



Book 2019 Page 353

Document 2019 GWH-353 Type 53 001 Pages 7
Date 2/20/2019 Time 11:12:56AM
Rec Amt \$.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

**REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED BY TRANSFEROR**

TRANSFEROR:

Name Samuel D. Shroyer and Bethany M. Shroyer

Address 21865 275th Avenue, Earlville, IA 52041

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Ross A. Brunsman and Elizabeth C. Brunsman

Address 411 10th Avenue SE, Dyersville, IA 52040

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

21865 275th Avenue, Earlville, IA 52041

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) Lot Nine (9), Block Four (4), of the Subdivision of
Lot Two (2) of Timbergate Subdivision in Section Thirty Six (36), Township Eighty Nine (89) North,
Range Four (4), West of the Fifth Principal Meridian in Delaware County, Iowa, according to plat
recorded in Book 4 Plats, Pages 65-67

1. Wells (check one)

☐ 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)

☒ 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)

☒ 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)

☒ 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)

- ☒ 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.

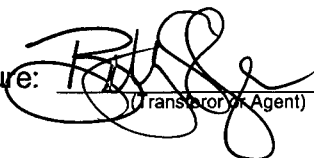
6. Private Sewage Disposal System (check one)

- ☐ 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.
☒ 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.**

X Signature: _____


(Transferor or Agent)

Telephone No.: (563) 513-5630



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

Property information

Current Owner SAMUEL & BETHANY SHROYER

Buyer _____ Realtor _____

Mailing Address 21865 H 275th EANDVILLE 52041

Site Address/County P# 160360202400

No. of Bedrooms 3 Last Occupied? now Disposal? Y/N Softener? Y/N H₂O Supply? well

Records Available N/A Permit/Installation Date N/A Installer N/A

94 FT
TO TANK
174 TO
DBA

Septic System Information

Septic Tank(s): Size 1000 Material concrete Condition good

Tank Pumped? yes Date 1-22-19 Licensed Pumper 7343

Septic/Trash/Processing Tank: Size 800 Material concrete Condition good

Tank pumped? yes Date 1-22-19 Licensed Pumper 7343 359

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 3 Condition good

Header Pipe(s) _____ Number of Lines 4

Pressure Dosed? _____

Secondary Treatment

Length of Absorption Fields 3 x 80 Determined by ROCK & PIPE PROB

Condition of Fields good Determined by PROB

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 NO Working? _____ Disinfection _____ Working? _____

Control Box NO Timers _____ Inspection Ports _____

Other Components NO

Overall condition of the private sewage disposal system

Acceptable? X Unacceptable? _____

Explain (attach additional pages as needed): All in working condition
Keep tank pump over 3-4 years

2 COMPARTMENT TANK

Comments: Tank is under the Deck.

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: Robb Harter

Date: 1-22-19

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 * 563-675-6730 or 563-442-1010

Homeowners:

SAM & Beth SARoyen
21865- 275 st
Earlvu, Ia

Age of Property

Occupied
Yes or No

Inspection Co:

Robb Harter
3031 160 St Dyersville
Date of Inspection: 1-22-19

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 1050 Gallons Basis for estimate
What is the separation between well and septic? 17 ft
Does the separation of the well and septic meet local requirements? Yes ☐ No ☐ N/A ☐

Section 2: Disposal Field

Any evidence of malfunction No ☐ Yes ☐ (Please check all applicable observable 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 ☐ 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 Bathroom: ☐
System working Properly X Yes ☐ No (if no please explain below) ☐

Additional Comments / Repairs needed:

All in good working condition
Keep Pump over 254 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: 1-22-19

