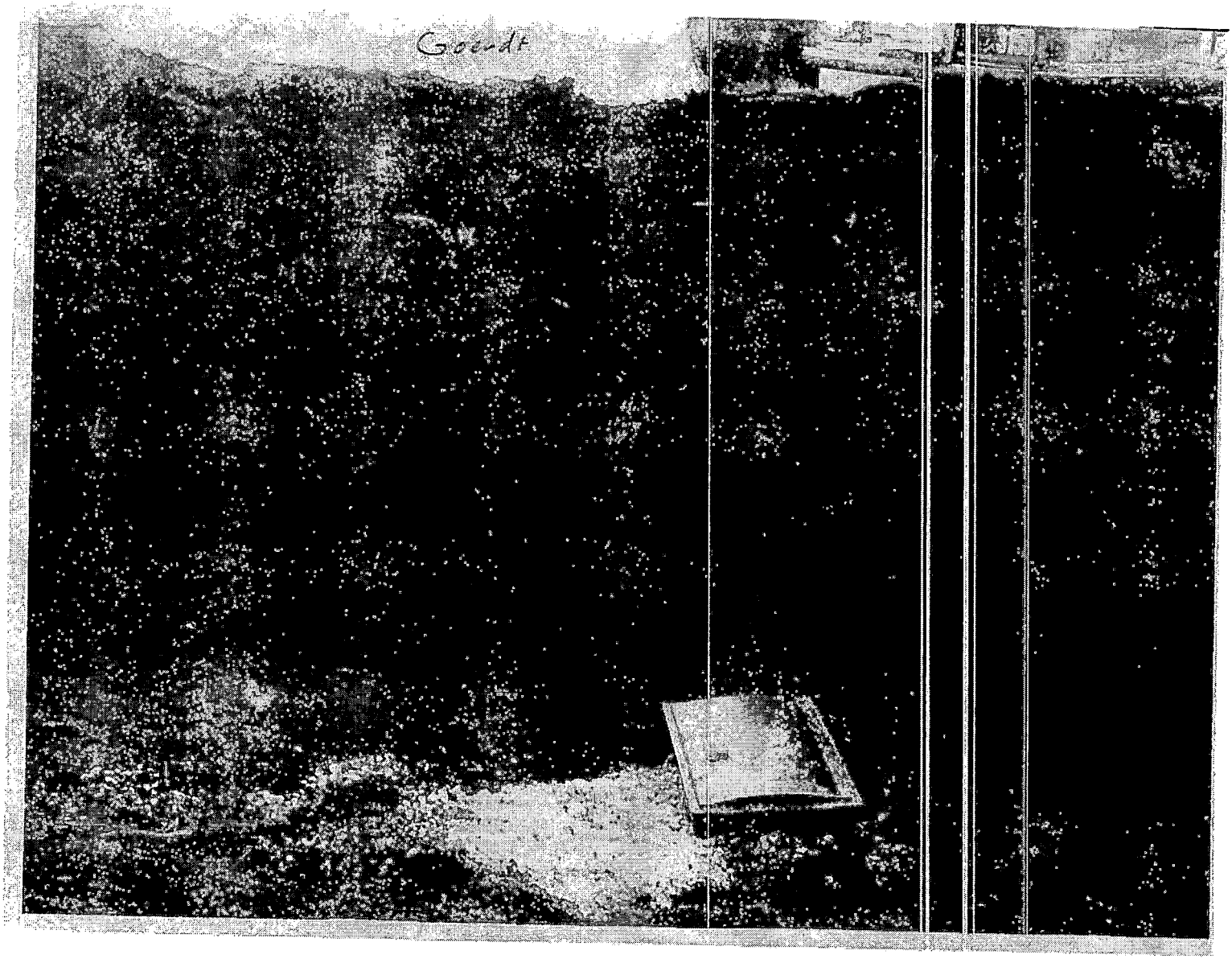
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Adding Septic

563-590-1396


Goerdt

