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Date 6/21/2021 Time 10:18:57AM
Rec Amt \$.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:

Name Robert T. Wilcox

Address	2723 315th Street	Hopkinton	IA	52237
	Number and Street or RR	City, Town or PO	State	Zip

TRANSFeree:

Name Eli U. Petersheim

Address	2687 Pheasant Road	Hopkinton	IA	52237
	Number and Street or RR	City, Town or PO	State	Zip

Address of Property Transferred:

2723 315th Street	Hopkinton	IA	52237
Number and Street or RR	City, Town or PO	State	Zip

Legal Description of Property: (Attach if necessary)

See attached Exhibit A for Legal Description

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 located on the East side 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)

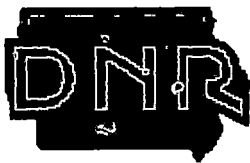
Telephone No.: _____

563-590-8824

Exhibit A

Legal Description to 2723 315th Street, Hopkinton, Delaware County, Iowa 52237

That part of the North one-half (N1/2) of the Northwest Quarter (NW1/4) of Section Twenty Four (24), Township Eighty Seven (87) North, Range Four (4), West of the Fifth Principal Meridian described as commencing at a point one and twenty five one-hundredths (1.25) chains East of the Southwest corner of the Northeast Quarter (NE1/4) of the Northwest Quarter (NW1/4), and running thence North 27° 00' East three hundred (300.0) feet along the West line of West Street in Hopkinton Second Addition by H. A. Carter, thence West five hundred (500.0) feet, thence South 27° 00' West three hundred (300.0) feet to the South line of the North one-half (N1/2) of the Northwest Quarter (NW1/4), thence East along said quarter section line five hundred (500.0) feet to the point of beginning, AS RECORDED IN BOOK 6 PLATS, PAGE 140.



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

Property information

Current owner Rob Wilcox 563-590-8824
Buyer _____ Realtor None
Mailing address 2723 315th St Hopkinton Iowa
Site Address/County 2723 315th St Hopkinton
Legal Description _____

No. of bedrooms 2 Last occupied? Still Records available yes

Permit/installation date 9-12-05 Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1250 material concrete condition good
Tank pumped? yes date 5-7-21 licensed pumper St 49
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

Aerobic treatment unit (ATU) mfg _____ size _____
Tank pumped? _____ date _____ licensed pumper _____
Maintenance contract? _____ expiration date _____ service provider _____
Condition _____

Pump tanks/vaults: type _____ size _____ condition _____

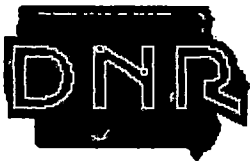
Distribution system: distribution box yes outlets used 4 condition good
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields 240' determined by permit
condition of fields good determined by water test
type of trench material rock & pipe

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 provided _____



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

Report system status water test 4-5 gallons/minute 30 minutes

Explain (attach additional pages as needed): older system good
shape New D Box 2016

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: Bill Downs Date: 5-7-21
Name (print): Bill Downs Certificate #: 8820
Address: 1497 110th Ave Dunlee IA
Phone #: 563-924-2225

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

1410-24 99 006-00

PD

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type)

Permit No. _____

1364

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 82723 315th St

Section 2462 Township S.F.

LOCATION: SEK NW 1/4 NW 1/4 sec 24-W. T-87-N R. 4-W

Owner: Robt Wilcox Tenant: _____ Plumber: Stamer

Lot Size: 2 ac 45 Type Commercial: _____ Residential: (No. Bedrooms) 2

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

Septic Tank made by Custer Garbage Grinder _____ Construction Material Cement Gallons Cap. 1250

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

Absorption Field: Total length of laterals 240 No. of lateral lines 4

This system is new _____ Existing X

I certify that the above information is correct and that all proposed work will be completed in accordance with the Delaware County Regulations.

