Book 2012 Page 2012

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Date 6/20/2012 Time 12:59:29PM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Perry J. Nisley

Address 2680 315th Street, Hopkinton, IA 52237

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

TRANSFEREE:

Name Richard L. Dietiker

Address 1081 Hutton Hill Dr, Marion, IA 52302

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

Address of Property Transferred:
2680 315th Street, Hopkinton, IA 52237

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

Legal Description of Property: (Attach if necessary) Parcel I Part of the Northeast Quarter (NE1/4) of the Southeast Quarter (SE1/4) and part of the Southeast Quarter (SE1/4) of the Northeast Quarter (NE1/4) all in Section Twenty-three (23), Township Eighty-Seven North (T87N), Range Four West (R4W) of the Fifth Principal Meridian, Delaware County, Iowa, according to the Plat recorded in Book 2004, Page 2003.

1. **Wells (check one)**
   - There are no known wells situated on this property.
   - I 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. west of garage submersable pump
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.

P.N.

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:

_____

_____

_____

_____

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

Signature: Kerry Kibby (Transferor or Agent) Telephone No.: (563) 880-1986

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

Kraus
PLUMBING & HEATING
319-465-6129
317 S. Locust St.
Monticello, IA 52310

Re: Dale Shaffer
2680 315th St
Hopkinton, IA 52237

February 18, 2011

At the time of inspection the snow on the ground was thawed off over the top of the seepage bed area. Probed for the seepage bed and it is in the area as shown on the County Map. The whole house is going into the septic system and it showed no visual signs of any above ground leakage and the tank was at a normal level.

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: Dale S Steffes

Buyer: Unknown Realtor: Mc Donough Reliast

Mailing Address: 2680 315th St Hopkinton Ia

Site Address/County: Same

Legal Description SE NE Sec. 23 T-87-N R.4.W.

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

Permit/ installation date: 1269 9-30-04 Separation distances (ok/no?): ok

Septic System Information

Septic tank(s): Size: 1250 Material: Cement Condition: Good

Tank pumped? ☑ Y ☐ N Date: 6-10-10 Licensed pumper: Kraus P&H

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: County Map

Condition of fields: _____ Determined by: _____

Type of trench material: Pipe with Rock

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: System Showed no signs of water above ground water Level in Tank was normal

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. Kraus Date: 2-11-11
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

Todd 021-0070

MAY-31-2012 THU 01:44 PM DEL. CO. SANITATION FAX No. 563 927 5561 P. 004

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DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) **Permit No.** 1269

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 2680 315th St. Section 23 Township S. F

LOCATION: SE NE sec 23 T-87-N R. 4 W

Owner: Ocie Schafer Tenant: _____ Plumber: Kevin Dempster

Lot Size: 5 acres Type Commercial: _____ Residential: (No. Bedrooms) 2

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

Septic Tank made by Custom Pre Cast Garbage Grinder _____ Construction Material Concrete Gallons Cap 1250

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

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

This system is new X Existing ___ clay - provided 12' rock under lines

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 9-30-04

By Dennis Lyon
INSPECTOR

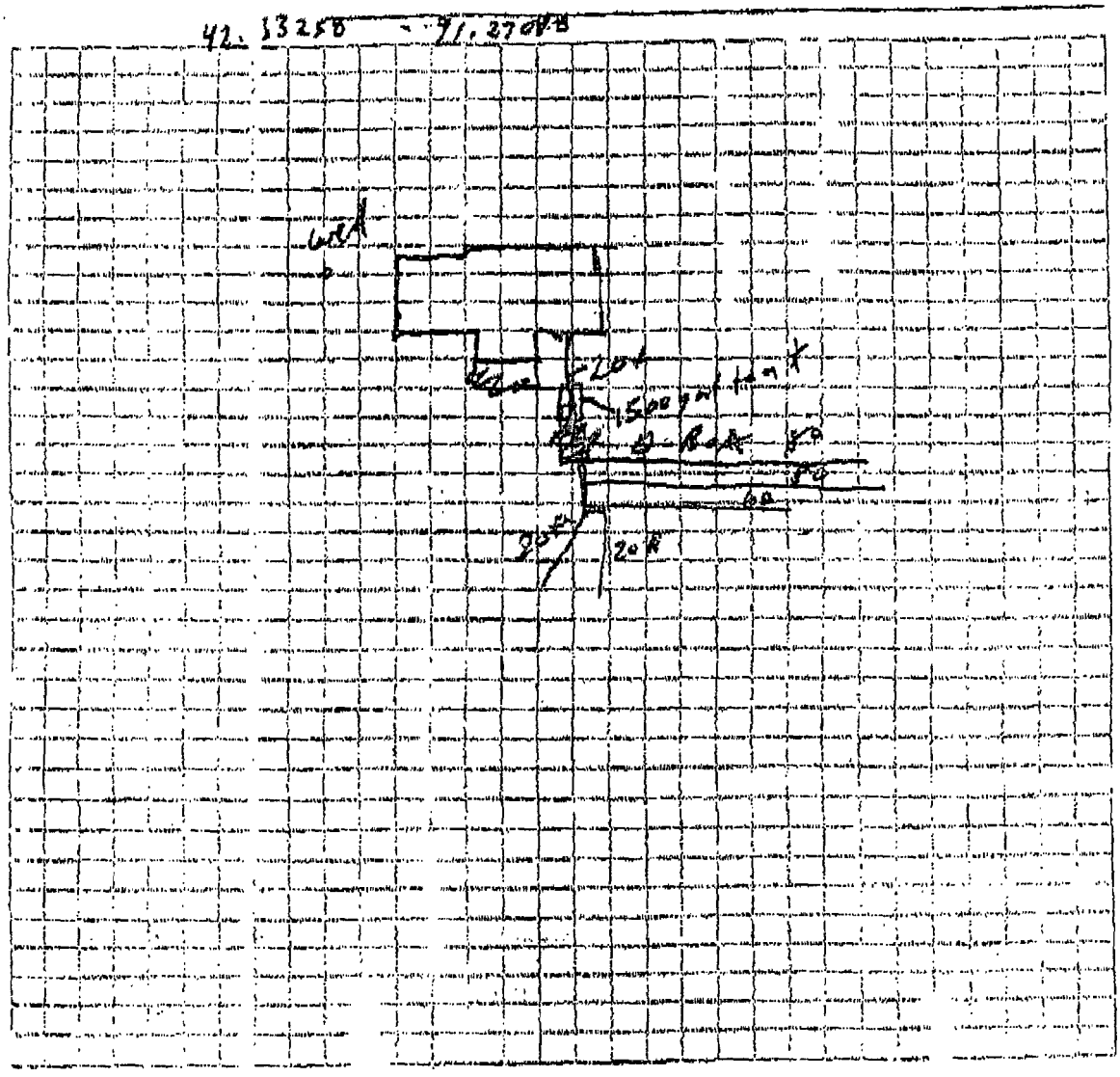
X Kevin Dempster
APPLICANT'S SIGNATURE

SEAL

Evaluation Map page 2 of 2

Designer Dimoster

List any construction issues: Schafer



Mapping Checklist

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

Locate

___ lot dimensions/property lines
___ dwellings and other improvem (s
___ existing and/or proposed syst (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