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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Dorothy A. Spaw

Address 641 29th Street SE, Cedar Rapids, IA 52403

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

TRANSFEREE:

Name Thomas J. Maxwell and Alycia A. Maxwell

Address 825 Maxwell Road, Central City, IA 52214

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

Address of Property Transferred:
21686 257th Street, Delhi, IA 52223

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

Legal Description of Property: (Attach if necessary) Lots 43, 44, 48 and 49 of Camp-O-Delhi, a Subdivision of the SW¼ of the SE¼ of Section 24, Township 88 North, Range 5 West of the 5th P.M. in Delaware County, Iowa, according to plat recorded in Book 5 Plats, Page 78

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)**
   - ✓ 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.
   - ___ 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: X Dorothy Spar (Transferor or Agent) Telephone No.: (319) 363-2447

IOWA DEPARTMENT of NATURAL RESOURCES
TIME OF TRANSFER INSPECTION WAIVER
BINDING AGREEMENT for FUTURE INSTALLATION
542-0064

This agreement is entered into this 9th day of November ,20 17 by and between the Delaware County County Board of Health and Alycia Maxwell

It is understood that Iowa Code 455B.172(11) requires an inspection of the private sewage disposal system on all properties not specifically exempted in Iowa at the time of transfer.

The property located at 21686 257th St Delhi , Iowa is subject to the inspection, and the buyer Alycia Maxwell understands there is not an adequate private sewage disposal system serving this property.

It is hereby agreed that the time of transfer inspection will not be required and the buyer agrees that a code compliant private sewage disposal system or connection to a public sewer shall be installed to serve the property and shall be completed no later than 1st day of July ,20 2018

Dated the 9th day of November ,20 17 .

Alycia Maxwell
BUYER

Dennis Lyons
COUNTY BOARD OF HEALTH or
AUTHORIZED REPRESENTATIVE

This instrument was acknowledged before me on November 9th ,20 17

by Peggy A. Hildebrand

Notary Public

PEGGY A. HILDEBRAND
Commission Number 707482
My Commission Expires
12-26-2018