Recorded: 11/25/2020 at 9:04:52.0 AM
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: 4350

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Mikaela Boss

Address 2225 285th Ave, Earlville, IA 52041

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

TRANSFEREE:

Name Sage A. Maiers

Address 1328 11th Ave SE, Dyersville, IA 52040

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

Address of Property Transferred:

2225 285th Ave, Earlville, IA 52041

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.: (563) 608-4735

Addendum

1. The East one hundred twenty nine and fifty five hundredths (129.55) feet of the West two hundred fifty nine and nine hundredths (259.09) feet of the North one hundred thirty three and forty one hundredths (133.41) feet of the South one hundred sixty six and four one hundredths (166.41) feet of Lot Two (2) of the Replat of the Plat of Lot 8, Lot 9 and Lot 10 in the NE 1/4 of the NW Fr. ¼ and the South 33 feet of Part of the NE ¼ of the NW Fr. ¼ of Section 6, T88N, R3W of the Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 5 Plats, Page 74, and plat recorded in Book 2016, Page 740

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

Property information
Current Owner Millard Boss
Buyer _____ Realtor _____
Mailing Address _____

Site Address/County 2225 285th Ave. Earlville 52041

No. of Bedrooms 2 Last Occupied? yes Disposal? Y (N) Softener? (Y) N H2O Supply? well 10/12 to D Box

Records Available yes Permit/Installation Date 5-19-16 Installer Bob

Septic System Information
Septic Tank(s): Size 1500 Material Conc Condition good
Tank Pumped? yes Date 10-10-20 Licensed Pumper 358
Septic/Trash/Processing Tank: Size 1000 Material Conc Condition good
Tank pumped? yes Date 10-18-20 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? yes

Secondary Treatment
Length of Absorption Fields Bed 100 x 20 ft Determined by Dug up
Condition of Fields good Determined by good
Type of Trench Material Chamber Rock

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 in working condition. Has Pump in 3rd to Pump to Bed. Has Filter in 2nd to Be Cleaned Every Year See Pic.

Comments: Keep Tank Pump Every 3-5 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: 10-18-20

Name (print): Robb Harter Certificate #: 318

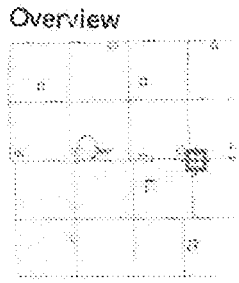
Address: 3031 160th Street Dyersville, Iowa 52040

Phone # 563-542-1010

Beacon™ Delaware County, IA

well





Legend
- Corporate Limits
- Political Township
- Parcels
- BLL
- Parcel
- Roads

Parcel ID	20006000110	Alternate ID	n/a	Owner Address	Boss, Mikaela K
Sec/Twp/Rng	6-88-3	Class	R		2225 285th Ave
Property Address	2225 285TH AVE EARLVILLE	Acreage	0.4		Earlville, IA 5204

District: NORTH FORK MAQ. VALLEY FD #9

Brief Tax Description: E 129.55' W 259.09' N 133.41' S 166.41' LT 2 OF REPLAT OF LTS 8, 9 & 10

(Note: Not to be used on legal documents)

Disclaimer: All critical information should be independently verified. If you have questions about this site please contact either the Delaware County Auditor's Office at 563 927-4701 or the Delaware County Assessor's Office at 563 927-2526

Date created: 10/25/2020
Last Data Uploaded: 10/25/2020 3:29:49 AM

1500 gal tank with Pump

Developed by Schneider GEOSPATIAL

well to tank 53Ft well to DBox 101Ft

DBox to tank 82Ft

DELAWARE COUNTY

BOARD OF SUPERVISORS

PERMIT NO. 2486

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS 2225 285th Ave Earlville SECTION 6 TOWNSHIP N. F

LOCATION QT ___ QT ___ SEC 6 T 88 N R 3 W Parcel# 200060000110

Owner Ben Goldsmith Plumber Bonsall

Lot size 5 Type Commercial ___ Residential (No. Bedrooms) 3

Fixtures: Stools 1 Bath tubs 1 Showers 1 Sinks 2 Automatic Laundry 1 Lift Pump ___

Septic tank made by Sturdy Construction Material Cast Gallon Cap. 1750 Garbage disposal ___

Absorption Field: Total length of Laterals 300' No. of lateral lines 5 Size of leach bed 2 Bed

Trench Material chamber rock Secondary Treatment Type ___

This system is new construction X Existing ___ Lat. 42.966789 Long. -91.239715

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

Date Approved 5-18-16

X John A Bonsall

APPLICANT'S SIGNATURE

By [signature]

INSPECTOR

DELAWARE COUNTY SANITATION

Application # _____ EnviTrack # _____

Permit # 2986

Completion Report for Private Sewage Disposal System

Owner: Ben Goldsmith

Site Address: 2225 285th Rd Township: Rush

Parcel #: 220 280060000110 Lot # _____ Legal S-T-R 6-81-3

Mailing Address: _____

Contractor: Bart Bedroom #: 3

Water Supply: Private

Primary Treatment: Latitude: 42.466789 Longitude: -91.229778

Septic Tank Volume (g): 1750 Manuf: Smith Material: Concrete # Pieces: 1 # Cmp: 3

Riser Ht Lid 1 (in): 36" Riser Ht Lid 2 (in): 36" Filter Brand: Polylok Diameter (in): 4 Distance to well (ft): _____

Note: Effluent filter requires frequent cleaning.

Dose Tank Volume(g): 100 Pump or Siphon Dose: Pump Gallons/dose: 50 Riser Ht (in): 36" Alarm: Yes

D-Box: Latitude: 42.466678 Longitude: -91.239957 Depth: 24"

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

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

Surface Absorption Type: chamber rock and pipe Overall length (ft): 100 Overall width (ft): 10'

Rock bed length (ft): 100' Rock bed width (ft): 10' Length of laterals (ft): 100' # Laterals: _____

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.

Two Beds - chambers with rock and pipe

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

Date of Final Inspection: 5-19 Environmental Health Specialist: Dennis Ihm

Scanned ☐

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