Book 2010 Page 3830

Document 2010 GWH-3830 Type 53 001 Pages 3
Date 11/30/2010 Time 12:17:59PM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Justin Ross Trumm

Address 32454 Goosehill Rd. Cascade Iowa 52033
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:

Name Patrick S. Sperfslage and Frankie S. Sperfslage

Address 712 3rd St., Delhi, IA 52223
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
2933 285th Ave. Hopkinton Iowa 52237
Number and Street or RR | City, Town, or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) The Southeast Quarter (SE1/4) of the Northwest Quarter (NW1/4) of Section Seven (7), Township Eighty Seven (87) North, Range Three (3), West of the Fifth P.M., according to Plat Of Survey (Retracement) recorded in Book 2004, Page 1580

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.
   - ☐ 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 LOCATION: App. 75' north of house app. 10' from meter pole - in working condition

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) 594-2225

FILE WITH RECORDER **DNR form 542-0960 (Sept. 1, 2010)**

IOWA DEPARTMENT of NATURAL RESOURCES
TIME of TRANSFER INSPECTION WAIVER
For BUILDING DEMOLITION
542-0063

The Delaware County Board of Health and the buyer of the property referenced below enter into the following agreement:

It is understood that Iowa Code 455B.172(11) requires an inspection of the private sewage disposal system on all properties not specifically exempted in Iowa at the time of transfer.

The property located at 2933 Hopkinton, Iowa is subject to t his inspection and the buyer, Pat Sperfslage, shall not occupy the dwelling located on this property and shall demolish said dwelling by the 15th day of July, 20 11

It is hereby agreed that the time of transfer inspection and upgrading of the private sewage disposal system serving this property will not be required as long as the dwelling is not occupied and is removed by the 15 day of July, 20 11.

Dated the 30 day of November, 20 10.

Patty Sperfslage
BUYER

Dennis Lyons
COUNTY BOARD OF HEALTH or
AUTHORIZED REPRESENTATIVE

This instrument was acknowledged before me on November 30, 20 10

by Julia L. Hackbarth

Julia L. Hackbarth
Notary Public

NOTARIAL SEAL IOWA
JULIA L. HACKBARTH
Commission Number 169605
MY COMMISSION EXPIRES
MAY 24, 2011