

Recorded: 1/9/2024 at 10:44:07.0 AM  
County Recording Fee: \$0.00  
Iowa E-Filing Fee: \$0.00  
Combined Fee: \$0.00  
Revenue Tax: \$0.00  
Delaware County, Iowa  
Daneen Schindler RECORDER  
BK: 2024 PG: 77

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

If the transaction is exempt from filing a declaration of value pursuant to Iowa Code 428A.1(2), **STOP HERE**. Pursuant to Iowa Code section 558.69(1), when no declaration of value is submitted during a transaction, you are not required to submit a groundwater hazard statement or include the statutory language in Iowa Code section 558.69(8A). Please consult your realtor or legal counsel for further advice, including on whether a declaration of value is required. The Department provides this information for statutory reference only.

Instructions for this document can be found at:

<https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960%20Instructions.pdf>

Attachment 1, if required, can be found at: <https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960a.pdf>

**TRANSFEROR:**

Name: MITCHELL L. JENSEN and ALLISON C. JENSEN  
Address: 3107 326TH STREET, HOPKINTON, IA 52237

**TRANSFeree:**

Name: CODY T. ELKIN  
Address: 754 N. CEDAR STREET, MONTICELLO, IA 52310

Address of Property Transferred:

3107 326TH STREET, HOPKINTON, Iowa 52237

Legal Description of Property: (Attach if necessary)

LOTS SEVEN (7), EIGHT (8) AND NINE (9), TEN (10), ELEVEN (11) AND TWELVE (12), AND THE SOUTH THIRTY TWO (32) FEET OF LOT FOUR (4), SHERWOOD & CUMMINGS' ADDITION TO SAND SPRING, IOWA, ACCORDING TO PLAT RECORDED IN BOOK 1 L.D., PAGE 300.

**1. Wells (check one)**

- No Condition - There are no known wells situated on this property.  
 Condition Present - 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)**

- No Condition - There is no known solid waste disposal site on this property.  
 Condition Present - 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)**

- No Condition - There is no known hazardous waste on this property.
- Condition Present - 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)**

- No Condition - 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.)
- Condition Present - 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)**

- No Condition - There are no known private burial sites on this property.
- Condition Present - 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)**

- No Condition - All buildings on this property are served by a public or semi-public sewage disposal system.
- No Condition - This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
- Condition Present - 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.
- Condition Present - 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.
- Condition Present - There is a building served by private sewage disposal system on this property. The system is failing to ensure effective wastewater treatment or is otherwise improperly functioning, and 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.
- Condition Present - 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 #7]
- Condition Present - There is a building served by private sewage disposal system on this property. This property is exempt from the private sewage disposal inspection requirements pursuant to the following Exemption [Note: for exemption #7 use prior check box]:  
\_\_\_\_\_.
- Condition Present - There is a building served by private sewage disposal system on this property. The private sewage disposal system has been installed within the past two years pursuant to permit number:  
\_\_\_\_\_.

Review the following two directions carefully:

- A. **If you selected a box stating "No Condition" for every numbered section above, STOP HERE. Do not submit this form.** Instead, pursuant to Iowa Code section 558.69(8A), you must include the following language on the first page of the recorded deed, instrument, or other writing:

“There is no known private burial site, well, solid waste disposal site, underground storage tank, hazardous waste, or private sewage disposal system on the property as described in Iowa Code section 558.69, and therefore the transaction is exempt from the requirement to submit a groundwater hazard statement.”

Please consult your realtor or legal counsel for further advice on this exemption. By law, the owner of the property is responsible for the accuracy of this statement, and the Department provides this information for statutory reference only.

- B. If you checked any box stating “Condition Present” for any of the numbered sections above, continue below. You must complete this form, including providing all required information, and you must submit this form to the county recorder’s office with declaration of value.

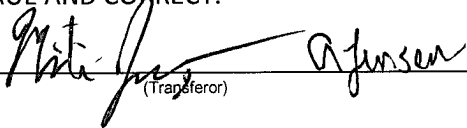
**Information required by statements checked above should be provided here or on separate sheets attached hereto:**

The well on the property is located 200 ft. from the septic tank. The two compartment concrete septic tank is 1000 gal in capacity.

