**Recorded: 10/8/2020 at 3:04:54.0 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: 3555**

## REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

**TRANSFEROR:**

Name Daron J. Bockenstedt

Address 33851 Littleport Road, Edgewood, IA 52042

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

**TRANSFEREE:**

Name Andrea M. Harbaugh

Address 204 S. Locust St., Edgewood, IA 52042

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

Address of Property Transferred:

1051 Laser Road, Edgewood, IA 52042

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 situated in garage portion of residence. Approx 70' deep

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

Signature: Dan Burkett / Cindy Burkett (Transferor or Agent) Telephone No.: (563) 920-8108

# Addendum

1. The North two hundred (200.0) feet of the East two hundred ten (210.0) feet of the Northeast Quarter (NE ¼) of the Southwest Quarter (SW ¼) of Section Two (2), Township Ninety (90) North, Range Five (5), West of the Fifth P.M.

   and

   The West six hundred thirty (630) feet of the East eight hundred forty (840) feet of the North two hundred (200) feet of the Northeast Quarter (NE ¼) of the Southwest Quarter (SW ¼) of Section Two (2), Township Ninety (90) North, Range Five (5), West of the Fifth P.M.

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? Yes Unacceptable? _____

Explain (attach additional pages as needed): Septic tank was pumped & Filter was clean & Tank Looks in good condition & D-Box was dug up and found Lid was broken & Pressure dose for 25 minutes. New Lid was put on.

Comments: System appears to me to be in working Condition.

**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: Donnie Kuehl Date: 9/3/20
Name (print): Donnie Kuehl Certificate #: 9889
Address: 39342 Hilton Road Edgewood, Ia 52042
Phone # 563-928-6418

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

**Property information**
Current Owner Daron Bockenstedt
Buyer Unknown Realtor Self
Mailing Address

Site Address/County 1051 Lazar Rd. Edgewood, Md (Delaware)

No. of Bedrooms 3 Last Occupied? Disposal? Y / N Softener? Y / N $H_2O$ Supply? Yes

Records Available Yes Permit/Installation Date #1296 3/3/05 Installer Bonert Const.

**Septic System Information**
Septic Tank(s): Size 1500 Material Concrete Condition Good
Tank Pumped? Yes Date 7/1/20 Licensed Pumper Donnie Kuehl
Septic/Trash/Processing Tank: Size N/A 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 Size Condition

Distribution System: Distribution Box Yes Outlets Used 5 Condition Good
Header Pipe(s) 5 Number of Lines 5 Line 60'
Pressure Dosed? Yes

**Secondary Treatment**
Length of Absorption Fields 5 lines 60' Determined by Per Diagram
Condition of Fields Good Determined by Probing the lines
Type of Trench Material Infiltrator

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

V070 02 00 001 00

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) Permit No. 1296

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 1051 Lazar Rd Section 2 Township H.C.

LOCATION: NE¼ NE¼ SW¼ sec 2 T-20-N R-5-W

Owner: Dana Beckwith Tenant: _____ Plumber: Bonar

Lot Size: 4 acres Type Commercial: _____ Residential: (No. Bedrooms) 3

Fixtures: Stools 2 Lavatories _ Bath Tubs 1 Showers 1 Sinks 3 Automatic Laundry 1 Sump Pump _

Septic Tank made by Sanda Garbage Grinder _____ Construction Material Concrete Gallons Cap. 1500

Percolation Test: 1. _____ 2. _____ 3. _____ 4. _____ Made by: _____

Absorption Field: Total length of laterals 300 Lf No. of lateral lines _____

This system is new ✓ Existing _____ in filtration w effluent filter

I certify that the above information is correct and that all proposed work will be completed in accordance with the Delaware County Regulations.

