**Recorded: 5/22/2018 at 11:48:47.0 AM**
**Fee Amount: $0.00**
**Revenue Tax:**
**Delaware County, Iowa**
**Daneen Schindler RECORDER**
**BK: 2018 PG: 1379**

## REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

**TRANSFEROR:**

Name SCOTT A. WALL AND BRENDA K. WALL

Address 2015 CYPRESS CREEK DRIVE, ALVA, FL 33920

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

**TRANSFEREE:**

Name THOMAS J. SALOW AND TIFFANY R. SALOW

Address 105 HANKINS STREET, DELHI, IA 52223

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

Address of Property Transferred:
26011 212TH AVE, DELHI, IA 52223

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.
   - ✓ 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:**

The well is located 40' east of the SE Corner of the house

**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) 270-9395

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

# Addendum

1. LOT ONE (1) OF S.A. WALL SUBDIVISION OF LOT 1 IN HUGHES HEIGHTS PART OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER SECTION 25, TOWNSHIP 88 NORTH, RANGE 5 WEST OF THE 5TH P.M., DELAWARE COUNTY, IOWA, ACCORDING TO PLAT RECORDED IN BOOK 2016, PAGE 2655; ALSO ALL LAKE FRONTAGE RUNNING FROM THE WESTERLY BOUNDARY OF SAID LOT ONE (1) AND AT RIGHT ANGLES TO THE MIDDLE OF LAKE DELHI.

542-0191

# Time of Transfer Inspection Report

Property Information

Current Owner: Scott Wall

Buyer: ? Realtor: EXIT Realty

Mailing Address: 22011 212th Ave. Delhi, Ia. 52223

Site Address/County: 22011 212th Ave. Delhi, Ia. 52223

Legal Description

No. of bedrooms: 5 Last occupied: Yes Records available: Yes

Permit/ installation date: 6/28/1999 Separation distances (ok/no?): OK

Septic System Information

Septic tank(s): Size: 1500 Material: concrete Condition: Fair

Tank pumped? ☐ YES Date: 9/22/2016 Licensed pumper: Groth Services

Septic/Trash/Processing tank: Size: Material: Condition:

Tank pumped? ☐ Y ☐ N Date: Licensed pumper:

Aerobic treatment unit (ATU) mfgr Size

Tank pumped? ☐ Y ☐ N Date: Licensed pumper:

Maintenance contract? ☐ Y ☐ N Expiration date: Service provider:

Condition:

Pump tanks/vaults: Type: Size: Condition:

Distribution system: Distribution box Plastic Outlets used 3 Condition: good

Header pipe(s): No. of lines: 3 Pressure dosed?

Secondary Treatment:

Length of absorption fields: 12'X60' Bed Determined by: Permit #787 and Probe

Condition of fields: good Determined by: Hyd. test .

Type of trench material: Rock and Pipe

Size of sand filter: Determined by:

Vent pipes above grade? ☐ Yes Discharge pipe located? ☐ Y ☐ N

Effluent sample taken Results:

Media Filters: Type:

Maintenance contract? ☐ Y ☐ N Expiration date: Service provider:

Condition:

NPDES General Permit No. 4: Required? ☐ Y ☐ N Permitted? ☐ Y ☐ N NOI provided:

542-0191

# Time of Transfer Inspection Report

Other components:

Alarms: ☐ Y ☐ N Working: ☐ Y ☐ N Disinfection: ☐ Y ☐ N Working: ☐ Y ☐ N

Control Box: _____ Timers: _____ Inspection Ports: _____

Other components: _____

Overall condition of the private sewage disposal system:

Explain (attach additional pages as needed): _____

_____

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: Jody Antrim Date: 9/26/2016

