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Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

## REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

**TRANSFEROR:**
Name Pearl L. Sterns

Address 2895 State Hwy #38, Hopkinton, Iowa 52237
Number and Street or RR | City, Town or P.O. | State | Zip

**TRANSFEREE:**
Name Brian J. Ludovissy

Address 2622 Van Buren Ave., Dubuque, Iowa 52001-5538
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
2895 State Hwy #38, 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 (SE¼) of the Southeast Quarter (SE¼) of Section Two (2), Township Eighty Seven (87) North, Range Four (4), West of the Fifth P.M.

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. 50 ft. off SE. corner of housq
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:**

_____

_____

_____

_____

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

Signature: _____ Telephone No.: 563 926-2628
(Transferor or Agent)

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

542-0191

# Time of Transfer Inspection Report

Property Information

Current Owner: Pearl Stearns

Buyer: Unknown Realtor: Willenbring

Mailing Address: 2895 Hwy 38 Hopkinton Ia

Site Address/County: Same

Legal Description SE ¼ SE ¼ SE ¼ Section 2 Union

No. of bedrooms: 3 Last occupied: Present Records available: yes

Permit/ installation date: 8-5-05 Separation distances (ok/no?):

Septic System Information

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

Tank pumped? ☑ Y ☐ N Date: July 2011 Licensed pumper: Kraus Patl

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 ☐ N Expiration date: Service provider:

Condition:

Pump tanks/vaults: Type: Size: Condition:

Distribution system: Distribution box Outlets used Condition:

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

Secondary Treatment:

Length of absorption fields: 300 ft Determined by: Permit Map

Condition of fields: Good Determined by:

Type of trench material:

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: Good Working Condition at time of Inspection

_____

_____

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 D. 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

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

Re: Pearl Sterns
2895 Hwy 38
Hopkinton, IA 52237

July 18, 2011

At the time of inspection the Septic Tank looked good and it has two plastic risers above the ground with two plastic lids. There were no signs of seepage above ground and the tank, at the time of pumping, was in good condition and didn't really need to be pumped. Everything in the house goes through the septic system.

This inspection does not guarantee that the system is free from defects no 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

JUL-05-2011 02:41 PM COUNTY SERVICES 563 927 5561 P.01

Pearl Sterns

42.36932- 91.2674

**DELAWARE COUNTY**
**BOARD OF SUPERVISORS** (Print or Type) **Permit No.** 1352

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 2895 Hwy 38 Section 12 Township Union T 11

LOCATION: SE¼ SE¼ SE¼ sec 2

Owner: Pearl Jeanissen Tenant: _____ Plumber: Scott Hamblet

Lot Size: 40 acres Type Commercial: _____ Residential: (No. Bedrooms) 3

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

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

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

Absorption Field: Total length of laterals 300 No. of lateral lines 3

This system is new X Existing _____ 6' rock- 0.01

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 8-5-05

By Dennis Lyon
INSPECTOR

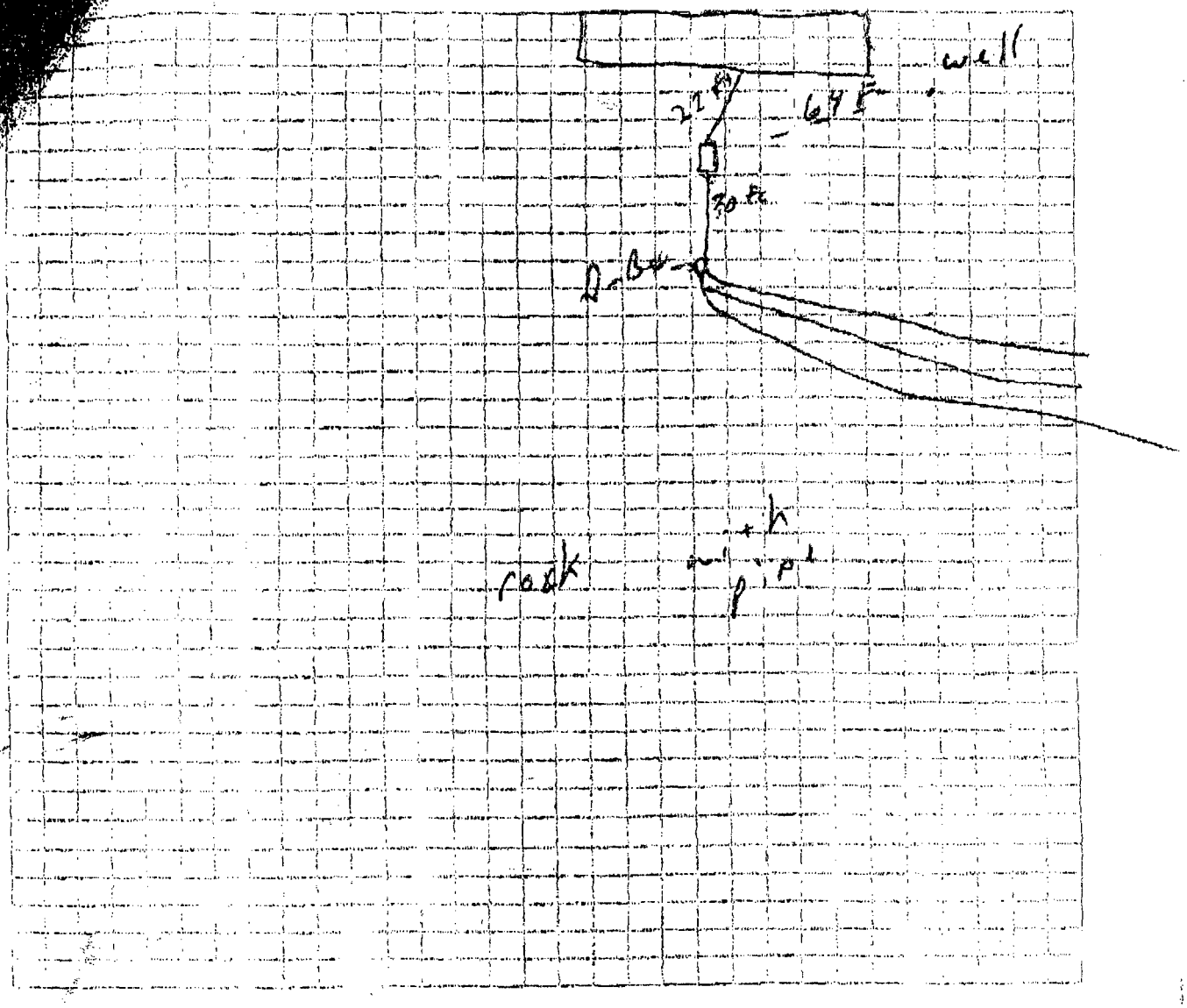
* Jean Jeanissen
APPLICANT'S SIGNATURE

SEAL

# uation Map page 2 of 2

Designer Ha-bach

nruction issues: Jurisdiction




## Mapping Checklist

Map scale: ____ ____ ___ indicate north ___ show slope ____ % direction ___

Locate

___ lot dimensions/property lines
___ dwellings and other improvements
___ existing and/or proposed system(s)
___ replacement area
___ unsuitable area(s)
___ public water supply wells
___ pumping access
___ inner wellhead zone

**easements**
___ phone
___ electric
___ gas

**elevations**
___ borings
___ benchmark
___ perc tests
___ horiz&vert reference pts

**setbacks**
___ building
___ all water wells within 100ft
___ pressure pipe
___ water suction pipe
___ streams, lakes, rivers
___ floodway and fringe