Date Approved 3-3-05

By _____ for

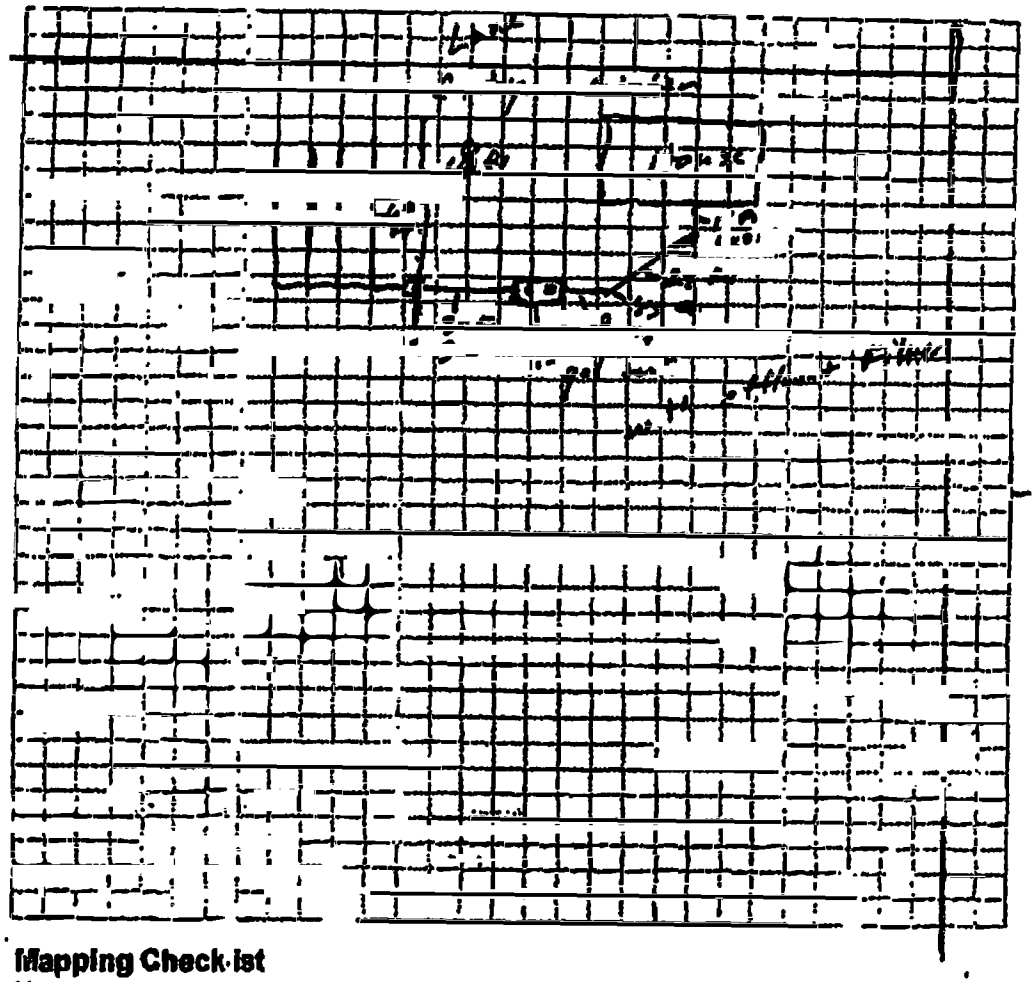
Dana Beckwith
APPLICANT'S SIGNATURE

SEAL

## Site Evaluation Map page 2 of 2

Designer Bonart

List any construction issues: Darin Beckenstedt




### Mapping Check-list

Map scale: _____ ___ indicate north ___ show slope ____ % direction ___

Locate

___ lot dimensions/property lines
___ dwellings and other improvements
___ existing and/or proposed system(s)
___ replacement area
___ unsuitable area(s)
___ public water supply wells
___ pumping access
___ inner wellhead zone

___ easements
___ phone
___ electric
___ gas
___ elevations
___ borings
___ benchmark
___ perc tests
___ horiz&vert reference pts

___ setbacks
___ building
___ all water wells within 100ft
___ pressure pipe
___ water suction pipe
___ streams, lakes, rivers
___ floodway and fringe

