Book 2011 Page 791
Document 2011 GWH-791 Type 53 001 Pages 8
Date 3/02/2011 Time 8:35:05AM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name DAVID WILLIAM O'KANE AND TAMARA LYNE O'KANE

Address 2377 335th Street (Number and Street or RR) Hopkinton (City, Town or P.O.) Iowa (State) 52237 (Zip)

TRANSFEREE:

Name SAMUEL J. MILLER AND LAURA J. MILLER

Address 33906 Hilton Road (Number and Street or RR) Edgewood (City, Town or P.O.) Iowa (State) 52042 (Zip)

Address of Property Transferred:

2377 335th Street (Number and Street or RR) Hopkinton (City, Town, or P.O.) Iowa (State) 52237 (Zip)

Legal Description of Property: (Attach if necessary)

SEE LEGAL DESCRIPTION ON PAGE 2 ATTACHED HERETO AND INCORPORATED HEREIN BY THIS REFERENCE

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.

That part of the

Southeast Quarter (SE¼) of the Northeast Quarter (NE¼) of Section Thirty Two (32), Township Eighty Seven (87) North, Range Four (4), West of the Fifth Principal Meridian, described as commencing at the East Quarter corner of said Section Thirty Two (32), thence West on the South line of the Northeast Quarter (NE¼) of said Section Thirty Two (32) a distance of four hundred forty nine and ninety one hundredths (449.91) feet to the point of beginning, thence continuing West along said South line eight hundred sixty three and fifty seven hundredths (863.57) feet to the West line of said Southeast Quarter (SE¼) of the Northeast Quarter (NE¼), thence North 0° 50' West along said West line six hundred one and forty eight hundredths (601.48) feet, thence South 55°25' East one thousand fifty nine and forty three hundredths (1059.43) feet to the point of beginning. Per plat recorded in Book 6 Plats Page 49

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 is located Northwest of home.

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

Signature: David Williams OKent (Transferor or Agent) Telephone No.: (563) 213-0223

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

Kraus
PLUMBING & HEATING
319-465-5129
317 S. Locust St.
Monticello, IA 52310

Re: Dave O'Kane
2377 335th St
Hopkinton, IA 52237

February 18, 2011

At the time of inspection all drainage from the house goes through the septic tank. When the tank was opened to pump, there was 8-10 inches of frozen ice on the top of the water in the tank. The tank has about 12 inches of ground cover with, at the present time, 2 ½ foot of frost in the ground. Septic was draining good into the seepage bed at the time of the inspection.

This inspection does not guarantee that the system is free from defects nor does it guarantee the continued performance or operation of the system. Health departments recommend septic tanks be pumped every 3-4 years, depending on the number of people living in the house and the amount of water usage. Wet wipes, tampons, disposable diapers, paint, cigarette butts, cat littler, facial tissues & paper towels should not be flushed into the system, even if the box says it is "septic safe". In addition, it is preferable to use liquid laundry detergent rather than a powder. Fabric softener sheets should be used in the dryer rather than a liquid in the washing machine. Please keep all vehicles off of the system. The inspection is an assessment of the current functioning of the system, not a guarantee of its future performance. If you have any questions, please call.

Mike Kraus

542-0191

Time of Transfer Inspection Report

Property Information

Current Owner: Dave O'Kane

Buyer: Unknown Realtor: H-C-H

Mailing Address: 2377 335th St. Hopkinton, IA 52237

Site Address/County: same

Legal Description Section 32 Union NE 1/4 of SE 1/4 of SE 1/4

No. of bedrooms: 3 Last occupied: Present Records available: Yes #997

Permit/ installation date: 7/31/01 Separation distances (ok/no?):

Septic System Information

Septic tank(s): Size: 1000 Material: Cement Condition: Good

Tank pumped? [X] Y [ ] N Date: 2-17-11 Licensed pumper: Self

Septic/Trash/Processing tank: Size: Material: Condition:

Tank pumped? [ ] Y [ ] N Date: Licensed pumper:

Aerobic treatment unit (ATU) mfgr Size

Tank pumped? [ ] Y [ ] N Date: Licensed pumper:

Maintenance contract? [ ] Y [X] N Expiration date: Service provider:

Condition:

Pump tanks/vaults: Type: Size: Condition:

Distribution system: Distribution box Cement Outlets used Condition: Good

Header pipe(s): No. of lines: 3 Pressure dosed?