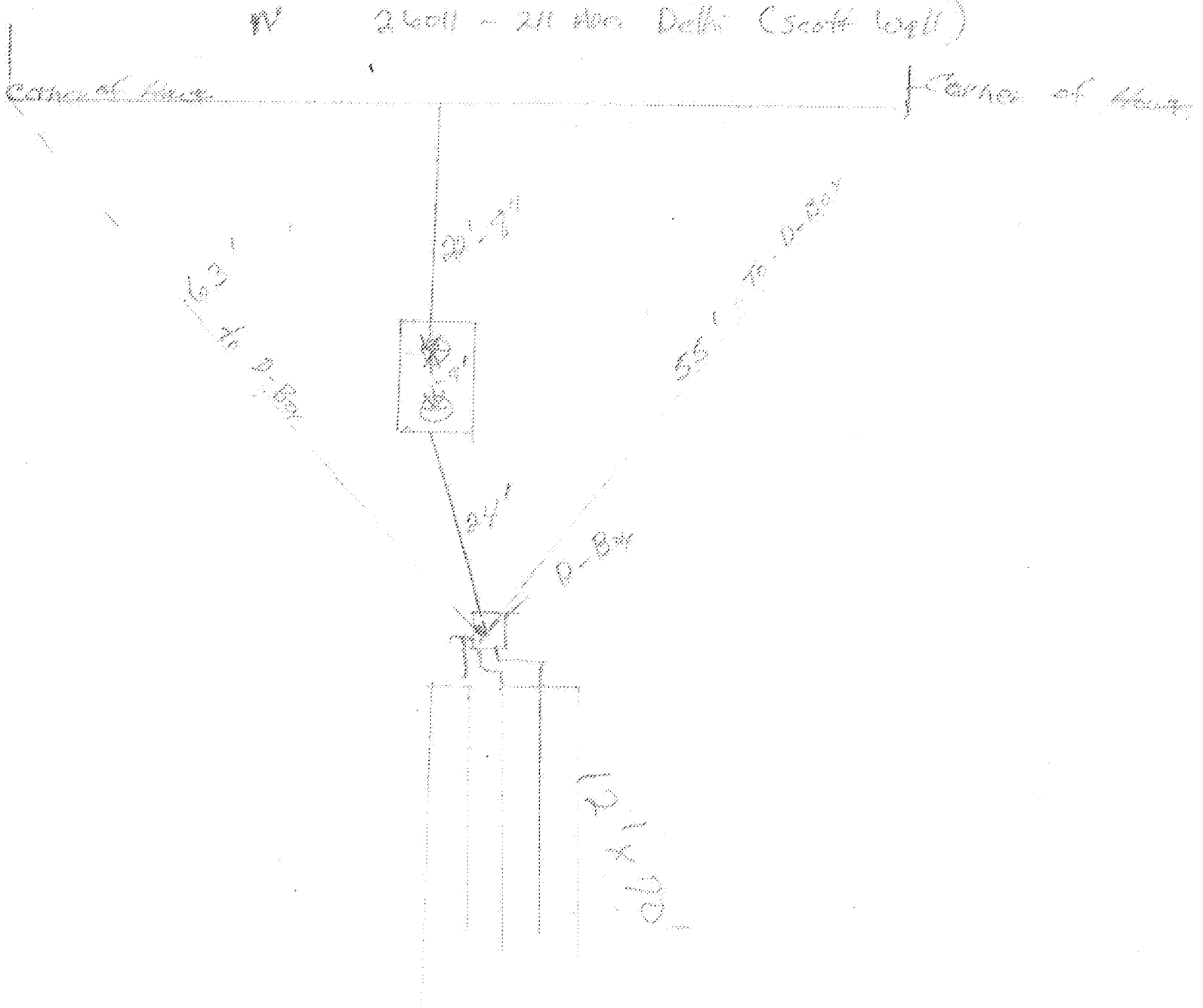
Name (print): Jody Antrim Certificate #: 8874

Address: 20984 265th St. Manchester, Ia. 52057

Phone #: 563.920.9388

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office and to:

Iowa DNR
Private Sewage Disposal Program
502 E 9th St
Des Moines IA 50319


N
24 coil - 211 Nos Delhi (South Wall)
Centre of Line
Centre of Line
22'-7"
63'
D-Bar
D-Bar
D-Bar
D-Bar

LOCATION: NW ¼ of SW ¼ of NE 1/4 T8N R5W

Owner: CHIP HUGHES Tenant: _____ Plumber: BROWN

Lot Size: ¼ ACRES Type Commercial: _____ Residential: (No. Bedrooms) _____

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

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

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

Absorption Field: Total length of laterals 12' X 60' FILTER BED No. of lateral lines _____

This system is new X Existing _____

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 6/28/99

By Norman Wellman
INSPECTOR

SEAL

Tim Hughes
APPLICANT'S SIGNATURE

