Book 2013 Page 3385
Document 2013 GWH-3385 Type 53 001 Pages 8
Date 10/28/2013 Time 8:25:34AM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

# REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

**TRANSFEROR:**

Name Patrick L. Hogan and Laura J. Hogan

Address 3281 Vine Rd., Dyersville, IA 52040

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

**TRANSFEREE:**

Name Jerome A. Goedken and Karol M. Goedken

Address 2163 332nd Ave., Dyersville, IA 52040

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

Address of Property Transferred:
3281 Vine Rd., Dyersville, IA 52040

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

Legal Description of Property: (Attach if necessary) Parcel F Part of Parcel B of the Southeast Quarter (SE 1/4), Section 26, Township Eighty-Nine North (T89N), Range Three West (R3W) of the Fifth Principal Meridian Delaware County, Iowa, according to plat recorded in Book 2002, Page 4812.

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:**

See attachment.

**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.: (731) 592-3813

CHEMRIGHT LABORATORIES, INC.
117 N. Main St. - Maquoketa, IA 52060 - IA Lab# 379 - Phone 563-652-4228 - Fax 563-652-6137

# TESTING REPORT

Dennis Lyons
Delaware County Health Department
Courthouse, 301 East Main
Manchester, IA 52057

Report Date: 08/22/13
Report Number: 12554
Sample Received: 08/21/13
Order Number: 11599

| Sample ID | Parameter | Sample Matrix | Analysis Time | Method | Analyst | Codes | | Result | Units |
|---|---|---|---|---|---|---|---|---|---|
| Laura Hogan (outside)<br>3281 Vine Rd.<br>Dyersville, IA | | | | | | | | | |
| 130821-W-6050 | Coliform (e-coli) MPN | Water | 08/21/13 10:26 | 9223B-QT | SG/HH | ND | < | 1.0 | cfu/100 ml |
| 130821-W-6050 | Coliform (total) MPN | Water | 08/21/13 10:26 | 9223B-QT | SG/HH | ND | < | 1.0 | cfu/100 ml |
| 130821-W-6050 | Nitrate-N | Water | 08/21/13 11:02 | 300.0 | SG/HH | | | 8.3 | ppm |

| Code | Description |
|---|---|
| ND | Non-Detect. The value given is the detection limit. |

No coliform bacteria was detected.
The infant health advisory limit for nitrate-N is 10 ppm.

Susan B. Gossman, Operations Manager — 08/22/2013
Technical Review — Date

FADED DOCUMENT AT TIME OF RECORDING

# Lab Report

March 22, 2010

| Customer Name / Company and Address | | Test Location | |
|---|---|---|---|
| Hanigan | Bill | Hanigan | Bill |
| 3281 Vine Rd | | 3281 Vine Rd | |
| Dyersville IA 52040 | | Dyersville IA 52040 | |

Measurement Data

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SDQ893 | 3/20/10 | 11:00 | 269 | 3/22/10 | 4:00 PM | 216 | F | 551 | 51 | 2.41 | 11.7 | 77 | 0.7 |

WinSpm Ver. 2.0.71

Created by Neevia docuPrinter trial version

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

Property information

Current owner Pat Hogan

Buyer _____ Realtor _____

Mailing address 3281 Vine Road Dyersville IA 52040

Site Address/County 3281 Vine Rd Dyersville IA 52040

Legal Description BRMen 26

No. of bedrooms 3 Last occupied? Yes Records available Yes

Permit/installation date 2005 Separation distances (OK) no? OVER 100FT

# 1379

Septic system information

Septic tank(s): size _____ material _____ condition _____

Tank pumped? _____ date _____ licensed pumper _____

Septic/trash/processing tank: size _____ material _____ condition _____

Tank pumped? _____ date _____ licensed pumper _____

Aerobic treatment unit (ATU) mfgr Mol Full size 600 GPD

Tank pumped? Yes date 8-22-13 licensed pumper [redacted] 358

Maintenance contract? Yes expiration date 8-14 service provider Hach

Condition Good Just Clean

Pump tanks/vaults: type _____ size _____ condition _____

Distribution system: distribution box X outlets used 4 condition Good

Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:

length of absorption fields 4x100 FT determined by MAP

condition of fields _____ determined by Probe

type of trench material CHAIN Ben

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 provided _____

# Harter Custom Pumping, Inc & Septic Service

Robb Harter * Owner/ Operator
3031 160th Street Dyersville, IA 52040 * 563-875-8730 or 563-542-1010

**********

**Homeowners:** Pat Hogan, 3281 Vine Road, Dyersville, IA 52040

**Age of Property:** _____

Occupied (Yes) or No

**Inspection Co:** Harter Custom Pumping, 3031 160th St Dyersville, Iowa 52040

**Date of Inspection:** 8-21-13

Does this evaluation/inspection meet the requirements of state and local agencies? Yes___ 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?

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 Concrete ✓ Fiberglass Other

Liquid Level in tank ✓ Normal Below Normal Above Normal

Access opening in tank ✓ One Two Three None

Number of risers ✓ One Two Three None

Condition of baffles and or sanitary tees:

Inlet baffle or "T" ✓ Present and functional Not functional None present Not Visible

Outlet baffle or "T" ✓ Present and functional Not functional None present Not Visible

Tank was pumped ✓ Yes No (if no please explain below

Is system adequately sized for # of Bedrooms ✓ Yes No # of Bedrooms:

Is system adequately sized for # of Bathrooms ✓ Yes No # of Bathrooms:

System working Properly ✓ Yes No (if no please explain below)

**Additional Comments / Repairs needed:**

***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: 8-22-13



# Time of Transfer Inspection Report

Other components:
Alarms Yes Working? Yes disinfection _____ working? _____

Control box _____ Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status All in good working condition.

Explain (attach additional pages as needed): _____

Comments: _____

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 and attach a site sketch.

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: 8-21-13
Name (print): Hafer Custom Pumping Certificate #: 385
Address: 3031 160th Street Dysart IA 52210
Phone # 563 542-1010

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office, county Recorder in the county the inspection was conducted and to;

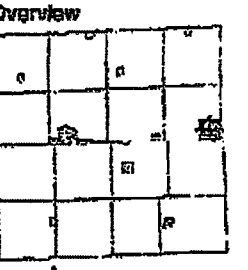
Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

# Delaware County, IA

Date Created: 9/5/2013




Overview



Legend

| | | | | | |
|---|---|---|---|---|---|
| **Parcel ID** | 1802600001750 | **Alternate ID** | n/a | **Owner Address** | Hogan, Patrick L & Laura J |
| **Sec/Twp/Rng** | 26-89-3 | **Class** | R | | 3281 Vine Rd |
| **Property Address** | 3281 VINE RD DYERSVILLE | **Acreage** | 2.69 | | Dyersville, IA 52040 |

**District** BREMEN

**Brief Tax Description** PARCEL F PT PARCEL B SE 1/4

(Note: Not to be used on legal documents)

Last Data Upload: 9/5/2013 3:26:56 AM

developed by
The Schneider Corporation
www.schneidercorp.com