



Book 2018 Page 1918

Document 2018 GWH-1918 Type 53 001 Pages 7
Date 7/09/2018 Time 2:57:49PM
Rec Amt \$.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Sand Springs Community Center

Address 3102 324th Street, Hopkinton, IA 52237

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Carl F. and Ardith Y. Vasey Trust

Address 22339 Songbird Drive, Monticello, IA 52310

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

3102 State Highway 38, 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.

☒ 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:

WELL LOCATION: APPROXIMATELY 12' NORTH OF THE BUILDING

**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) 480-3262

Addendum

1. Lots Three Hundred Ten (310), Three Hundred Sixty Three (363), Three Hundred Sixty Four (364), Three Hundred Seventy Six (376), Three Hundred Seventy Seven (377), Three Hundred Seventy Eight (378), Three Hundred Seventy Nine (379), Three Hundred Eighty (380), Three Hundred Eighty One (381), Four Hundred Thirty (430), Four Hundred Thirty One (431) and Four Hundred Thirty Two (432), in Sand Spring, Delaware County, Iowa, according to the plat recorded in Book I L.D., Pages 220-221.



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

Property information

Current Owner 3102 STATE HWY 38 HOPKINTON 52237
Buyer _____ Realtor _____
Mailing Address SAND SPIRITS COMMUNITY CENTER
Site Address/County # 41018001700

No. of Bedrooms Last Occupied? N/A Disposal? Y / N Softener? Y / N H₂O Supply?

Records Available Yes Permit/Installation Date N/A Installer N/A

Septic System Information

Septic Tank(s): Size 1250 Material concrete Condition good
Tank Pumped? Yes Date 5-28-18 Licensed Pumper JSI
Septic/Trash/Processing Tank: Size 8000 Material concrete Condition good
Tank pumped? Yes Date 5-28-18 Licensed Pumper JSI

Aerobic treatment unit (ATU) MFGR Size
Tank Pumped? Date Licensed Pumper
Maintenance Contract? Expiration Date Service Provider
Condition

Pump Tanks/Vaults: Type Size Condition

Distribution System: Distribution Box 405 Outlets Used 5 Condition good
Header Pipe(s) Number of Lines 5
Pressure Dosed?

Secondary Treatment

Length of Absorption Fields 5x65 Determined by Prob
Condition of Fields good Determined by Prob
Type of Trench Material chamber

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): All in working condition

Comments: Keep Pump

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: Robb Harter Date: 5-28-18
Name (print): Robb Harter Certificate #: 358

Address: 3031 160th Street Dyersville, Iowa 52040

Phone # 563-542-1010

Harter Custom Pumping, Inc & Septic Service
Robb Harter * Owner/ Operator
3031 160th Street Dyersville, IA 52040 * 563-875-8730 or 563-542-1010

Homeowners:

Community Center
SAND SPRINGS.

Age of Property

Occupied
Yes or No

Inspection Co:

Robb Harter
3031/160.5+

Date of Inspection: 5-28-18

Does this evaluation/inspection meet the requirements of state and local agencies? Yes ☒ No ☐ N/A ☐

Section 1:

Location of the system: East West North South
Was Water run into the system for 30 minutes? Yes No
Does the septic tank have a visible riser? Yes No
Estimated size of tank 1250 Gallons Basis for estimate
What is the separation between well and septic? 103
Does the separation of the well and septic meet local requirements? Yes No N/A

Section 2: Disposal Field

Any evidence of malfunction No Yes (Please check all applicable observed conditions)
Wet Areas Unusual green/lush vegetation
Liquid Discharges to surface Discharge pipe of unknown origin
Localized surface settling Other (Describe below)

Septic Tank:

Septic tank material X Concrete Fiberglass Other
Liquid Level in tank X Normal Below Normal Above Normal
Access opening in tank One X Two Three None
Number of risers One X Two Three None
Condition of baffles and/or sanitary tees:
Inlet baffle or "T" X Present and functional Not functional None present Not Visible
Outlet baffle or "T" X Present and functional Not functional None present Not Visible
Tank was pumped X Yes No (if no please explain below)
Is system adequately sized for # of Bedrooms X Yes No # of Bedrooms:
Is system adequately sized for # of Bathrooms X Yes No # of Bathrooms:
System working Properly X Yes No (if no please explain below)

Additional Comments / Repairs needed:

Septic systems are subterranean, it is impossible to determine their overall condition. No prediction can be made as to when or if a system might fail.

