Book 2014 Page 2650
Document 2014 GWH-2650 Type 53 001 Pages 7
Date 10/21/2014 Time 11:41:28AM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name David A. Anderson

Address 5241 West Otter Road, Walker, IA 52352

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

TRANSFEREE:

Name Amie S. Comstock

Address 1628 162nd Avenue, Manchester, IA 52057

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

Address of Property Transferred:
3110 230th Avenue, Hopkinton, IA 52237

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

Legal Description of Property: (Attach if necessary) Parcel H and the Retracement of Lot 3 of Lot A, all part of the NW 1/4 of the NW 1/4 of Section 20, Township 87 North, Range 4 West, Delaware County, Iowa, according to the plat recorded February 3, 2011 in Book 2011 on Page 464. Situated in Delaware County and the State of Iowa.

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 LOCATION: South of house, on edge of driveway to lean-to, on 2-Stall garage. in use, drilled

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.: (319) 558-9581

FILE WITH RECORDER **DNR form 542-0960 (July 18, 2012)**

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

Property information

Current owner David Anderson 319-558-9581
Buyer Comstock Realtor McDonough Real Estate/Kris Supple
Mailing address 5421 West Otter Rd Walker 52352

Site Address/County 3110 230th Ave Hopkinton
Legal Description

No. of bedrooms 2 Last occupied? Aug 2014 Records available yes

Permit/installation date 8-31-11 Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1500 material concrete condition good
Tank pumped? date licensed pumper 9-7-11 New
Septic/trash/processing tank: size material condition
Tank pumped? date licensed pumper

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

Pump tanks/vaults: type NA size condition

Distribution system: distribution box yes outlets used condition good
Header pipe(s) # of lines Pressure dosed?

Secondary treatment:
length of absorption fields determined by
condition of fields determined by
type of trench material

Size of sand filter 20' by 28' determined by per permit
Vent pipes above grade? yes discharge pipe located? yes
Effluent sample taken? no Discharge Results

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

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

Time of Transfer Inspection Worksheet

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

Control box _____ Timers _____ inspection ports _____

Other components WA

Overall condition of the private sewage disposal system

Report system status Newer Systen great shape

Explain (attach additional pages as needed): Filter in tank needs to be cleaned 2 times a year

Comments: water test on Bed 45 minutes or

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.

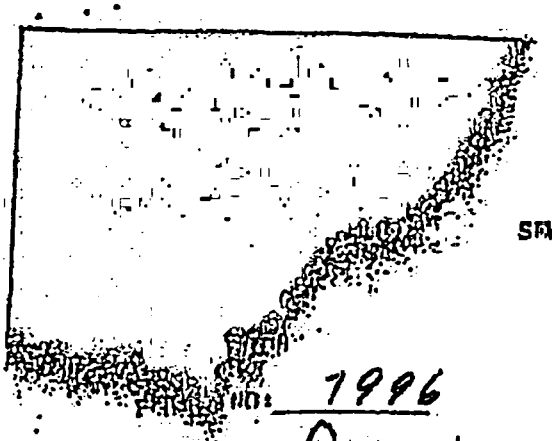
Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

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: Brae Downs Date: 9-6-14
Name (print): Bill Downs Certificate #: 8880
Address: 1491 110th Ave Dunlee
Phone # 563-924-2225

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



SEWAGE DISPOSAL SYSTEM

FINAL INSPECTION

PERMIT NO: 7996 APPLICANT: Luella Graham

PLUMBER: Dempster LOCATION

ADDRESS: 3110 230th Ave

PERCOLATION TESTS: #1 #2 #3 #4

SEPTIC TANK SIZE: 1506 COMPARTMENTS: 2

MANUFACTURER: Sanders DEPTH: 6"

DISTANCE FROM HOUSE: 6' WELL: ~~250~~ 700

DISTRIBUTION BOX: DEPTH: 12" LEVEL:

DISTANCE FROM HOUSE: 51' WELL: 146'

TRENCH #1 LENGTH: WIDTH: DEPTH:

TRENCH #2 LENGTH: WIDTH: DEPTH:

TRENCH #3 LENGTH: WIDTH: DEPTH:

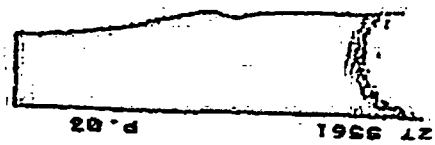
TRENCH #4 LENGTH: WIDTH: DEPTH:

20'x28'

SAND

9-7-11

APPROVED (X) REJECT ( ) INSPECTED BY: Dennis Lyons



SEP-09-2011 01:32 PM COUNTY SERVICES 563 927 9561 P.02

42.338947
-91.342353

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type)

1996 Permit No. _____

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 3110 230th Ave. Hopkinton Section 20 Township Union