Secondary Treatment:

Length of absorption fields: 240 feet Determined by: Permit Map

Condition of fields: Good Determined by: Above ground appearence

Type of trench material: Infiltrator

Size of sand filter: Determined by:

Vent pipes above grade? [ ] Y [ ] N Discharge pipe located? [ ] Y [ ] N

Effluent sample taken Results:-

Media Filters: Type:

Maintenance contract? [ ] Y [ ] N Expiration date: Service provider:

Condition:

NPDES General Permit No. 4: Required? [ ] Y [ ] N Permitted? [ ] Y [ ] N NOI provided:

Time of Transfer Inspection Report

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

Control box _____ Timers_____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status _____

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: M Q Kraus Date: _____
Name (print): Mike Kraus Certificate #: 7231
Address: 317 S Locust St Monticello, IA 52310
Phone # 319-465-5129

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
BOARD OF SUPERVISORS

(Print or Type) **Permit No.** 997

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 2377 335 ST HOPKINTON Section 32 Township UNION

LOCATION: NE ¼ OF SE ¼ OF SE ¼

Owner: CHRIS GILMORE Tenant: Plumber: SELF

Lot Size: 6 ACRES Type Commercial: Residential: (No. Bedrooms) 2

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

Septic Tank made by Garbage Grinder Construction Material Gallons Cap. 1000

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

Absorption Field: Total length of laterals 240' INFILTRATOR No. of lateral lines 3

This system is new Existing X

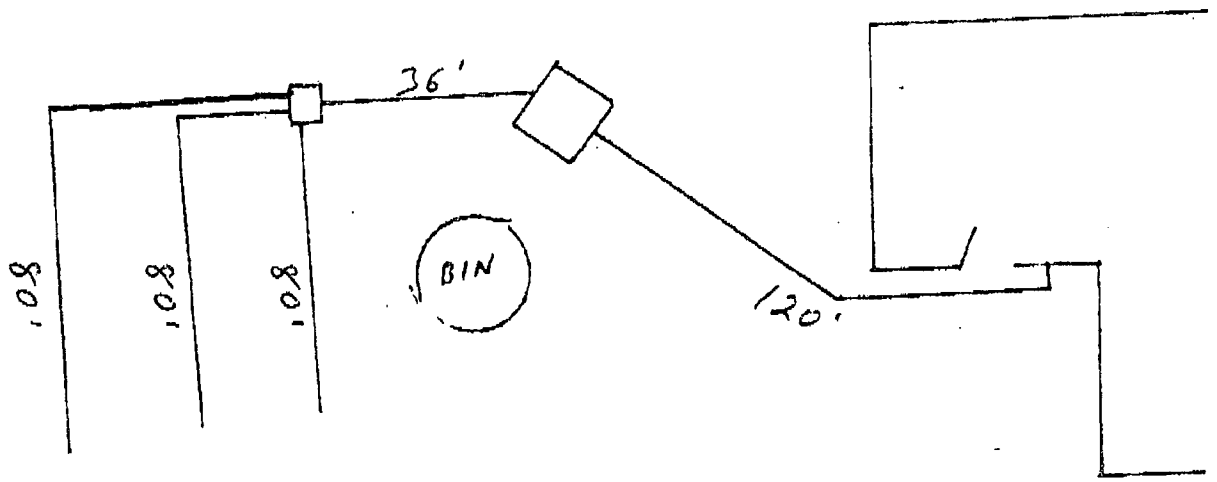
I certify that the above information is correct and that all proposed work will be completed in accordance with the Delaware County Regulations.

Date Approved 7/31/01

By Norma Wilson
INSPECTOR

Chris Gillmore
APPLICANT'S SIGNATURE

SEAL



← N

SEWAGE DISPOSAL SYSTEM

INFORMATION

PERMIT NO: 997

PLUMBER: SELF

FINAL INSPECTION

APPLICANT: GILMORE, CHRIS

LOCATION

ADDRESS: 2377

PERCOLATION TESTS: #1 #2 #3 #4

SEPTIC TANK SIZE: 1000 COMPARTMENTS: 2

MANUFACTURER: DEPTH: 20" TO TOP

DISTANCE FROM HOUSE: 120' WELL: 50+

DISTRIBUTION BOX: DEPTH: 24" LEVEL:

DISTANCE FROM HOUSE: 156' WELL: 60+

TRENCH #1 LENGTH: 80' WIDTH: 24" DEPTH: 28"

TRENCH#2 LENGTH: 80' WIDTH: 24" DEPTH: 28"

TRENCH#3 LENGTH: 80' WIDTH: 24" DEPTH: 28"

TRENCH#4 LENGTH: WIDTH: DEPTH:

CLEANOUT

1000

APPROVED (X) REJECT ( ) INSPECTED BY: Thomas Wilson