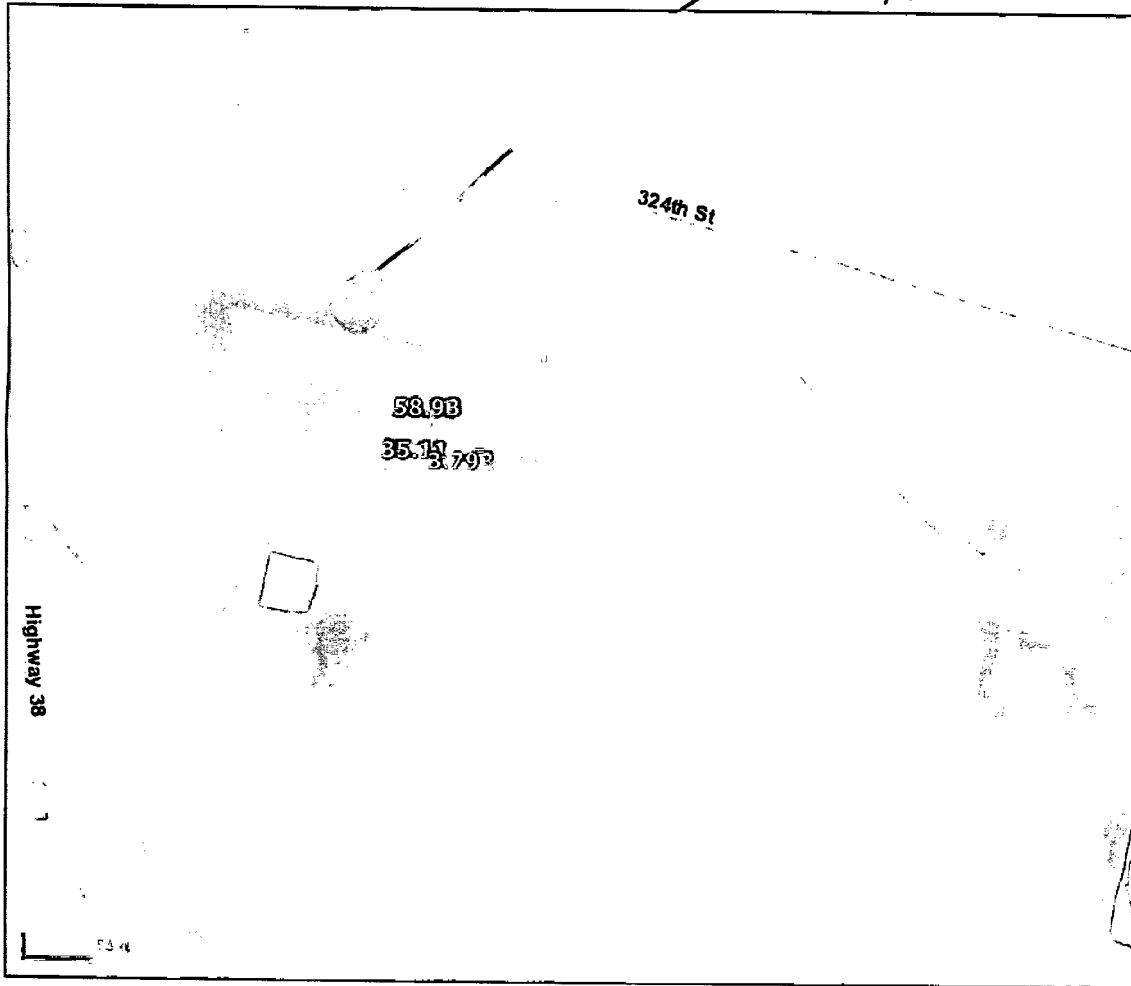
This report comments on the workability of the system on the day of the inspection only, and is in no way intended to be a warranty.

Workability can be altered by factors such as excessive rainfall, heavy water usage, faulty plumbing, neglect or physical damage to the system. All tanks require pumping maintenance.

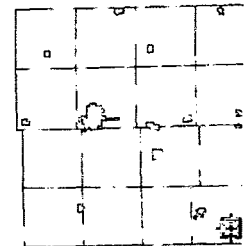


Beacon™ Delaware County, IA

Well
103 to tank



Overview



Legend

- ☐ Corporate Limits
- ☐ Political Township
- Parcels
 - ☐ BLL
 - ☐ Parcel
- ☐ Roads

D Box
49 Ft
From tank
(5) 65 Ft

Parcel ID 410180001700
Sec/Twp/Rng 18-87-3
Property Address 3102 STATE HWY 38
HOPKINTON

Alternate ID n/a
Class I
Acreage n/a

Owner Address Sno-Go Inc
3102 State Hwy 38
Hopkinton, IA 52237-

District SOUTH FORK MAQ VALLEY FD#3
Brief Tax Description PT SE SW SEC. 18
& PT NE NW SEC. 19
ALL AS DESC. B 110
P 125 & B 124 P 286
(Note: Not to be used on legal documents)

SAND SPRING Well 103 to
Community Center TANK

Disclaimer: The information in this web site represents current data from a working file which is updated continuously. Information is believed reliable, but its accuracy cannot be guaranteed. No warranty, express or implied, is provided for the data herein, or its use. Special assessments not shown.

Date created: 6/14/2018
Last Data Uploaded: 6/14/2018 1:07:39 AM
Developed by



430270104000