LOCATION: NW¼ NW¼ Sec 20 T-87-N R-4-W

Owner: Lucille DeShaw Tenant: _____ Plumber: Dempster

Lot Size: 1 Type Commercial: _____ Residential: (No. Bedrooms) 2

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

Septic Tank made by Smith Concrete Garbage Grinder _____ Construction Material Concrete Gallons Cap 1500

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

Absorption Field: Total length of laterals Sand Filter 560 - Sq. Ft. No. of lateral lines _____

This system is now X Existing _____ Followed by leach lines

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

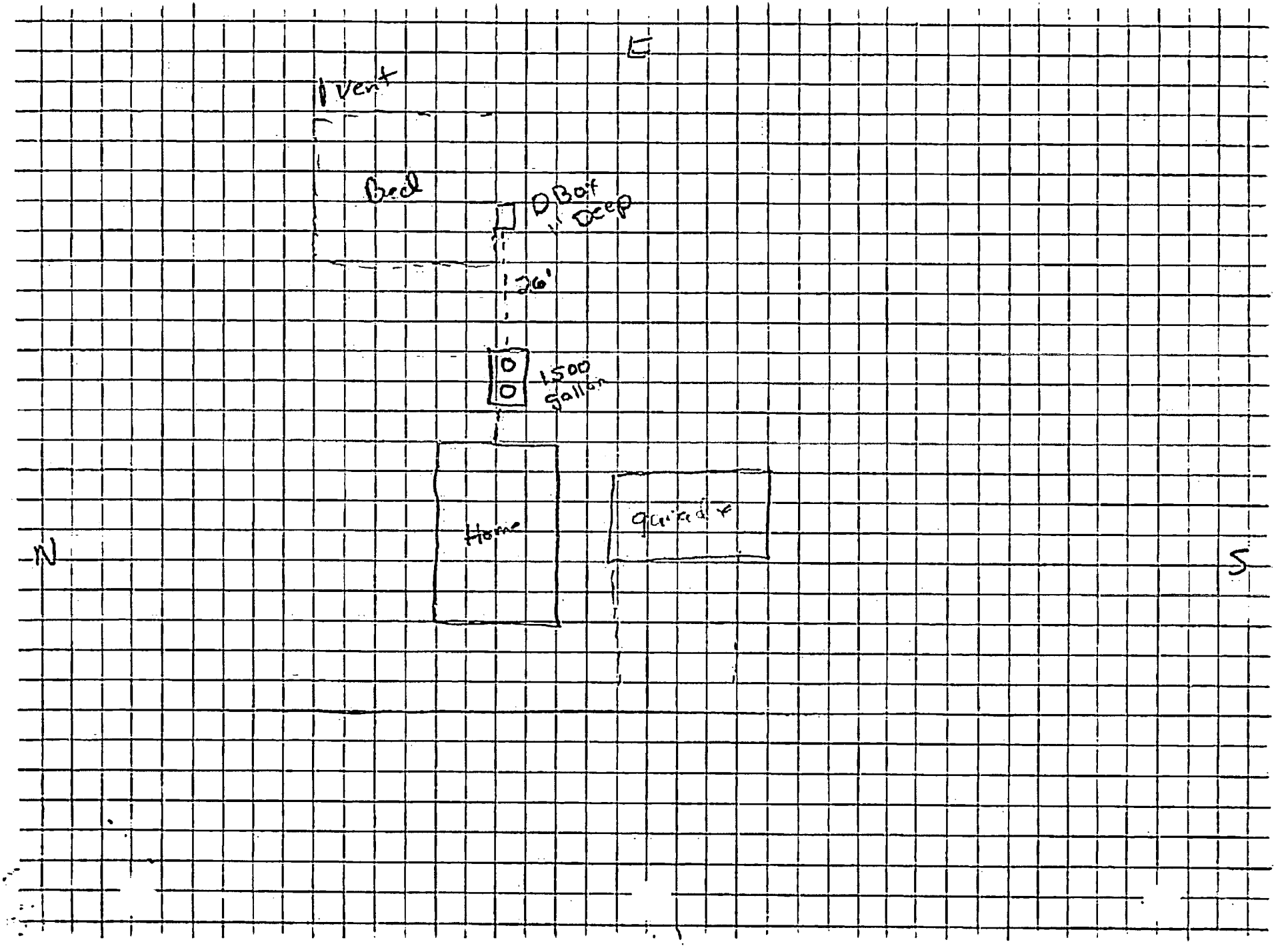
Date Approved 8-31-11

Scott Scepaniak
APPLICANT'S SIGNATURE

By Dennis Lyons
INSPECTOR

SEAL

$45.00 Delaware Co. Sanitarian


E
Vent
Bed
8 Bar
Deep
36'
1500
Gallon
Home
garage
N
S