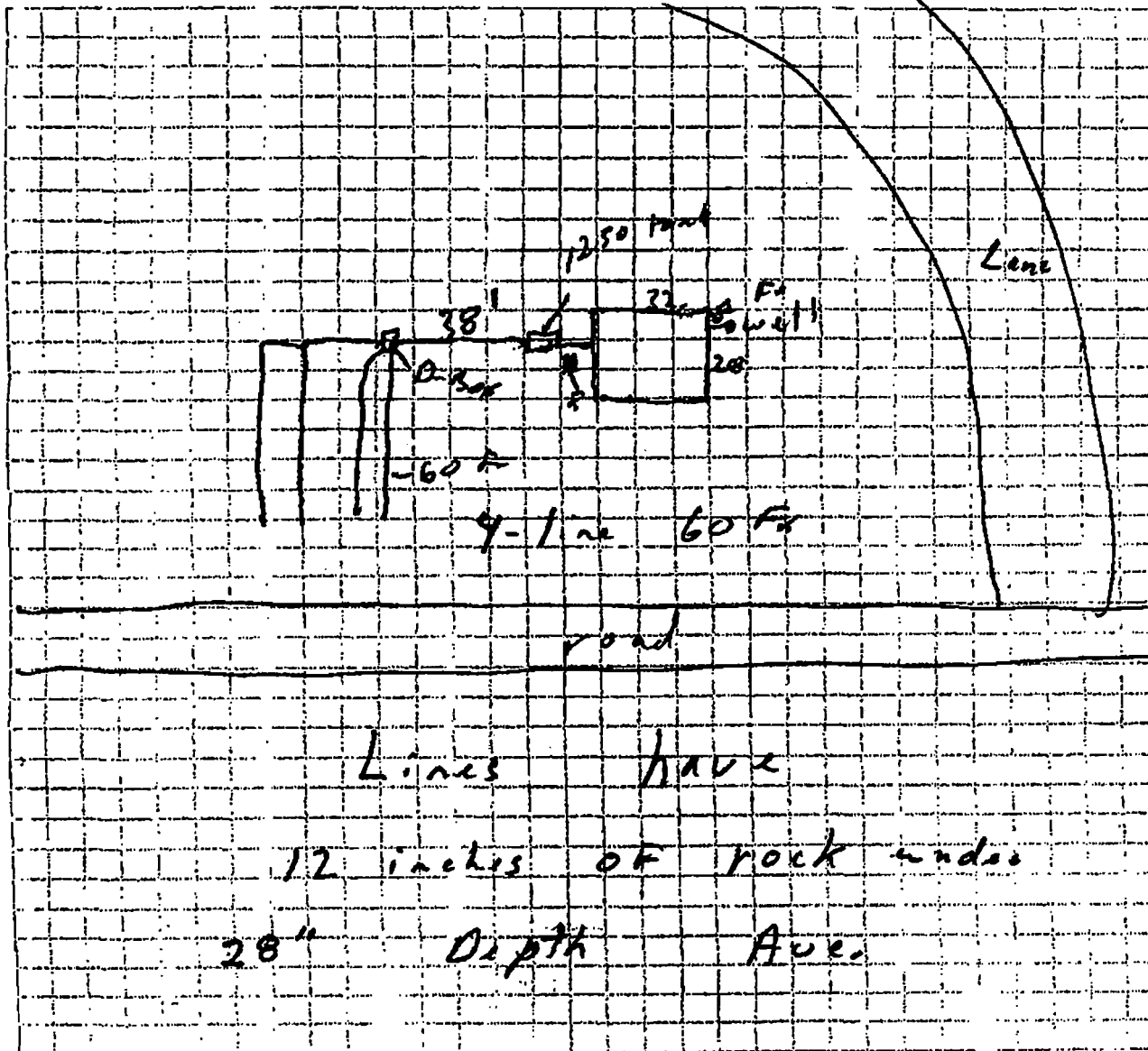
Date Approved 9-12-05

By Dennis Lyons
INSPECTOR

SEAL
Signature: [Signature]
APPLICANT'S SIGNATURE

List any construction issues:

Wilcox



Mapping Checklist

Map scale: _____

Locate

_____ indicate north

_____ show slope

_____ % direction

- _____ lot dimensions/property lines
- _____ dwellings and other improvements
- _____ existing and/or proposed systems
- _____ replacement area
- _____ unsuitable area(s)
- _____ public water supply wells
- _____ pumping access
- _____ inner wellhead zone:

- _____ easements
 - _____ phone
 - _____ electric
 - _____ gas
- _____ elevations
 - _____ borings
 - _____ benchmark
 - _____ perc tests
 - _____ horiz&vert reference pts

- _____ setbacks
 - _____ building
 - _____ all water wells within 100ft
 - _____ pressure pipe
 - _____ water suction pipe
 - _____ streams, lakes, rivers
 - _____ floodway and fringe

CHEM RIGHT LABORATORIES, INC.

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

TESTING REPORT

Alex Linderwell
Delaware County Health Department
Courthouse, 301 East Main
Manchester, IA 52057

Report Date: 04/09/21
Report Number: 22764
Sample Received: 04/07/21
Order Number: 21894

<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>
Rob Wilcox (hydrant) 2723 315th St Hopkinton, IA								
210407-W-1015	Coliform (e-coli) MPN	Water	04/07/21 11:25	9223B-QT	JD	ND <	1.0	cfu/100 ml
210407-W-1015	Coliform (total) MPN	Water	04/07/21 11:25	9223B-QT	JD	ND <	1.0	cfu/100 ml
210407-W-1015	Nitrate-N	Water	04/08/21 9:39	300.0	SG/JD		1.3	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

04/09/2021

Technical Review

Date

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