Book 2013 Page 1493

Document 2013 GWH-1493 Type 53 001 Pages 6
Date 5/01/2013 Time 3:42:59PM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name James W. and Patricia J. Trumm

Address 3341 Goose Hill Rd, Hopkinton, IA 52237

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

TRANSFEREE:

Name Mark L. and Diane M. Welter

Address 3150 Willow Road, Hopkinton, IA 52237

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

Address of Property Transferred:
3341 Goose Hill Rd, Hopkinton, IA 52237

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

Legal Description of Property: (Attach if necessary) Parcel 2013-24 part of the NE¼ of the NW¼, Section 25, T.87N. R.3W.Of the 5th P.M. in Delaware County, Iowa, according to plat recorded in Book 2013, Page 1065.

1. **Wells (check one)**
   - ___ There are no known wells situated on this property.
   - _X_ 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 which has or is required by law to have a sewage disposal system.

_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:

Well is located in the Basement in the SW corner of 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) 599-1634

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

Property information

Current owner JAMES + PATTI TROMM
Buyer Mark Welter + Diane Welter Realtor Ruhl + Ruhl - Brian Gavin
Mailing address 3105 Windmill Rd Hopkinton, IA 52237

Site Address/County 3341 GOOSE HILL RD, Hopkinton IA 52237 Delaware Co.
Legal Description 25-87-3

No. of bedrooms 4 Last occupied? OCCUPIED Records available NO

Permit/installation date 2002 Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1250 material CONCRETE condition Good
Tank pumped? YES date 4/30/2013 licensed pumper HARDER SEPTIC
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 _____ outlets used _____ condition _____
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields 100' determined by PROBING
condition of fields Good determined by EXPOSING
type of trench material INFILTRATOR

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? NO permitted? _____ NOI provided _____

Apr 29 13 11:37a Brian & Kathy Gavin 563-852-7392 p.1

Time of Transfer Inspection Worksheet

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

Control box _____ Timers ~~~~ inspection ports ~~~~

Other components ~~~~

_____

Overall condition of the private sewage disposal system

Report system status Very good condition

Explain (attach additional pages as needed): septic system has a 1250 Gal septic tank with plastic D Box and 3 - 100 ft

~~Comments:~~ runs using infiltrator chambers. Drop up D box to 1 bed line both OK with little use indicated. System is approx 9 years old and was installed by Delinear requirements

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: Mary McLees Date: 4/30/2013
Name (print): MARY McLEES Certificate #: 3948
Address: 200 1st AVE EAST CASCADE IA 52033
Phone # 563 852 3612

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

Apr 29 13 11:37a Brian & Kathy Gavin 563-852-7392 p.2

563-852-3612 * Fax 563-852-7547

Homeowners: JAMES & PATTY TRUMM
3341 GOOSE HILL Rd
Hopkinton, Iowa

Age of Property _____
Occupied
(Yes) or No

Inspection Co: McLees Plg & Htg

Date of Inspection: 3/30/2013

Does this evaluation/inspection meet the requirements of state and local agencies? Yes X No ___ N/A ___

Section 1:

Location of the system: East West North South South East
Was Water run into the system for 30 minutes? (Yes) No
Does the septic tank have a visible riser? (Yes) No
Estimated size of tank 1250 Gallons *Basis for estimate* LXWXH
What is the separation between well and septic? 100'
Does the separation of the well and septic meet local requirements? (Yes) No N/A

Section2: Disposal Field

Any evidence of malfunction (No) Yes (Please check all applicable observed conditions)
___Wet Areas ___Unusual green/lush vegetation
___Liquid Discharges to surface ___Discharge pipe of unknown origin
___Localized surface settling ___Other (Describe below)

Septic Tank:

Septic tank material X Concrete Fiberglass Other
Liquid Level in tank X Normal Below Normal Above Normal
Access opening in tank One X Two Three None
Number of risers One X Two Three None
Condition of baffles and or sanitary tees: Good
Inlet baffle or "T" X Present and functional Not functional None present Not Visible
Outlet baffle or "T" X Present and functional Not functional None present Not Visible
Tank was pumped X Yes No (if no please explain below
Is system adequately sized for # of Bedrooms X Yes No # of Bedrooms:
Is system adequately sized for # of Bathrooms X Yes No # of Bathrooms:
System working Properly X Yes No (if no please explain below)

