Book 2012 Page 3123

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DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Ona Maxine Wilson c/o Steven Sheppard, P.O.A.

Address 2120 330th Street, Coggon, Iowa 52218

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

TRANSFEREE:

Name Steven J. Sheppard

Address 2120 330th Street, Coggon, Iowa 52218

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

Address of Property Transferred:

2167 310th Street, Hopkinton, Iowa 52237

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

Legal Description of Property: (Attach if necessary) The South five hundred seventy (570) feet of the East nine hundred thirty five (935) feet of the Southeast Quarter (SE¼) of the Southeast Quarter (SE¼) of Section Thirteen (13), Township Eighty Seven (87) North, Range Five (5), West of the Fifth P.M. subject to easements and roadways of record

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 which has or is required by law to have a sewage disposal system.
   - ___ 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 approximately 120' NW of the house

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

Signature: _____ (Transferor or Agent) Telephone No.: 563-927-4164

IOWA DEPARTMENT of NATURAL RESOURCES
TIME of TRANSFER INSPECTION WAIVER
For BUILDING DEMOLITION
542-0063

The Delaware County Board of Health and the buyer of the property referenced below enter into the following agreement:

It is understood that Iowa Code 455B.172(11) requires an inspection of the private sewage disposal system on all properties not specifically exempted in Iowa at the time of transfer.

The property located at 2187 310th St Hopkinton, Iowa is subject to t his inspection and the buyer, Steve Sheppard, shall not occupy the dwelling located on this property and shall demolish said dwelling by the 1st day of May, 20 13

It is hereby agreed that the time of transfer inspection and upgrading of the private sewage disposal system serving this property will not be required as long as the dwelling is not occupied and is removed by the 1st day of May, 20 13.

Dated the 14 day of September, 20 12.

Mary Sheppard
BUYER

Dennis Lyons
COUNTY BOARD OF HEALTH or
AUTHORIZED REPRESENTATIVE

This instrument was acknowledged before me on September 14, 20 12

by Peggy A. Hildebrand

PEGGY A. HILDEBRAND
Commission Number 707482
My Commission Expires
12-20-2013

Notary Public