Recorded: 9/25/2020 at 2:26:15.0 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: 3351

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Matthew J. and Elizabeth E. McMahon

Address 1750 Emerald Court, Robins, IA 52328

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

TRANSFEREE:

Name Ryan A. and Caroline A. Larson and Nikki and Courtney Goodchild

Address 2140 Newcastle Road, Marion, IA 52302

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

Address of Property Transferred:

26305 215th Avenue, 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)**
   - 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: _____ (Transferor or Agent) Telephone No.: 319-573-3410

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

Addendum

1. Lot Five (5) of Turtle Creek Heights Addition to Delaware County, Iowa according to Plat recorded in Book 2 Plats, Page 190; also Lot Three (3) of Turtle Creek Heights Second Addition - a Subdivision of part of the West One-Half (W 1/2) of the Southwest Quarter (SW 1/4) of the North East Quarter (NE 1/4) of Section Twenty-five (25), T88N, R5W of the Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 7 Plats, Page 140; also all lake frontage running from the Western boundary to the middle of the Maquoketa River with respect to said Lot Five (5) per plat recorded in Book 1999, Page 1682

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

Property information
Current Owner MATTHEW & ELIZABETH MCMAHON-
Buyer _____ Realtor _____
Mailing Address 1750 EMERALD CT. ROBINS IA 52328
Site Address/County 26305 215TH AVE DB# 250203006500 250-25-03-005.00
No. of Bedrooms 3 Last Occupied? WEEKEND HOME Disposal? Y (N) Softener? Y (N) H_2O Supply? WELL
Records Available YES Permit/Installation Date — Installer _____

Septic System Information
Septic Tank(s): Size 1000 Material CONCRETE Condition OK
Tank Pumped? YES Date 5-1-19 Licensed Pumper 358
Septic/Trash/Processing Tank: Size 500 Material CONCRETE Condition GOOD
Tank pumped? YES Date 5-1-19 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 OK
Header Pipe(s) NO Number of Lines —
Pressure Dosed? NO

Secondary Treatment
Length of Absorption Fields 4 X 60 FT Determined by PROB
Condition of Fields OK Determined by DNR
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 is working condition -

Comments: Need Pump every 2-3 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: 7-1-19

Name (print): Robb Harter Certificate #: 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: MCMAHON
26305 235 Ave
Dell

Age of Property

Occupied
Yes or (No)

Inspection Co: Harter

Date of Inspection: 9-1-19

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 1000 Gallons *Basis for estimate*
What is the separation between well and septic? 100 Ft
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 X One 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 Good 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: [signature] Date: 9-1-19

26305



well 100 Ft to DBox

1000 GAL TANK

DRAIN FIELD East of TANK

04/23/2017