Book 2015 Page 3291
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Date 12/07/2015 Time 12:31:32PM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Daniel W. Yoder

Address 2405 Pheasant Rd, Hopkinton, IA 52237

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

TRANSFEREE:

Name Willie D. Miller

Address 2290 320th Street, Hopkinton, IA 52237

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

Address of Property Transferred:
2405 Pheasant Rd, Hopkinton, IA 52237

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

Legal Description of Property: (Attach if necessary) See 1 in Addendum

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. West side of house 40 feet away
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:

_____

_____

_____

_____

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

Signature: Dan Yoo (Transferor or Agent) Telephone No.: 563-926-2640

Addendum

1. That part of the Northeast Quarter (NE 1/4) of the Southeast Quarter (SE 1/4) of Section Twenty One (21), Township Eighty Seven (87) North, Range Four (4), West of the Fifth Principal Meridian described as commencing at a point that is four hundred fifty six (456.0) feet North of the intersection of the centerline of the Hopkinton-Buck Creek Road with the East line of said Section Twenty One (21), and running from thence West three hundred sixty (360.0) feet, thence North one hundred ninety (190.0) feet, thence East three hundred sixty (360.0) feet, thence South one hundred ninety (190.0) feet to the point of beginning, subject to public highways.

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

Property information

Current owner Daniel Yoder
Buyer Willy Miller Realtor Tom Henson
Mailing address 2405 Pheasant Rd Hopkinton Ia 52237

Site Address/County 2405 Pheasant Rd Hopkinton
Legal Description

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

Permit/installation date 7-22-13 Separation distances ok/ no? yes

Septic system information

Septic tank(s): size _____ material concrete condition good
Tank pumped? no date _____ licensed pumper _____
Septic/trash/processing tank: size NA material _____ condition _____
Tank pumped? NA date _____ licensed pumper _____

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

Pump tanks/vaults: type NA size _____ condition _____

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

Secondary treatment:
length of absorption fields 20x50 bed determined by Map
condition of fields good determined by camera
type of trench material infiltrator

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

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

NPDES General Permit No. 4: required? yes permitted? yes NOI provided 7108

Time of Transfer Inspection Worksheet

Other components:
Alarms no Working? _____ disinfection _____ working? _____

Control box no Timers _____ inspection ports _____

Other components NA

Overall condition of the private sewage disposal system

Report system status System is 2 years old and in good working condit

Explain (attach additional pages as needed): good 2yrs old

Comments: _____

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: Terry Gudenkauf Date: 10-29-15
Name (print): Terry Gudenkauf Certificate #: 10043
Address: 1840 275th St Manchester Ia 52057
Phone # 563-920-8295

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;

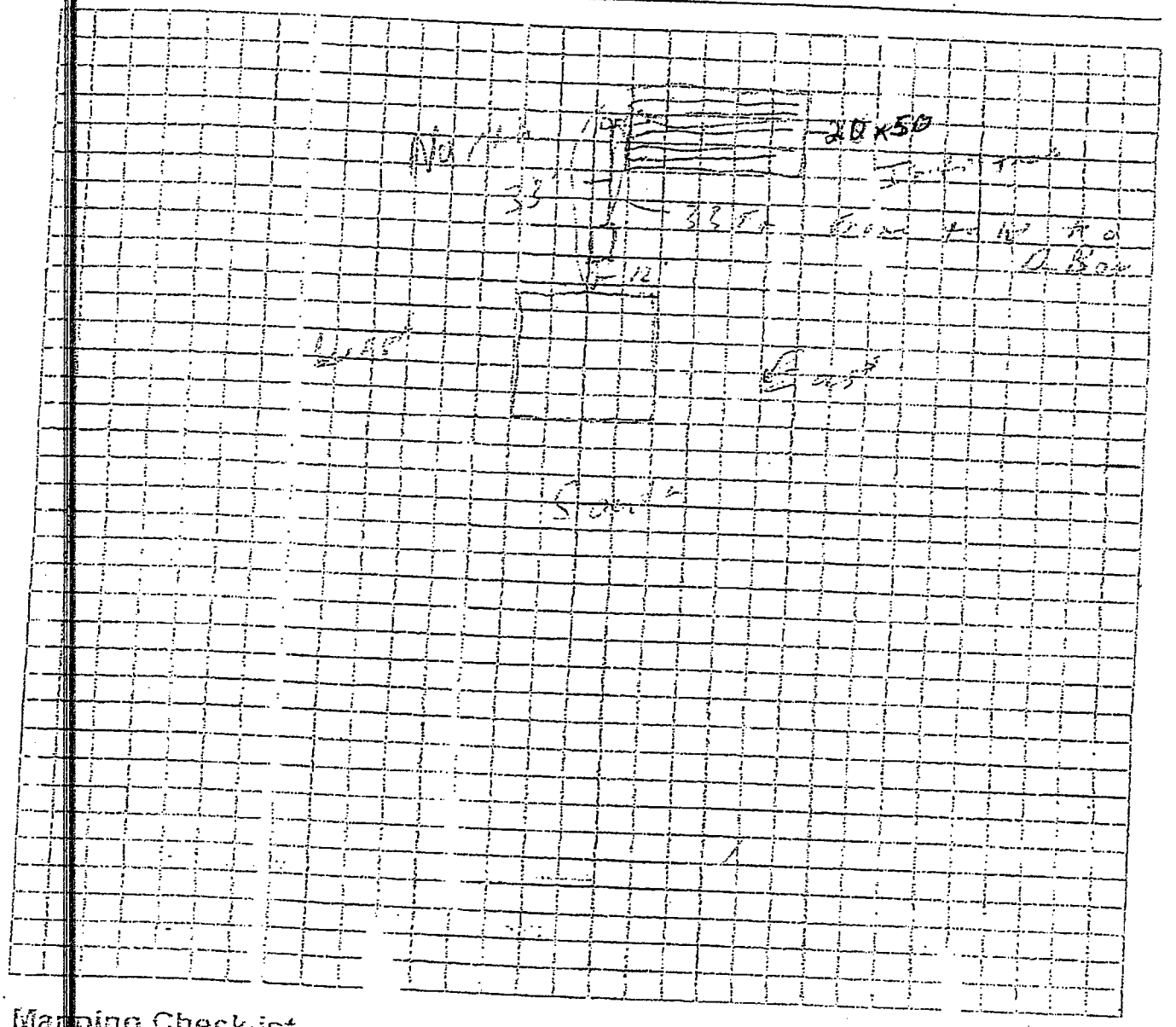
Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