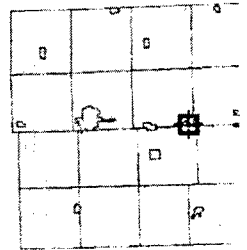
**Beacon**

Delaware County, IA

28 Ft NW of Home to TANK

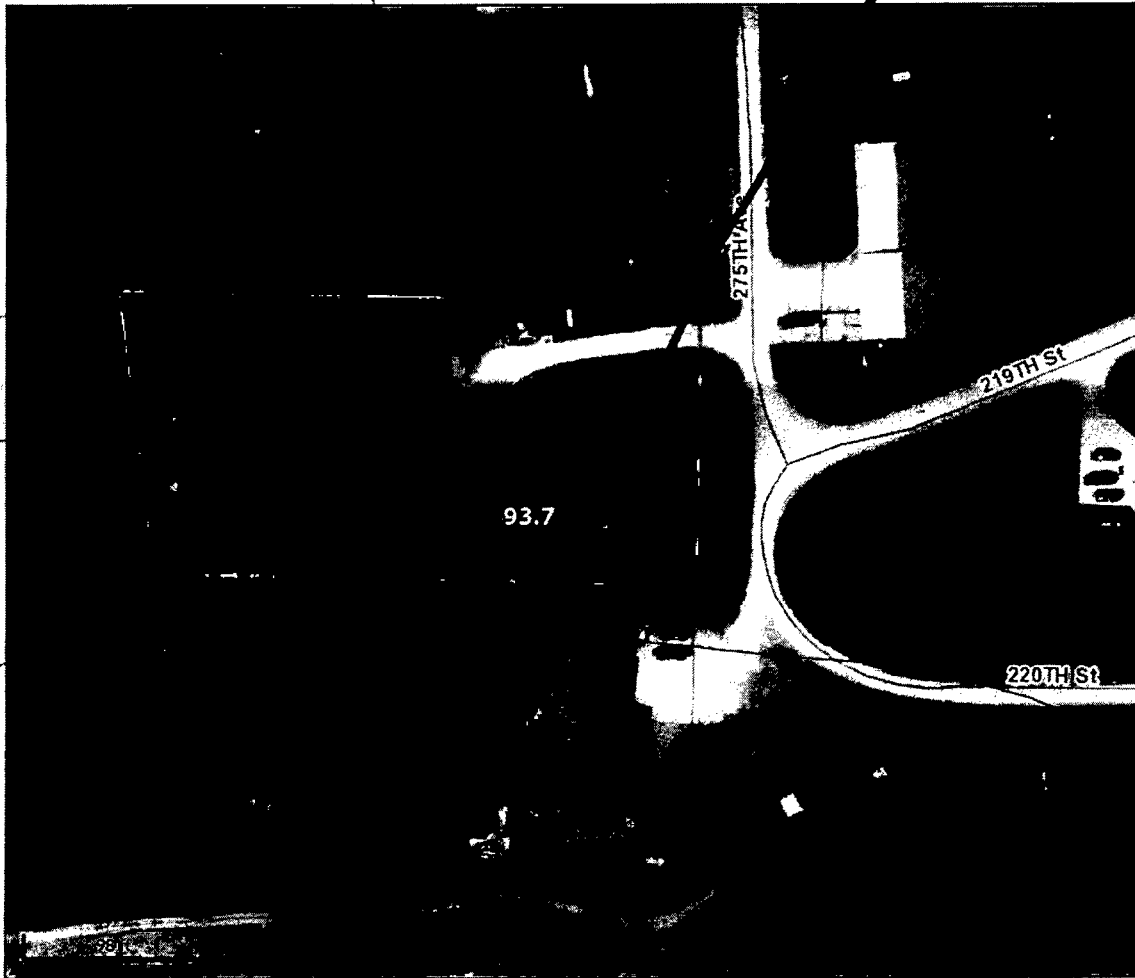
Well 93 Ft to TANK

Overview



Legend

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



Parcel ID 160360202400
Sec/Twp/Rng 36-89-4
Property Address 21865 275TH AVE
EARLVILLE

Alternate ID n/a
Class R
Acreage n/a

Owner Address Shroyer, Samuel D & Bethany M
21865 275th St
Earlville, IA 52041

District ONEIDA TWP. MAQ. VALLEY FD #9
Brief Tax Description TIMBERGATE SUB LT 9
BLK 4 OF LOT 2
(Note: Not to be used on legal documents)

