Book 2012 Page 1946
Document 2012 GWH-1946 Type 53 001 Pages 6
Date 6/15/2012 Time 11:56:45AM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Robert A. Roof, Jr. and Kay Roof

Address 22363 180th Avenue, Manchester, Iowa 52057

Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:

Name Daniel Staebell and Vicky Staebell

Address 817 Olympic Drive, Onalaska, WI 54650

Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
20706 247th Street, Delhi, Iowa 52223

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)**
   - __ 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:

1-functional well located underneath the driveway

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

Signature: X Robert A. Arp (Transferor or Agent) Telephone No.: (563 927-5529

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

Addendum

1. Lot Fifteen (15) and all that portion of Lot Thirty Seven (37) lying between the extended Southeast line and the extended Northwest line of said Lot Fifteen (15), all in the Cedars Subdivision of that part of the Northwest Quarter (NW¼) of the Southeast Quarter (SE¼) of Section Fourteen (14), Township Eighty Eight (88) North, Range Five (5), West of the Fifth Principal Merdian laying East of the Maquoketa River, according to Consent of Owners and Plat recorded in Book 2 Plats, Pages 91-92.

Scotts Pumping 563 920 7622

Bobs

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

Property information

Current owner Bob Root
Buyer DW / Vicky Stabello Realtor ? NONE
Mailing address Tesup, Iowa
Site Address/County 26706 247th Delhi Ia. 52223
Legal Description (Section 14 Milo Twp.)
No. of bedrooms 3 Last occupied? 4-28-2010 Records available yes
Permit/installation date 4-26-99 Separation distances ok/ no? ok

Septic system information

Septic tank(s): size 1000 material concrete condition needs lid repair, good
Tank pumped? yes date 4-15-2012 licensed pumper YCS 347
Septic/trash/processing tank: size X material X condition X
Tank pumped? X date X licensed pumper X

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

Pump tanks/vaults: type X size X condition X

Distribution system: distribution box yes outlets used 3 condition excellent
Header pipe(s) X # of lines X Pressure dosed? X

Secondary treatment:
length of absorption fields 12x40 bed determined by County Map
condition of fields good determined by Installer
type of trench material Rock & Pipe

Size of sand filter X determined by X
Vent pipes above grade? X discharge pipe located? X
Effluent sample taken? X Results X

Media filters: type X
Maintenance contract? X expiration date X service provider X
Condition

NPDES General Permit No. 4: required? X permitted? X NOI provided X

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) Permit No. 720

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 20706 247 ST DELHI IA Section 14 Township MILO

LOCATION: SE 1/4 SW 1/4 OF OF NE 1/4

Owner: ROBERT ROOF Tenant: _____ Plumber: HARBACH

Lot Size: 100'X250' Type Commercial: _____ Residential: (No. Bedrooms) 3

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

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

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

Absorption Field: Total length of laterals 10 X 40 FILTER BED W/ROCK No. of lateral lines _____

This system is new ___ Existing X

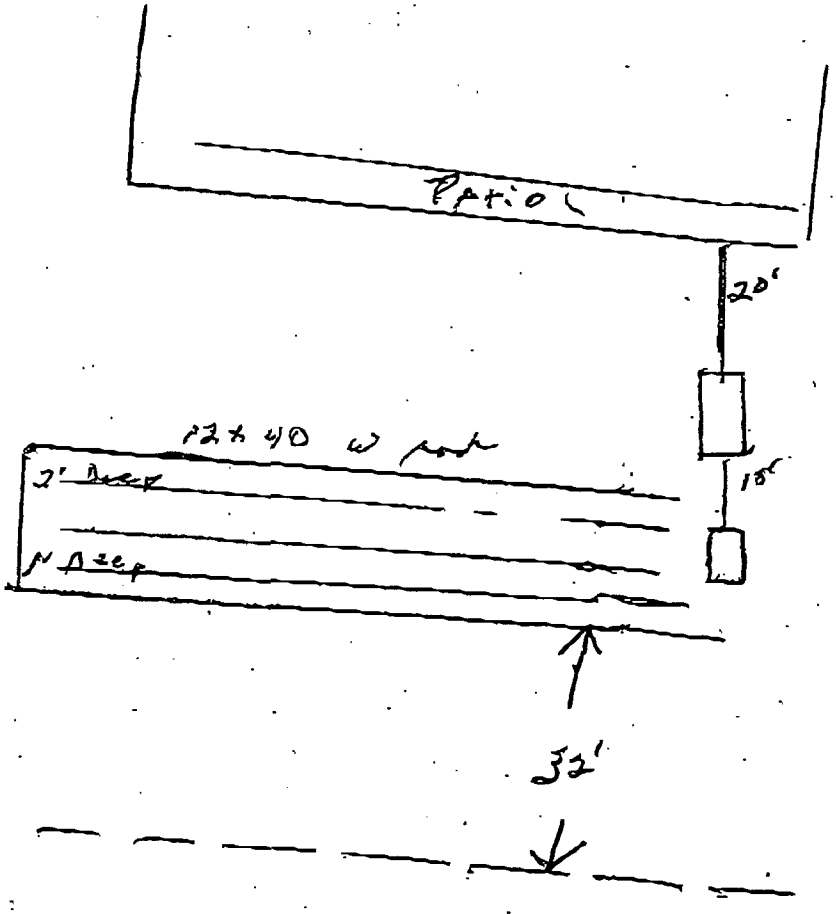
I certify that the above information is correct and that all proposed work will be completed in accordance with the Delaware County Regulations.

Date Approved 4/26/99

By Norman Wellna
INSPECTOR

Scott Harbach
APPLICANT'S SIGNATURE

SEAL



(Baffles good in tank)

This system was pumped every two years. Good maintence pratice.

Pumper No. 347
563 920 7622
Scotts Pumping

Time of Transfer Inspection Worksheet

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

Control box X Timers X inspection ports X

Other components _____

Overall condition of the private sewage disposal system

Report system status Performed 4S hydraulic Test

Explain (attach additional pages as needed): Map included
Baffles in tank good

Comments: Hydraulic test showed no fluxuation in Dbx. This system is good (working) day 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: Scott Harbach Date: 6-10-12
Name (print): Scott Harbach Certificate #: 7815
Address: 2443 310th Ave Delhi IA 52223
Phone # 563-920-7622

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319