Book 2020 Page 2753

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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:

Name Bret J. Haughenbury

Address	3311 140th Ave	Ryan	IA	52330
	Number and Street or RR	City, Town or P.O.	State	Zip

TRANSFEREE:

Name Matthew Sweeney

Address	3311 140th Ave	Ryan	Iowa	52330
	Number and Street or RR	City, Town or P.O.	State	Zip

Address of Property Transferred:

3311 140th Ave	Ryan	IA	52330
Number and Street or RR	City, Town or P.O.	State	Zip

Legal Description of Property: (Attach if necessary)

Parcel E, A part of Parcel C in the NE¼ NE¼ of Section 34, Township 87 North, Range 6 West of the 5th P.M., Delaware County, Iowa, according to plat recorded in Book 2001, Page 3117,
AND
Parcel 2020-69, Part Of the NW 1/4 - NW 1/4; In Section 35, T87N, R6W Of The Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 2020, Page 2290.

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:

40' SE of house, drilled well

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.: (563) 387-7020
(Transferor or Agent)

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

Time of Transfer Inspection Report

Property information

Current owner_____ **Brett Haughenbury** _____
Buyer _____**Matt & Casey Sweeney**____ Realtor ___**Olivia Bates-F&M**
Mailing address _____

Site Address/County _ **3311 140th Ave. Ryan, IA – Delaware County** ___

No. of bedrooms _**4**_ Last occupied? _**NOW** _Disposal? Y / **N** Softener? **Y** / N H2O- **WELL**_

Records available _**yes** _Permit/installation date_**# 1036 / 2001** Installer_____

Septic system information

Septic tank(s): size _**1500 gals**____ material __**Concrete**__ condition __ **good** ___
Tank pumped? __**Yes**_ date _**06-30-2020**_ licensed pumper _**Groth Services LLC**__
Septic/trash/processing tank: size ____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

Aerobic treatment unit (ATU) MFGR_____ Size _____
Tank pumped? _____ date _____ licensed pumper _____
Maintenance contract? _____ expiration date _____service provider _____
Condition_____

Pump tanks/vaults: type _**Basement**___ size _**10 gal**_ condition _**working**_____

Distribution system: distribution box _**plastic**_ outlets used __**3**__condition __**good**____
Header pipe(s) __**yes**__ # of lines __**4**___ Pressure dosed? _no___

Secondary treatment:
Length of absorption fields _**4"x 75' rock bed**___ determined by __ **probe/map**____
condition of fields __**ok**_____ determined by ___ **probe- Hydro test**_____
type of trench material __ **Chamber**_____

Size of sand filter_____Determined by_____
Vent pipes above grade? _____Discharge pipe located ?____**NONE**_____
Effluent sample taken?_____

Media filters: type _____
Maintenance contract? __ expiration date _ service provider __

NPDES General Permit No. 4: required? _____ permitted? _____ NOI provided _____

GROTH SERVICES LLC

NARRATIVE INSPECTION REPORT
Brett Haughenbury Property

This is a certified Time of Transfer Inspection for a septic system with a total of four bedrooms in Delaware county. There is a full finished basement with a small in floor lift pump station for the basement bathroom. All the waste water exits by gravity out the north side of home draining to a dual compartment concrete septic tank. This is the primary treatment- it was at the proper liquid level on the day of inspection. The septic tank has two 24" concrete access riser to the surface. There are two effluent filters on the outlet of the septic tank. The outlet of the septic tank goes to drop boxes of the 300' linier foot absorption system by gravity, which completes the secondary treatment.

Distance from Septic tank to well is: <100'

CONDITION:

The septic tank was pumped on the same day of inspection, it contained a 3" scum layer and 70% solids. Normal septic tank cleanings are required in order to keep these solids from flowing out into the absorption system every 3 years. The septic tank is designed for storage of solids in the first compartment and pumped out according to the size and use of each home. The inlet and outlet baffles are plastic and are in good condition. The first drop box was found about 23" deep by a hand shovel and a probe. A hydraulic load test was calculated and completed, 7.5 GPM for 42 minutes from the outside hose faucet. The drop box accepted 315 gallons of the required 300 gallon test. **This inspection was completed at 3311 140th Ave. Ryan, IA on 6-30-2020 and is valid for two years from this date for the transfer of real estate.**

There are six additional pages of pictures included to this report of the system components. Also a map has been drawn as part of this inspection.(Tank capacity was verified by Digital Tank Gauge)

Company Disclaimer *Based* on what we were able to observe and our experience with on-site waste-water technology, we submit this sanitary sewage disposal system inspection report based on the present condition of the on-site sewage disposal system. Groth Services LLC has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future. Because of the numerous factors (usage, soil characteristics, previous failures, etc.) which effect the proper operation of a septic system as well as the inability of our Company to supervise or monitor the use or maintenance of the system, this report shall not be construed as a warranty by our Company that the system will function properly for any particular buyer. Groth Services LLC DISCLAIMS ANY WARRANTY, either expressed or implied, arising from the inspection of the septic system or this report. We are also not ascertaining the impact the system is having on the ground water.

