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Date 3/09/2018 Time 10:40:34AM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Leo F. Goldsmith

Address 1025 8th Street SW, Dyersville, IA 52040

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

TRANSFEREE:

Name Curtis J. Nefzger

Address 2203 245th Avenue, Manchester, IA 52057

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

Address of Property Transferred:

2211 285th Avenue, 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:

SEE ATTACHED

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

Signature: _____ POA Telephone No.: (563) 580-8137
(Transferor or Agent)

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

Addendum

1. Lot Two (2) of the Replat Of The Plat Of Lot 8, Lot 9 And Lot 10 In The NE ¼ 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, except the South three hundred sixteen and forty one hundredths (316.41) feet thereof.

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

Property information

Current Owner Leo Goldsmith

Buyer _____ Realtor _____

Mailing Address 1025 8th St SW Dyersville, Iowa 52040

Site Address/County 2211 285th Ave Earlville, Iowa 52041 Delaware County

No. of Bedrooms 4 Last Occupied? 2012 Disposal? Y / N Softener? Y / N H_2O Supply? well

NEAR SOUTH OF TANK

Records Available X Permit/Installation Date 2001 Installer GOLDSMITH

Septic System Information

Septic Tank(s): Size 1250 Material Concrete Condition Good

Tank Pumped? Yes Date 11-07-12 Licensed Pumper 35-8

Septic/Trash/Processing Tank: Size 900 Material _____ Condition Good

Tank pumped? Yes Date 11-7-12 Licensed Pumper 35-8

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 NO Outlets Used _____ Condition _____

Header Pipe(s) Yes Number of Lines 3 200 FT

Pressure Dosed? _____

ROCK PIPE

Secondary Treatment

Length of Absorption Fields 3x 75 Determined by Dug up

Condition of Fields Good Determined by Dug up

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): _____

Corr Pump over 3-4/4-ART

_____

_____

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.

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: RM TDR Date: 11-9-17

Name (print): Robb Harter Certficate #: 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: Lee Goldsmith
2211 285 Ave.
Earlville 52041

Age of Property 2002
Occupied
Yes or No

Harter Custom Pumping
3031 160th Street
Dyersville, Iowa 52040

Date of Inspection: 11-7-19

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 1250 Gallons *Basis for estimate*
What is the separation between well and septic? Over 200 Ft South
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:

Keep Tank Pump Every 3-4 Years

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 : Robb Harter Date: 11-7-19

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) **Permit No.** 1649

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 785th Ave Esaloville Section 16 Township Nach Fork

LOCATION: 1/4 1/4 1/4 T-88N R5W

Owner: Leo Goldsmith Tenant: _____ Plumber: Self

Lot Size: 140 Acres Type Commercial: _____ Residential: (No. Bedrooms) 3

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

Septic Tank made by Precast Garbage Grinder no Construction Material Concrete Gallons Cap 1250

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

Absorption Field: Total length of laterals 378' No. of lateral lines 3

This system is new ✓ Existing _____. 6"/12" washed rock

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 12-12-01

By Edwards (Gobbo)
INSPECTOR

Leo Goldsmith
APPLICANT'S SIGNATURE

SEAL