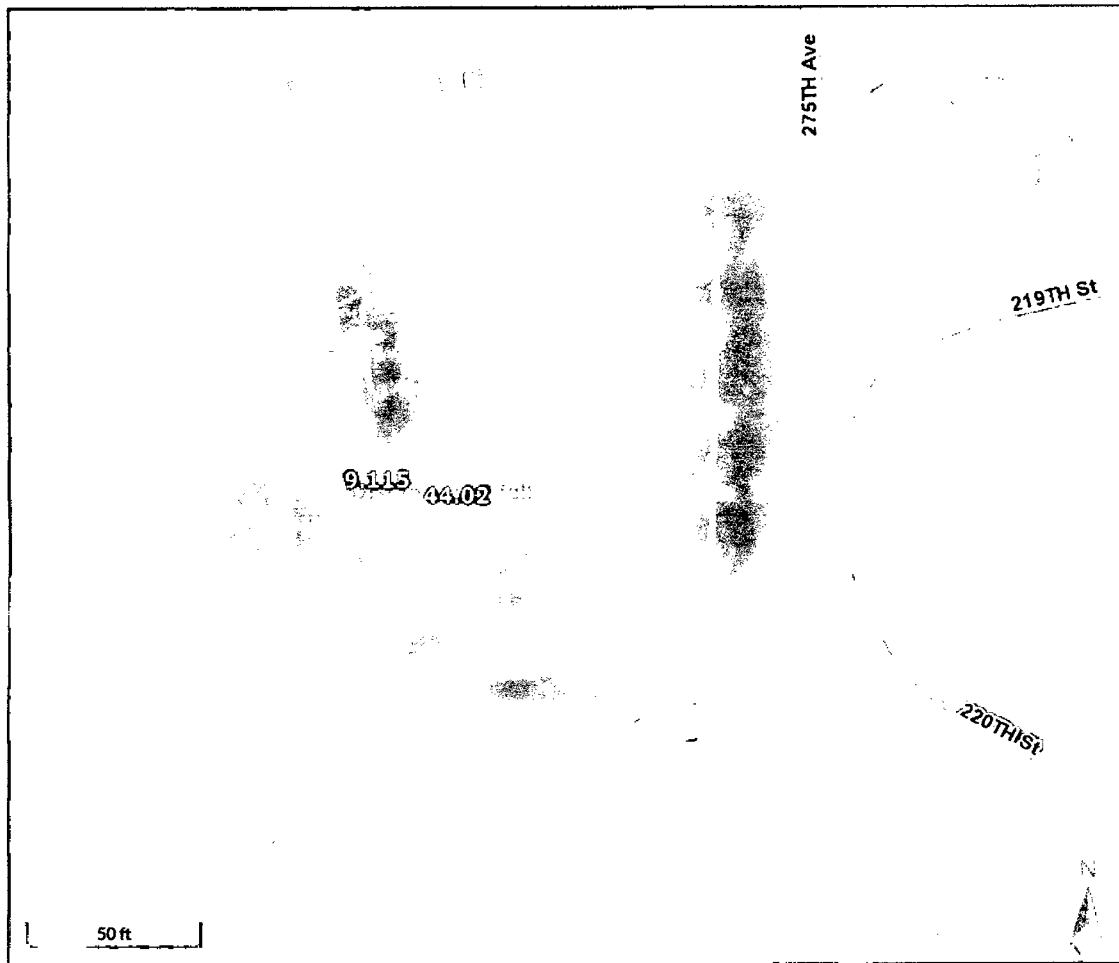
1000 GAL TANK

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GEOSPATIAL

TANK IS UNDER DECK
105 Ft to D Box west of TANK
D Box is 21" deep
Well is 93 Ft to TANK
Well to D Box is 184 Ft



Overview

Legend

- ☐ Corporate Limits
- ☐ Political Township
- ☐ Roads

Parcel ID	160360202400	Alternate ID	n/a	Owner Address	Shroyer, Samuel D & Bethany M
Sec/Twp/Rng	36-89-4	Class	R		21865 275th St
Property Address	21865 275TH AVE	Acreage	n/a		Earlville, IA 52041
	EARLVILLE				
District	ONEIDA TWP. MAQ. VALLEY FD #9				
Brief Tax Description	TIMBERGATE SUB LT 9				
	BLK 4 OF LOT 2				
	(Note: Not to be used on legal documents)				

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Developed by  **Schneider**
GEOSPATIAL

WELL LOCATION FROM
SE CORNER OF FRONT
PORCH.