Site Evaluation Map

page 2 of 2

Designer _____

List any construction issues: _____



Mapping Checklist

Map scale: _____ ___ indicate north ___ show slope _____ % direction ___

Locate

___ lot dimensions/property lines
___ dwellings and other improvements
___ existing and/or proposed system(s)
___ replacement area
___ unsuitable area(s)
___ public water supply wells
___ pumping access
___ inner wellhead zone

___ easements
___ phone
___ electric
___ gas
___ elevations
___ borings
___ benchmark
___ perc tests
___ horiz&vert reference pts

___ setbacks
___ building
___ all water wells within 100ft
___ pressure pipe
___ water suction pipe
___ streams, lakes, rivers
___ floodway and fringe

[redacted]

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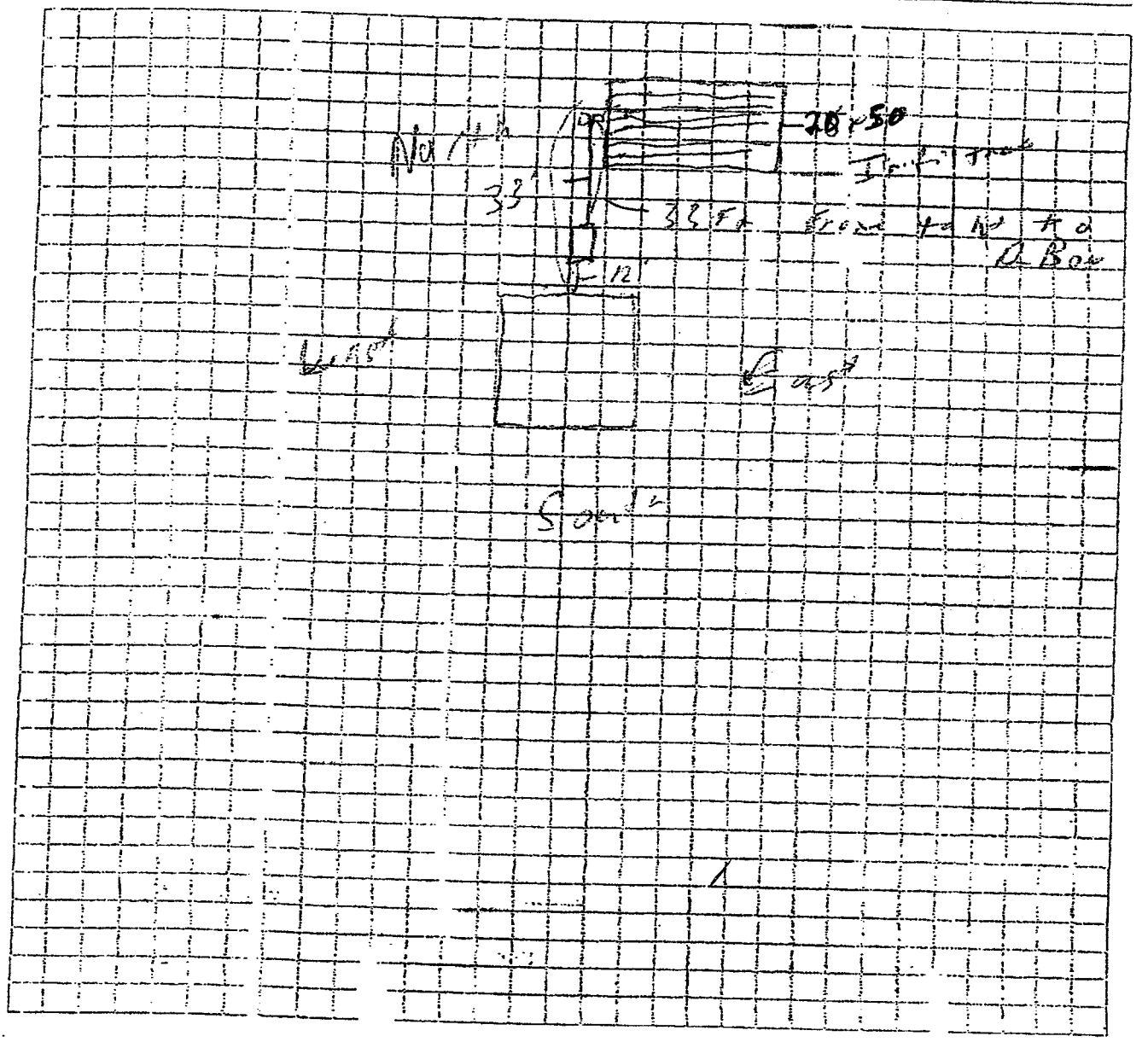
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Iowa DNR Onsite Wastewater Program
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___ setbacks
___ building
___ all water wells within 100ft
___ pressure pipe
___ water suction pipe
___ streams, lakes, rivers
___ floodway and fringe