I have studied the information contained herein and that my assessment is honest, thorough, and to the best of my ability correct. This Narrative report may not be copied without written approval from Corey Groth #8810

Signature _____ **Date** 7-3-20

Other components:
Alarms __**None**_____ Working? _____disinfection ___**NO**_____ working? _____

Control box _____ Timers_____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Acceptable? _____**Has required components** ___ Unacceptable_____

Explain (attach additional pages as needed) ___**See Attached Narrative Report**____

_____

Comments: _____

Site Status at conclusion of Time of Transfer inspection:
Verify that controls are set on 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.

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: 7-3-20

Name (print): ___Corey Groth_____ Certificate #: __**8810**_____
Address: _____PO BOX 215 Epworth, IA 52045_____
Phone # ___563-608-3567_____

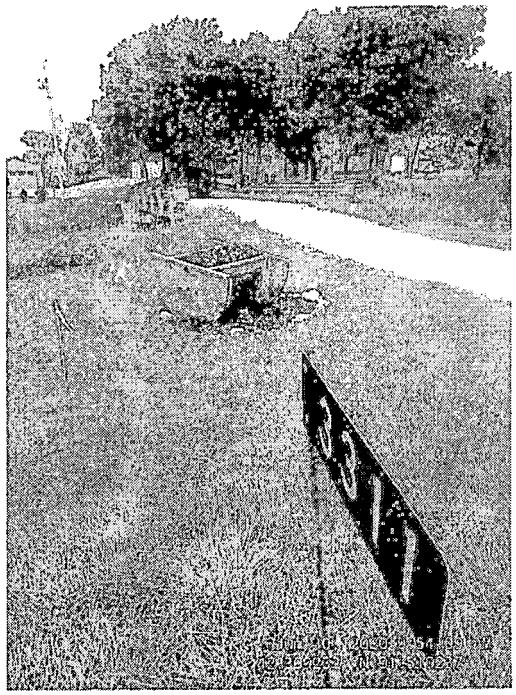
A copy of this report, the narrative report and sketch has been sent to the following by us:

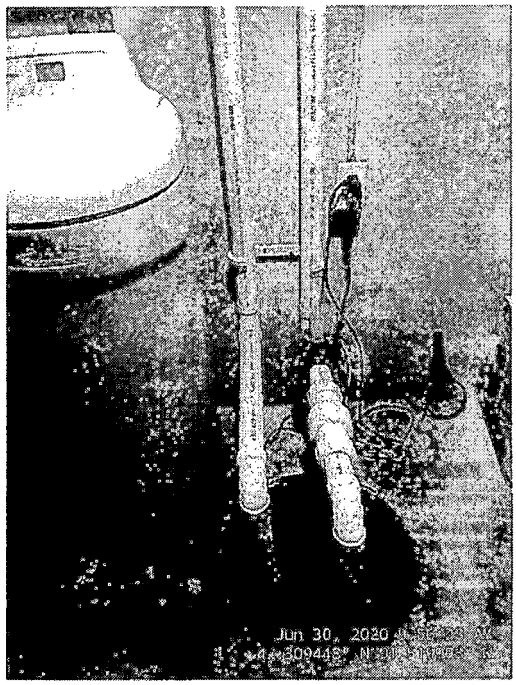
_____- Homeowner
_____- Realtor
_____- County sanitarian/environmental health office
_____- Iowa DNR in Des Moines
NOT sent to Buyer- Disclose all information to them from this report

