Recorded: 4/19/2022 at 10:24:59.0 AM

County Recording Fee: \$0.00 lowa E-Filing Fee: \$0.00 Combined Fee: \$0.00

Revenue Tax:

Delaware County, Iowa
Daneen Schindler RECORDER

BK: 2022 PG: 1242

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

| TR | Λ | A. | c | r | C | D | 7 | D | ٠ |
|----|---|----|---|---|---|---|---|---|---|
| | | | | | | | | | |

Name: Barbara A. Trapp

Address: 2320 245th Ave, Delhi, IA 52223

TRANSFEREE:

Name: Trevor J. Elgin

Address: 155 Maple Ct, Earlville, IA 52041

Address of Property Transferred: 2320 245th Ave, Delhi, Iowa 52223

Legal Description of Property: (Attach if necessary)

Parcel H Part of the Northwest Quarter (NW 1/4) of the Northeast Quarter (NE 1/4) and Part of the Southwest Quarter (SW 1/4) of the Northeast Quarter (NE 1/4) All in Section Nine (9), Township Eighty-eight North (T88N), Range Four West (R4W) of the Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 2006, Page 1833

1. Wells (check one)

| ٦. | wens (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 | | | | | |
| hawful 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: There is a drilled well located 30-35 feed North of The horse | | | | | |
| The house | | | | | |
| I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS | | | | | |
| FOR THIS FORM AND THAT THE INFORMATION STATED | | | | | |
| ABOVE IS TRUE AND CORRECT. | | | | | |
| | | | | | |
| Dahara Ticano | | | | | |
| Signature: Telephone No.: (563) 920-2765 | | | | | |
| | | | | | |

6.



Time of Transfer Inspection Report

Property Information Current Owner: Barb Trapp Realtor: Buyer: ? Mailing Address: 2320 245th Ave. Delhi, Ia Site Address/County: 2320 245th Ave. Delhi Ia . 52223/ Delaware Legal Description No. of bedrooms: 3 Last occupied: current Records available: some Permit/ installation date: 8/24/2006 Separation distances (ok/no?): Ok Septic System Information Septic tank(s): Size: 1500 Gal. Material: Concrete Condition: Good Date: 3/21/2022 Licensed pumper: Groth Services Tank pumped? YES Septic/Trash/Processing tank: Size: N/A Material: N/A Condition: N/A N/A Aerobic treatment unit (ATU) mfgr N/A Size N/A Tank pumped? YN Date: N/A Licensed pumper: N/A N/A ☐ Y ☐ N Expiration date: _____ Service provider: ____N/A Maintenance contract? Condition: N/A Pump tanks/vaults: Type: N/A Size: N/A Condition: N/A Distribution system: Distribution box yes Outlets used 3 Condition: Good Header pipe(s): 1 No. of lines: 3 Pressure dosed? NO Secondary Treatment: Length of absorption fields: 100Foot Determined by: Probe Condition of fields: Good Determined by: HYD. Test Type of trench material: Chambers Size of sand filter: N/A Determined by: N/A Discharge pipe located? Vent pipes above grade? N/A N/A N/A N/A Results: Effluent sample taken

N/A

Y N Expiration date: Service provider: N/A

4/2010 cmz/dao

Maintenance contract?

Media Filters: Type: N/A



NPDES General Permit No. 4: Required? No Permitted? N/A

NOI provided:

Time of Transfer Inspection Report

| Other components: | | | | | | |
|---|---|---|---|---------------------------|---|--|
| Alarms: N/A | | Working: N/A | Dis | infection: N/A Inspection | Working: N/A | |
| Control Box: | N/A | Timers: | N/A | Ports: | N/A | |
| Other components: | N/A | *************************************** | | | | |
| Overall condition of Report system status: | the private sewage dis | Over all conditio | , D-box Ar Test. | e in good conditio | f inspection, the 1500- n and the drain, field | |
| Explain (attach additi | ional pages as needed | astic incased in con | fles are in good condition. The D-Box tic incased in concrete. The Drain nade up of Infiltrator Chambers. | | | |
| Comments: | | | | | | |
| Site status at conclus | ion of Time of Transf | er inspection: | *************************************** | | | |
| Power is on toRevisit all comGather all tools | trols are set on the apprall components. ponents to verify lids and for removal from the sewage is on the ground | e secure. ite. | | | | |
| Using this worksheet | , write a narrative repo | ort of the inspection | n results aı | nd attach a site ske | etch. | |
| | the condition of the privill continue to function | | osal systen | at the time of the | inspection. It does | |
| Signature of Certified | I Inspector: | <u>Des</u> | <u> 1 Gutu</u> | | Date: 9/21/2022 | |
| Name (print): | Jody Antrim | | | Certif #: | ficate 8874 | |
| - | 26 th St. Manchester, I | a. 52057 | | | | |
| | | | | | | |

4/2010 cmz/dao

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

1220-04-00-021-20

TRIVING CAMPOR SETURAL The symbol is have A Catholic Percentage Tests Appellan filia i sai legin si lengin i So The last state of the last sta I cartify that the above information is correct and that all proposed work will be curried in accordance with the 記るのか R S S N. S. Y. APPLICATION FOR PERMIT TO INSTALL PRIVATE STANDED FOR LOSS OF THE SAME STANDS OF THE SAME The last since a summer and since a sum of the sum of t - Type Comments S TO THE (Print on Type) 777 . Ac of the line 2 Rectangle No. Beloom 1-20-10 Phones Fills LECATE SIGNATURE - Township Collins





