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Date 4/17/2014 Time 11:03:33AM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Pamela J. Hargrafen

Address	Number and Street or RR	City, Town or P.O.	State	Zip
3725 Stoney Point Rd SW		Cedar Rapids	IA	

TRANSFEREE:

Name Kristine Nation

Address	Number and Street or RR	City, Town or P.O.	State	Zip
842 Breckenridge Drive		Monticello	IA	52310

Address of Property Transferred:

	Number and Street or RR	City, Town or P.O.	State	Zip
23091 264th St		Delhi	IA	52223

Legal Description of Property: (Attach if necessary)

PARCEL D, PART OF THE SW 1/4 OF THE NW 1/4 OF SECTION 29, T88N, R4W OF THE FIFTH P.M., DELAWARE COUNTY, IOWA, ACCORDING TO PLAT RECORDED IN BOOK 7 PLATS, PAGE 43.

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)**

- [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:

_____

_____

_____

_____

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

Signature: Pamela J Hook (Transferor or Agent) Telephone No.: (480) 244-7650

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

Property information

Current owner Pam Hargrafen
Buyer Katherine Nation Realtor Dennis Woods
Mailing address NW4 SW4 29.T88N R4W Sec. 29 TWNSHP Delhi

Site Address/County 23091 264th St. Delaware City.
Legal Description

No. of bedrooms 3 Last occupied? Current Records available yes

Permit/installation date 2001 Separation distances ok/ no? yes

Septic system information 2 tanks 750+750

Septic tank(s): size 1500 total material concrete condition good
Tank pumped? yes date 4-12 licensed pumper yes
Septic/trash/processing tank: size NA material NA condition NA
Tank pumped? NA date NA licensed pumper NA

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

Pump tanks/vaults: type NA size NA condition NA

Distribution system: distribution box yes outlets used 3 condition good
Header pipe(s) NO # of lines 3 Pressure dosed? NO

Secondary treatment:
length of absorption fields 15'x30' bed determined by County map
condition of fields good determined by Hydraulic test
type of trench material Rock & Pipe

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

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

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

Time of Transfer Inspection Worksheet

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

Control box NA Timers NA inspection ports NA

Other components NA

Overall condition of the private sewage disposal system

Report system status Septic system in good working condition on day of inspection

Explain (attach additional pages as needed): _____

Comments: Pam had it pumped every 3-4 yrs. Uncovered D-Box. Performed 40 min hydraulic test. NO rise in effent in D-Box.

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: 4-14-14
Name (print): Scott HARBACH Certificate #: 8815
Address: 2443 210th 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

Parcel # 2202903 0011 0

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) **Permit No.** 984

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 23091 344th Dr Ilr Section 29 Township Lower

LOCATION: NW/4 SW/4 NW/4 29.1 - PSW R4W

Owner: Pam Naylor Tenant: _____ Plumber: Harbaugh

Lot Size: 150 x 200 Type Commercial: _____ Residential: (No. Bedrooms) 3

Fixtures: Stools 3 Lavatories 2 Bath Tubs 1 Showers 2 Sinks 1 Automatic Laundry 1 Sump Pump _____

Septic Tank made by Beaver Garbage Grinder No Construction Material Concrete Gallons Cap. 1500 750 750

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

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

This system is new ___ Existing ✓ replace leach bed 12 x 15 2' 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 7-13-01

By Norma Cobb
INSPECTOR

SEAL

Pam Naylor
APPLICANT'S SIGNATURE

