



Book 2018 Page 2253

Document 2018 GWH-2253 Type 53 001 Pages 8
Date 8/10/2018 Time 9:38:36AM
Rec Amt \$.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:

Name David P. Blank Lydia P. Miller

Address 2646 315th St. Hopkinton IA 52237
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Thomas L. Thompson Meghan Thompson

Address 208 Cascade St. SW Hopkinton IA 52237
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

2646 315th Street Hopkinton IA 52237
Number and Street or RR City, Town, or P.O. State Zip

Legal Description of Property: (Attach if necessary) _____

See Exhibit A

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:

See Back —

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

Signature: _____

David P. Blank
(Transferor or Agent)

Telephone No.: (319) 975-8515

1. 100' 2. 100' 3. 100'

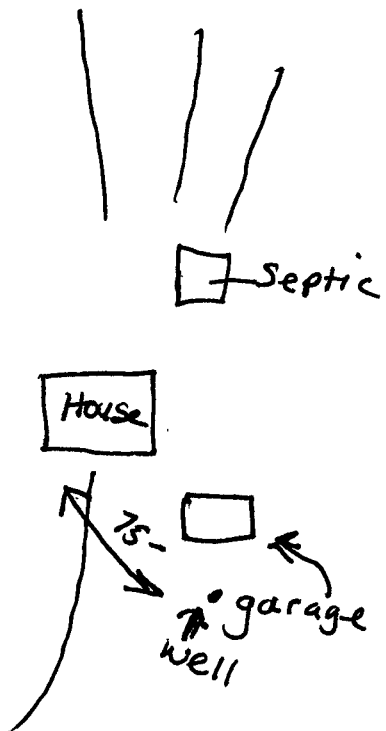


Exhibit A

Parcel F Part Of Lot 2 Of The Northeast Quarter (NE $\frac{1}{4}$) Of The Southwest Quarter (SW $\frac{1}{4}$) 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



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

Property information

Current Owner James L Simons & Sandra M-Inter Vivus 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 H₂O 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 19/17 Licensed Pumper Beaus P&H 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 Tanks/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 Probing

Condition of Fields Good Determined by Digging

Type of Trench Material 4" Pipe & 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 seepage 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.