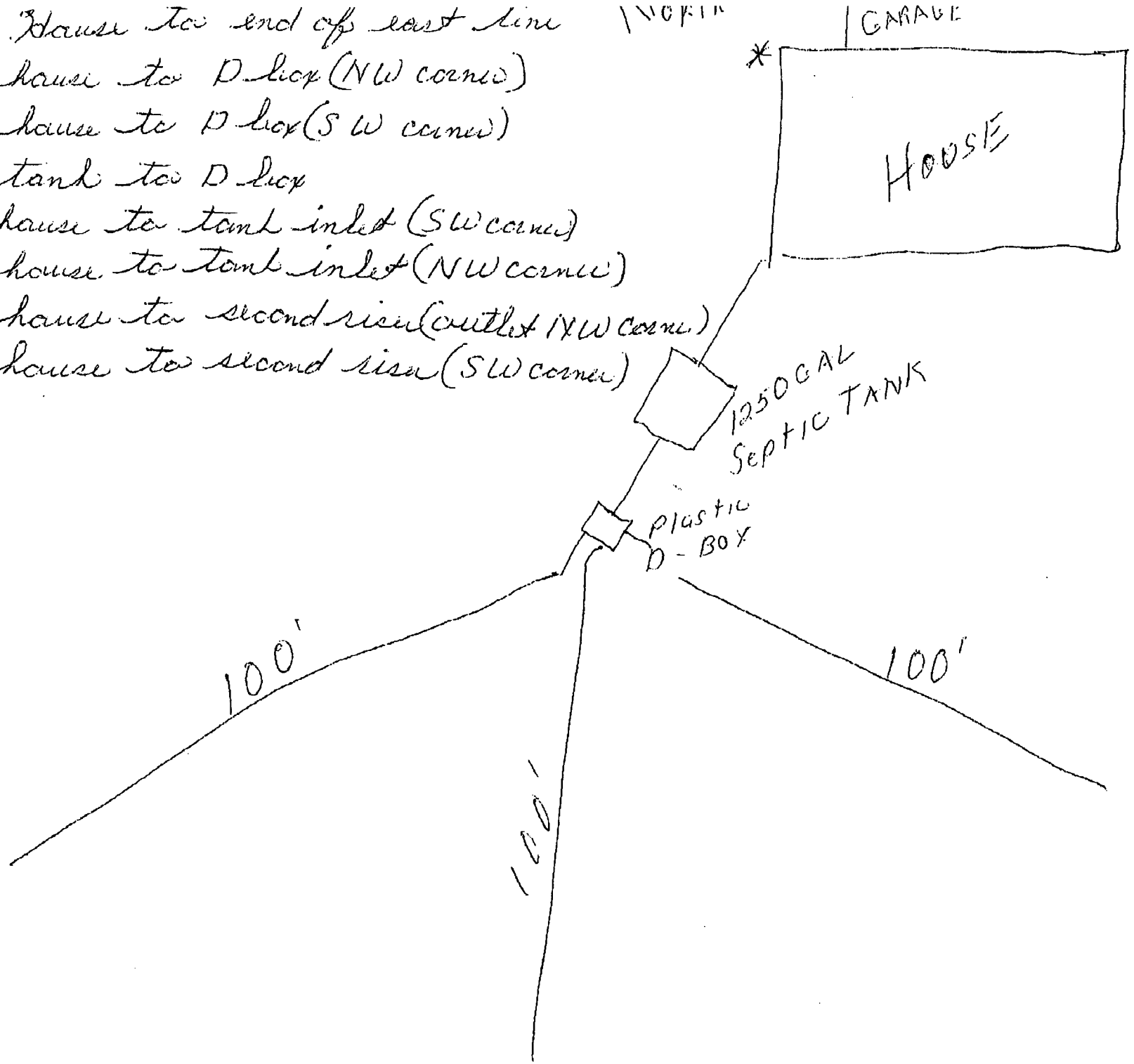
Additional Comments / Repairs needed:

Septic systems are subterranean, it is impossible to determine their overall condition. No prediction can be made as to when or if a system might fail.
This report comments on the workability of the system on the day of the inspection only, and is in no way intended to be a warranty.
Workability can be altered by factors such as excessive rainfall, heavy water usage, faulty plumbing, neglect or physical damage to the system. All tanks require pumping maintenance.

Inspected by: Mark McLees Date: 3/30/2013

563-852-7392

154' House to end of east line
115' house to D-box (NW corner)
87' house to D-box (SW corner)
22' tank to D-box
54' house to tank inlet (SW corner)
80' house to tank inlet (NW corner)
90' house to second riser (outlet NW corner)
62' house to second riser (SW corner)



3341 Shaw Hill Rd

Brian & Kathy Gavin