THE UNIVERSITY OF IOWA | **STATE HYGIENIC LABORATORY**

**ANALYTICAL REPORT** **1-800-421-IOWA (4692)**

| Collection Location | Collector and Phone | Client Reference | Accession # |
|---|---|---|---|
| outside hose bib<br><br>1051 LASER RD<br>EDGEWOOD, IA | bockenstedt daron<br>563/920-8108 | | 1163737 |
| | Collected<br>2020-08-05 11:50 | Received<br>2020-08-07 07:30 | Project |

Report To

CINDY BOCKENSTEDT

1051 LASER RD
EDGEWOOD, IA 52042

| Sample Description | Sample Type | Sample Source | Sample Note(s) |
|---|---|---|---|
| water | Drinking Water | | 1 |

## ADDITIONAL SAMPLE INFORMATION

Amount Enclosed: 28.00
Check Number: 11662

Owner: bockenstedt daron
Well Number: Not Provided

## RESULTS OF ANALYSIS - FINAL REPORT

| TEST | RESULT (/100 mL) | ANALYSIS NOTE(S) |
|---|---|---|
| *Total Coliform and E.coli Bacteria, SM 9223 B* | | *2* |
| **Total Coliform Bacteria** | **Absent, Bacterially Safe** | |
| **E.coli** | **Absent** | |

| TEST | RESULT (mg/L) | ANALYSIS NOTE(S) |
|---|---|---|
| *Nitrate + Nitrite as N, EPA 353.2* | | *3* |
| **Nitrate + Nitrite nitrogen as N** | **<0.10** | |

## SAMPLE AND ANALYSIS NOTES

1. Upon arrival, sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

2. If the total coliform bacteria and E.coli test results are "Absent" or "<1", these results are satisfactory and the water is bacterially safe for drinking purposes. If the total coliform bacteria test is "Present" or number is greater than or equal to 1 (e.g. 1, 20.7, 50.4, >200.5, etc), this result is UNSATISFACTORY and indicates the water is bacterially UNSAFE and should NOT be used for drinking unless properly disinfected before use (e.g. boiling for one minute). In addition, if the E.coli bacteria test result is also "Present" or number is greater than or equal to 1, this result indicates the water may be contaminated by human or animal sewage. E.coli presence indicates that the water may be contaminated with microorganisms that CAN cause disease and thus, represents a serious health concern. Contact your local county health department or SHL's web site (http://www.shl.uiowa.edu; click on Well Water in the left hand menu) for information and guidance to help correct your water quality problem.

3. Interpretation: Nitrate+nitrite result less than or equal to10 mg/L: does not exceed infant health advisory. Nitrate+nitrite result greater than10 mg/L: EXCEEDS infant health advisory and this water should not be used to prepare formula or used for drinking by infants less than six months of age. Contact your local county health department or SHL's web page (http://www.shl.uiowa.edu and private well water) for guidance.

## ANALYSIS INFORMATION

| TEST | ANALYZED | SITE | RELEASED | ANALYSIS PREP |
|---|---|---|---|---|
| 1. Total Coliform and E.coli Bacteria, SM 9223 B | 2020-08-07 09:24 DJO | 3200 | 2020-08-08 09:32 DJO | |
| 2. Nitrate + Nitrite as N, EPA 353.2 | 2020-08-07 15:15 KFO, DJO | 3200 | 2020-08-09 09:25 DJO | |

| Collection Location | Collector | Client Reference | Accession # |
|---|---|---|---|
| outside hose bib | bockenstedt daron | | 1163737 |

## DESCRIPTION OF UNITS

/100 mL = Number per 100 Milliliters
mg/L = Milligrams per Liter

## SITE(S) PERFORMING TESTING

3200 STATE HYGIENIC LABORATORY CORALVILLE, UNIVERSITY OF IOWA RESEARCH PK, 2490 CROSSPARK RD, CORALVILLE, IA 52241; Phone 319/335-4500; Fax 319/335-4555; Michael D. Schueller, M.S., Associate Director; Wade K. Aldous, Ph.D. (D)ABMM, Associate Director; IOWA ENVIRONMENTAL LAB ID #027

The result(s) of this report relate only to the items analyzed. Where the laboratory has not been responsible for the sampling stage the results apply only to the sample as received. This report shall not be reproduced except in full without the written approval of the laboratory. If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500.