Book 2012 Page 1396
Document 2012 GWH-1396 Type 53 001 Pages 8
Date 4/26/2012 Time 10:28:23AM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:
Name Denise E. Niles

Address 2746 316th Street, Hopkinton, Iowa 52237
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Jason Begle and Laura K. Begle

Address 5306 S Mound Road, Sherrill, Iowa 52073
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
2746 316th Street, Hopkinton, Iowa 52237
Number and Street or RR | City, Town, or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) See 1 in Addendum

1. **Wells (check one)**
   - X 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)**
   - X 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)**
   - X 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)**
   - X 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:

_____

_____

_____

_____

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

Signature: Denise E. Nilles (Transferor or Agent) Telephone No.: (563) 920-1118

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

Addendum

1. Lot Two (2) of Dettbarn Addition Comprised of Parcel A of the Northwest Quarter (NW 1/4); Part of the Southwest Quarter (SW 1/4) of the Northwest Quarter (NW 1/4); Part of the Southeast Quarter (SE 1/4) of the Northwest Quarter (NW 1/4) and part of the Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4) all in Section Twenty Four (24), Township Eighty-Seven North (T87N), Range Four West (R4W) of the Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 2002, Page 2294.

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

Property information

Current owner Denise Niles
Buyer Unknown Realtor HCH
Mailing address 2746 316 ST Hopkinton IA 52237

Site Address/County 2746 316 ST Hopkinton IA Delaware Co.
Legal Description

No. of bedrooms 3 Last occupied? Currently Records available yes

Permit/installation date 4-10-02 Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1250 material Cement condition Very good
Tank pumped? yes date 3-20-12 licensed pumper ST 374
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

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 5 condition good
Header pipe(s) _____ # of lines _____ Pressure dosed? yes

Secondary treatment:
length of absorption fields 300' determined by Probe
condition of fields good determined by Probe
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 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: See attached.

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: _____ Date: 3-20-12
Name (print): Klark Hagen Certificate #8973
Address: 16390 Indigo RD Scotch Grove IA 52310
Phone # 319 480 1913

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

TIME OF TRANSFER

VIP SANITATION

On 03-20-12 I inspected the property at 2746 316th street Hopkinton, Iowa in Delaware County. The system was installed in 2002. It has a 1250 gallon cement septic tank in very good condition. The system was dosed and preformed good. The tank was pumped and tank looked very good. The seepage bed is a rock and pipe system with5 runs, total length is 300 feet, there was no seepage or wet spots and no open discharge. System looks good and appears to be working properly at this time.

Klark Hagen
VIP Sanitation
#8973

P.002
FAX No. 563 927 5561
DEL. CO. SANITATION
MAR-19-2012 MON 04:07 PM

Ron Gray

DELAWARE COUNTY
BOARD OF SUPERVISORS (Print or Type) **Permit No.** 1067

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 275th Ave Section 24 Township South Fork

LOCATION: NE¼-SW¼ Sec 24 T-87-N R-4-W

Owner: _____ Tenant: _____ Plumber: Ron Gray

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

Fixtures: Stools 2 Lavatories ___ Bath Tubs 2 Showers ___ Sinks 2 Automatic Laundry ___ Sump Pump ___

Septic Tank made by _____ Garbage Grinder _____ Construction Material _____ Gallons Cap. 1250

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

Absorption Field: Total length of laterals 4 No. of lateral lines 320 - 350

This system is new ___ Existing ___.

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

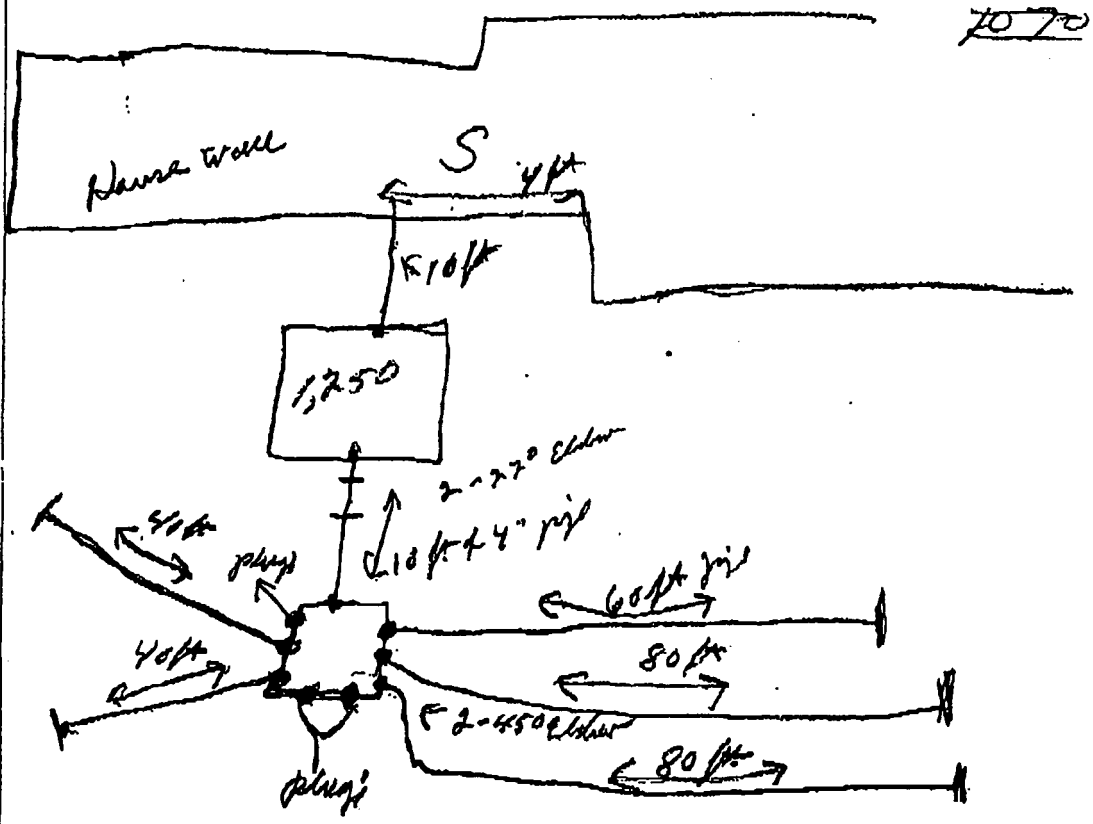
Date Approved 4-19-02

By Dennis Lyons
INSPECTOR

_____
APPLICANT'S SIGNATURE

SEAL

Perm. 4



16" of Rock under Pipe
Top of Pipe to rock 2 ft
3 – Load of Rock
Denise Niles Job @ Hopkinton
W/ Check Permit

N