Recorded: 8/30/2017 at 4:06:37.0 PM
Fee Amount: $0.00
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2017 PG: 2385

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name James L. Simoens and Sandra M. Simoens Revocable Trust

Address 2646 - 315th St., Hopkinton, IA 52237

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

TRANSFEREE:

Name David P. Plank and Lydia P. Miller

Address 2646 - 315th St., Hopkinton, IA 52237

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

Address of Property Transferred:
2646 - 315th St., Hopkinton, IA 52237

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

Legal Description of Property: (Attach if necessary) Parcel F Part Of Lot 2 Of The Northeast Quarter (NE 1/4) Of The Southwest Quarter (SW 1/4) Section Twenty-Three (23), Township Eighty-Seven North (T87N), Range Four West (R4W) Of The Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 2001, Page 1336

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: App 50' North 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: Sandra M Simons (Transferor or Agent) Telephone No.: (563) 926-2703

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

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

Property information

Current Owner James L Simacns & Sandra M-Inter Vivos Trust

Buyer _____ Realtor _____

Mailing Address 21046 315th St Hopkinton, IA 52237

Site Address/County 21046 315th St Hopkinton | Delaware

No. of Bedrooms 4 Last Occupied? Current Disposal? (Y) / N Softener? Y / N H_2O Supply? ____

Records Available NO Permit/Installation Date 1993 Installer J&J Plumbing

Septic System Information

Septic Tank(s): Size 1250 Material Concrete Condition Good

Tank Pumped? Yes Date June 09/17 Licensed Pumper Reaus Pit LLC

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 Ttanks/Vaults: Type _____ Size _____ Condition _____

Distribution System: Distribution Box _____ Outlets Used _____ Condition _____

Header Pipe(s) _____ Number of Lines _____

Pressure Dosed? _____

Secondary Treatment

Length of Absorption Fields 300 ft Determined by Probeing

Condition of Fields Good Determined by Dosing

Type of Trench Material 4" Pipe in Rock

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? _____ Permitted? _____ NOI submitted _____

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

Acceptable? _____ Unacceptable? _____

Explain (attach additional pages as needed): _____

_____

_____

_____

Comments: Working good at time of inspection. Upgraded at the 3 ft Area Plus in some areas

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.

Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.

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: Mike Kraus Date: June 26/17

Name (print): Mike Kraus Certificate #: 7231

Address: 14432 190th St. Monticello, IA 52310

Phone # 319-480-3997

Date: June 27, 2017

RE: Jim Simoens
2646 315th St.
Hopkinton, IA 52237

At the time of inspection, June 26, 2017, there are no maps or permit. The system was working good. I tried to locate the seepage bed by looking at indents in the ground and probing. I feel I got real close to where the seepage bed lays in the yard. I believe there is a least 300'. The septic tank is 4' plus below grade with risers just below grade in a glower bed area with rock. The whole house goes through the septic system.

This inspection does not guarantee that the system is free from defects nor does it guarantee the continued performance or operation of the system. Health departments recommend septic tanks be pumped every 3-4 years, depending on the number of people living in the house and the amount of water usage. Wet wipes, tampons, condoms, disposable diapers, paint, cigarette butts, cat litter, facial tissues & paper towels should not be flushed into the system, even if the box says it is "septic safe". In addition, it is preferable to use liquid laundry detergent rather than a powder. Fabric softener sheets should be used in the dryer rather than a liquid in the washing machine. Please keep all vehicles off of the system. The inspection is an assessment of the current functioning of the system, not a guarantee of its future performance. If you have any questions, please call.

Mike Kraus
(#7231)
14432 190th St.
Monticello, IA 52310
319-480-3997

Expires 30 Days From Above Date
Quote Excludes Applicable Taxes

2646 315th St. Hopkinton