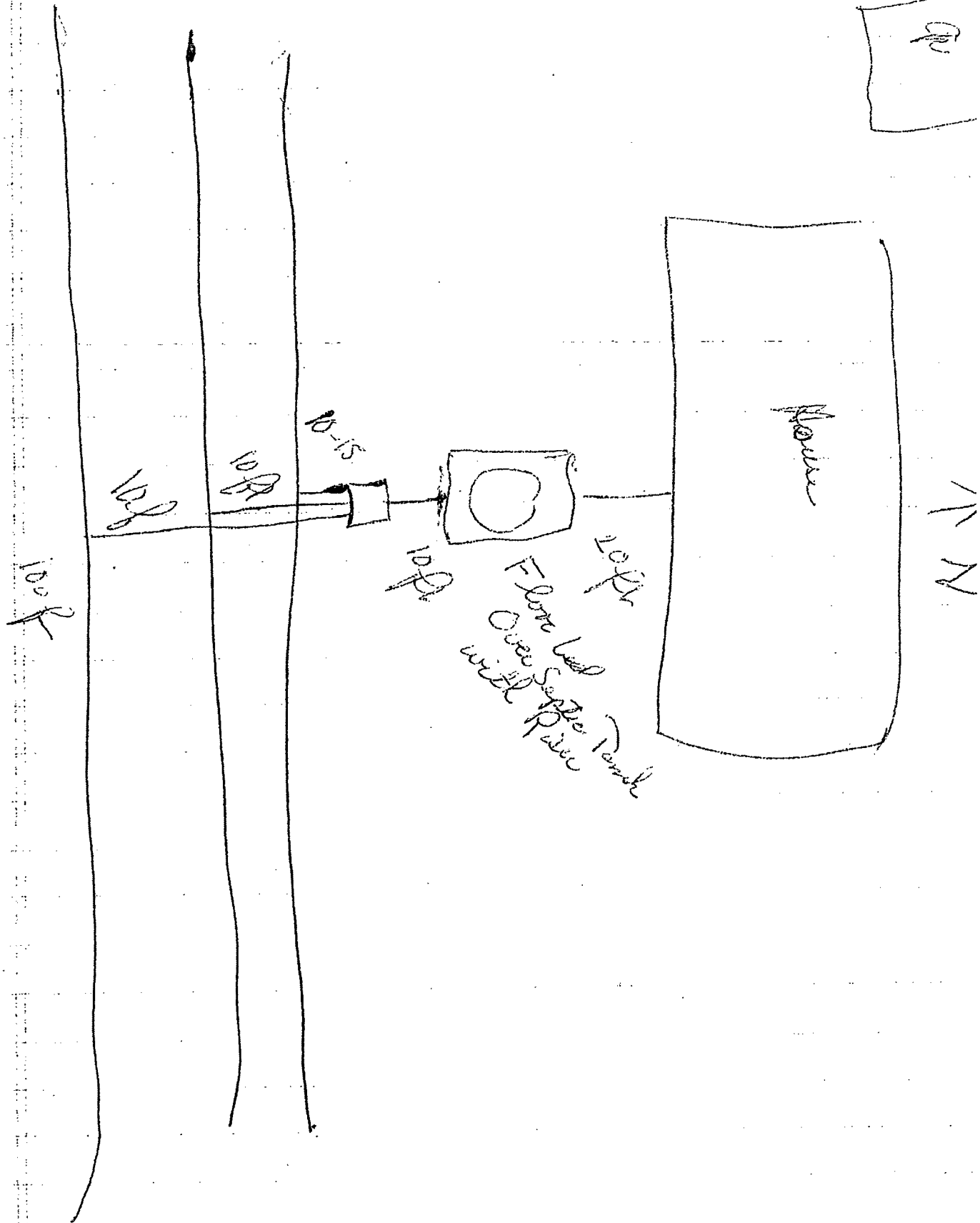
Verify that no sewage is on the ground surface.

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: B. Kraus Date: June 26/17
Name (print): Mike Kraus Certificate #: 7231
Address: 14432 190th St Monticello, IA 52310
Phone #: 319-480-3997



CHEM RIGHT LABORATORIES, INC.

117 N. Main St. - Maquoketa, IA 52060 - IA Lab# 379 - Phone 563-652-4226 - Fax 563-652-6137

TESTING REPORT

Dennis Lyons
Delaware County Health Department
Courthouse, 301 East Main
Manchester, IA 52057

Report Date: 06/29/17
Report Number: 17699
Sample Received: 06/28/17
Order Number: 16781

<u>Sample ID</u>	<u>Parameter</u>	<u>Sample Matrix</u>	<u>Analysis Time</u>	<u>Method</u>	<u>Analyst</u>	<u>Codes</u>	<u>Result</u>	<u>Units</u>
James Simoens (kitchen) 2646 315th St Hopkinton, IA								
170628-W-3637	Coliform (e-coli) MPN	Water	06/28/17 11:48	9223B-QT	SG/JD	ND <	1.0	cfu/100 ml
170628-W-3637	Coliform (total) MPN	Water	06/28/17 11:48	9223B-QT	SG/JD	ND <	1.0	cfu/100 ml
170628-W-3637	Nitrate-N	Water	06/27/17 13:49	300.0	SG/JD		1.8	ppm

Code Description

ND Non-Detect. The value given is the detection limit.

No coliform bacteria was detected.

The infant health advisory limit for nitrate-N is 10 ppm.

Susan E. Gossman, Operations Manager

Technical Review

06/29/2017

Date

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