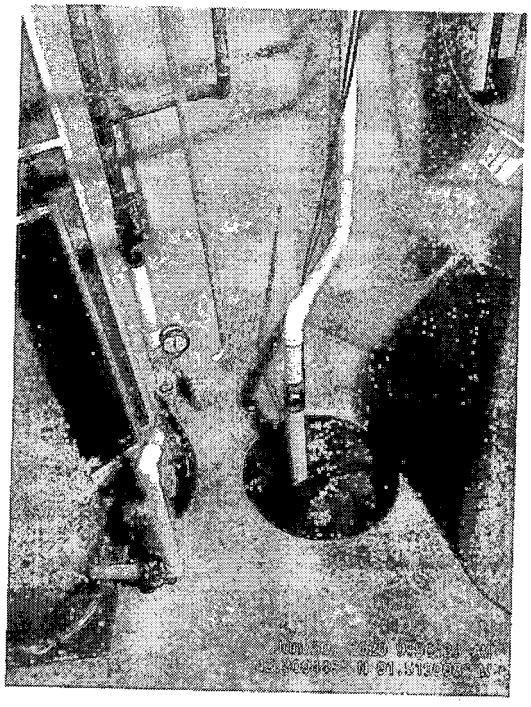
Created by Corey Groth

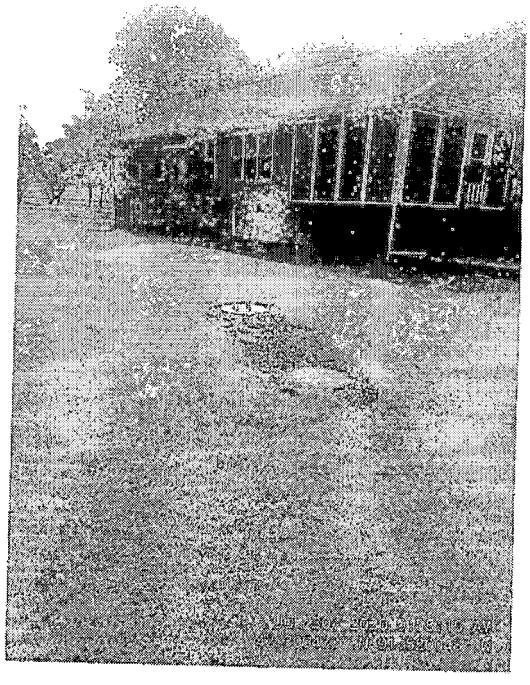
Photo Report



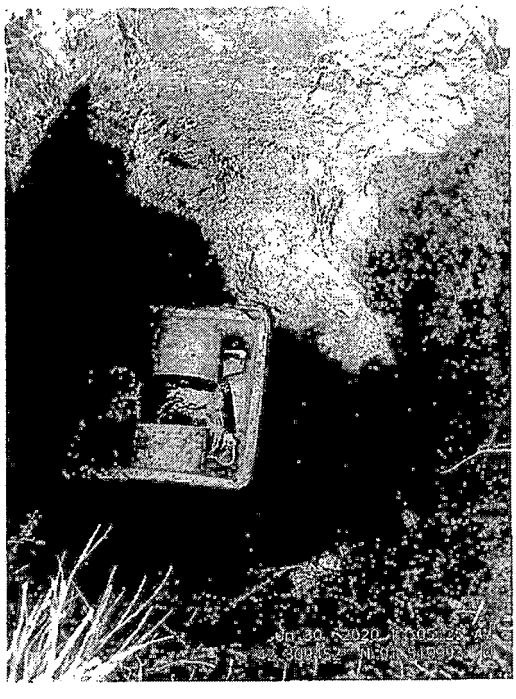


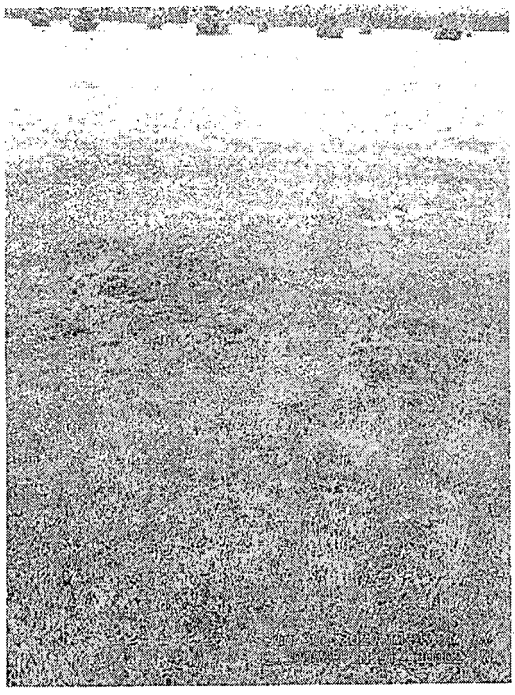

Jun 30, 2020











GROTH SERVICES

TIME OF TRANSFER INSPECTION MAP

DATE 6-30-20 **SELLER** BRETT HANCHENBURG **BUYER** MATT SWEENEY

ADDRESS 3311 140th AVE. **CITY** RYAN

