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DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:
Name Kelly J. Knock and Dawn R. Knock

Address 2859 285th Avenue, Hopkinton, IA 52237
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Josh R. Valentine

Address 2859 285th Avenue, Hopkinton, IA 52237
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
2859 285th Avenue, Hopkinton, IA 52237
Number and Street or RR | City, Town, or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) The South Half (S1/2) of the Northwest Quarter (NW1/4) of the Northwest Quarter (NW1/4) of the Southeast Quarter (SE1/4) of Section Six (6), Township Eighty Seven (87) North, Range Three (3), West of the Fifth P.M., also Parcel D Of The Northwest Quarter (NW1/4) Of The Southeast Quarter (SE1/4), Section Six (6), Township Eighty-Seven North (T87N), Range Three West (R3W) Of The Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 8 Plats, Page 65.

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)**
   - [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.
   - [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:

WELL LOCATED APPROXIMATELY 50' SOUTH OF THE S.W. CORNER OF THE HOUSE

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) 920 1880

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

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

Property information

Current owner **Kelly & Dawn Knock**
Buyer **Unknown** Realtor **None**
Mailing address **2859 285th Av, Hopkinton, IA 52237 Delaware**

Site Address/County **2859 285th Av, Hopkinton, IA 52237**
Legal Description _____
No. of bedrooms **4** Last occupied? **current** Records available **yes**
Permit/installation date **10/8/1996** Separation distances ok/ no? **ok**

Septic system information

Septic tank(s): size **1250** material **Concrete** condition **good**
Tank pumped? **yes** date **4/26/2010** licensed pumper **Groth Services LLC**
Septic/trash/processing tank: size N/A material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

Aerobic treatment unit (ATU) mfgr N/A size _____
Tank pumped? _____ date _____ licensed pumper _____
Maintenance contract? _____ expiration date _____ service provider _____
Condition _____

Pump tanks/vaults: type N/A size _____ condition _____
Distribution system: distribution box **concrete** outlets used **3** condition **poor**
Header pipe(s) **3** # of lines **3** Pressure dosed? **no**

Secondary treatment:
length of absorption fields **80' x 3 lines** determined by **permit & probing**
condition of fields **ok** determined by **Hydraulic Load Test**

type of trench material **4" perf. pipe and gravel**

Size of sand filter N/A determined by _____
Vent pipes above grade? _____ discharge pipe located? _____
Effluent sample taken? _____ Results _____

Media filters: type N/A
Maintenance contract? _____ expiration date _____ service provider _____
Condition _____

NPDES General Permit No. 4: required? **no** permitted? _____ NOI provided _____

Time of Transfer Inspection Report

Other components:
Alarms **none** Working? _____ disinfection _____ working? _____

Control box _____ Timers_____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system
Report system status **All ok except distribution box and outlet baffle**

Explain (attach additional pages as needed) **See Attached Narrative Report**

Comment

Site status at conclusion of Time of Transfer inspection:

1 Verify that controls are set on the appropriate mode.
2 Power is on to all components.
3 Revisit all components to verify lids are secure.
4 Gather all tools for removal from the site.
5 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: _____ Date: **7/13/2010**
Name (print): **Roger Groth** Certificate #: **8813**
Address: **1690 165th Street Manchester, IA 52057**
Phone # **563-927-5823**

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