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Document 2012 GWH-2179 Type 53 001 Pages 5
Date 7/03/2012 Time 9:33:41AM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Herbert F. Benn, a/k/a Herb F. Benn

Address 109 Windsor Park, 801 Davis Street, Dubuque, IA 52001

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

TRANSFEREE:

Name James and Shirley Christensen

Address 20862 - 262nd Street, Delhi, IA 52223

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

Address of Property Transferred:
20847 - 262nd Street, Delhi, IA 52223

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

Legal Description of Property: (Attach if necessary) Lots 12 and 5 of Lot 123 in "Clair-View Acres"; and Lots 3 and 25 of Freddy's Beach Road 1st Addition, Section 23 and 26, T. 88 N, R. 5 W of 5th P.M.

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:

DNR inspection attached

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

Signature: X Herbert F Boyd Telephone No.: (563) 583 3060
(Transferor or Agent)

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

Property information

Current owner Herb Ben
Buyer Jim Christensen Realtor NA
Mailing address 20862 262nd Delhi, Ia
Site Address/County 20847 262nd Delhi Ia 52223 (Delaware)
Legal Description SW 1/4 SE 1/4 T88N R5W Milo Township

No. of bedrooms 2 Last occupied? current Records available yes

Permit/installation date 11-9-98 Separation distances ok/ no? ok

Septic system information

Septic tank(s): size 1000 material Concrete condition exllent
Tank pumped? yes date 6-5-10 licensed pumper 347 yes
Septic/trash/processing tank: size NA material X condition X
Tank pumped? X date X licensed pumper X

Aerobic treatment unit (ATU) mfgr ~~_____~~ 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 4 condition exllent
Header pipe(s) X # of lines X Pressure dosed? X

Secondary treatment:
length of absorption fields 15X30 Bed determined by Map
condition of fields good determined by Hydraulic test + 40 min
type of trench material rock excavating D-Box

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? X permitted? X NOI provided X

Time of Transfer Inspection Worksheet

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

Control box N/A Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status Tank was pumped twice since being installed. Hydr

Explain (attach additional pages as needed): _____

Comments: Permit & County Map Page (3)

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: 6-6-12
Name (print): Scott Harbach Certificate #: 8815
Address: 2443 270th AVE
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

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DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type)

Permit No. 343

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 10847 365th Delhi Section 26 Township M.16

LOCATION: NE¼NE¼NE¼ T-88N R5W

Owner: Herb Benn Tenant: _____ Plumber: Hoeback

Lot Size: 1 Acre 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 Precast Garbage Grinder _____ Construction Material Concrete Gallons Cap. 1000

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

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

This system is new ✓ Existing Replace 15 x 30 4"ø Rock

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

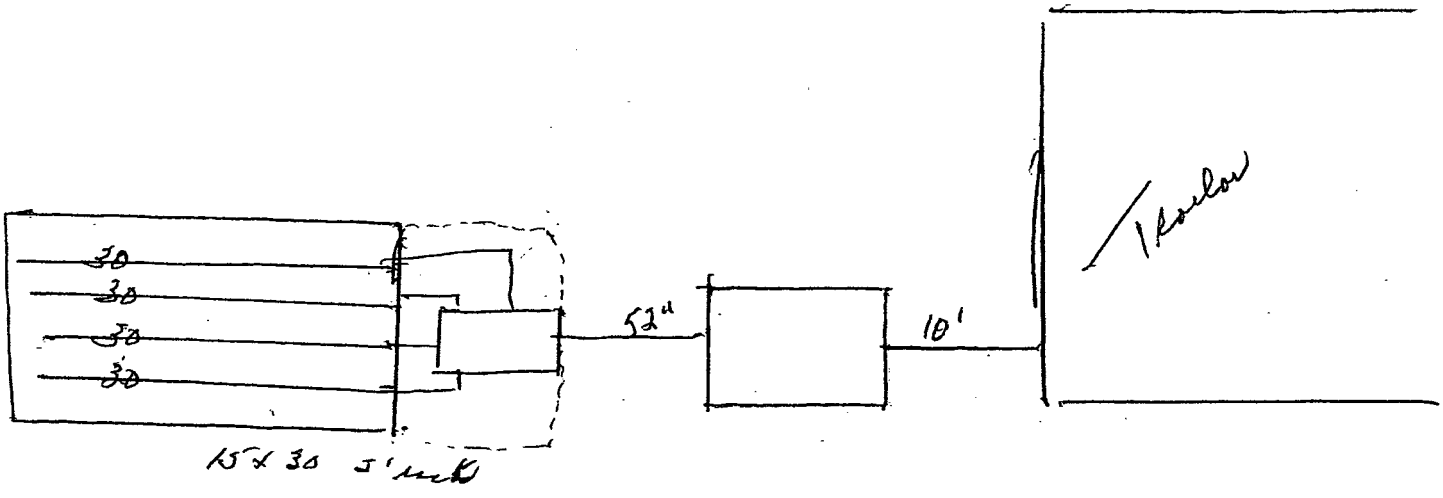
Date Approved 11-9-98

By Doreen Ashlaw
INSPECTOR

Herbert Benn
APPLICANT'S SIGNATURE

SEAL

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