The well is located west of the house whereas the septic tank is 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)

Telephone No.: (319) 480-0954



# TIME OF TRANSFER INSPECTION TOT# 7767 JODY ANTRIM CERT # 8874

### Site Information

Parcel Description: **430270100200**

Address: **3107 326th St., Hopkinton, IA 52237**

County: **Delaware**

### Owner Information

Property is owned by a business: **No**

Business Name:

Owner Name: **Mitchell Jensen**

Email Address: **Mitch.Jensen.20@gmail.com**

Address: **3107 326th St., Hopkinton, IA 52237**

Phone No:

### Site related information

No Of Bedrooms: **3**

Inspection Date: **11/03/1994**

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date: **11/03/1994**

Permit issued by County: **Yes**

Permit Number: **339A**

All plumbing fixtures enter septic system: **Yes**

County contacted for records: **Yes**

Property Information Comments:

**Property located in Sand Springs. In South Fork Township**

### Primary Treatment

#### Tank 1

Tank Name: **Tank 1**

Type: **Septic Tank**

Tank Size (Gal): **1000**

Tank Material: **Concrete**

Tank Corrosion Type: **Slight**

Liquid Level Type: **Normal**

No. of Compartments: **2**

Pump Tank Chamber: **No**

Licensed Pumper Name: **Robb Harter**

Date Pumped: **10/25/2023**

Meets Setback to Well: **Yes**

Well Type: **Private**

Distance To Well (Ft.): **200**

Is Accessible: **Yes**

Lid Intact: **Yes**

Risers Intact: **Yes**

Effluent Filter Present: **No**

tertight: **Yes**



Tank/Vault Pumped: **Yes**      Inlet Baffle Present: **Yes**      Outlet Baffle Present: **Yes**      Functioning as Designed: **Yes**

Tank Comments: **Tank looks to be in good condition with slight corrosion.**

General Primary Treatment Comments:

**1000 Gal. tank with riser and lid intact.**

Distribution Type

**Distribution Box 1**

Label: **Distribution Box 1**

Material Type: **Concrete**

Accessible: **Yes**

Box Opened: **Yes**

Baffle Present: **Yes**

Speed Levelers Present: **No**

Watertight: **Yes**

Functioning As Designed: **Yes**

General Distribution System Comments : **D-Box is about 18 inches in the ground and in good condition.**

Secondary Treatment

**Lateral Field1**

Distribution Type: **Distribution Box**

Material Type: **Rock and PVC Pipe**

Trench Width: **24"**

Lines: **3**

Total Length of Absorption Line: **50 Foot**

System Hydraulic Loaded: **Yes**

Gallons Loaded: **300**

Meets Setback to Well: **Yes**

Well Type: **Private**

Distance To Well (Ft.): **200**

Lateral Lines Probed: **Yes**

Saturation or Ponding Present: **No**

Grass Cover Present: **Yes**

Lateral Lines Equal Length: **Yes**

System Located on Owner Property: **Yes**

Easement Present: **N/A**

Functioning as Designed: **Yes**

Comments: **A Hyd. test was done with 300gal. of water, all lines exceptive water At the time of inspection.**

General Secondary Treatment Comments:

Narrative Report

TOT Inspection Report Overall Narrative Comments: **Address 3107 326th St. Hopkinton, 52237 In Delaware County South Fork Town ship section 27. Inspected a septic system for a three bedroom home .**

**The 1000 gal concrete tank is in good with slight corrosion. The D- Box is in good condition with 3 outlets used and 150 FEET OF rock and Pipe . absorption trenches**





**TIME OF TRANSFER INSPECTION TOT# 7767 JODY ANTRIM CERT # 8874**

Owner Name: **Mitchell Jensen**

Address: **3107 326th St. , Hopkinton , IA 52237**

County: **Delaware**

Inspection Date: **11/03/1994**

Submitted Date: **10/27/2023**

This page certifies a Time of Transfer inspection was conducted and submitted for the



in accordance with Subrule 567 IAC 69.2(8).











430-27-01-0040000

DELAWARE COUNTY BOARD OF SUPERVISORS 3/07-326492 (Print or Type) Permit No. 339A  
APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: ZR2 Maple Knolls, Ed Section 27 Township Seeds Fork  
LOCATION: 1/4 1/4 T 82d R 3-4w and front  
Owner: Bill Bohken Tenant: \_\_\_\_\_ Plumber: Coed Plumbing

Lot Size: \_\_\_\_\_ Type Commercial: \_\_\_\_\_ Residential: (No. Bedrooms) 3  
Fixtures: Sinks 1 Lavatories 3 Bath Tubs 1 Showers 1 Sinks 1 Automatic Laundry 1 Sump Pump \_\_\_\_\_  
Septic Tank made by \_\_\_\_\_ Garbage Grinder \_\_\_\_\_ Construction Material Concrete Gallons Cap. 600

Percolation Test: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ Made by: \_\_\_\_\_  
Absorption Field: Total length of laterals \_\_\_\_\_ No. of lateral lines \_\_\_\_\_

This system is new \_\_\_\_\_ Existing  200' x 11" w and 35' on  
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 11-3-94 \_\_\_\_\_  
By [Signature] INSPECTOR APPLICANT'S SIGNATURE \_\_\_\_\_



1/4



430276100200

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

#### Property information

Current owner Bill Bohler  
 Buyer \_\_\_\_\_ Realtor \_\_\_\_\_  
 Mailing address 3107 326th St. Hopkinton  
 Site Address/County Delaware 3107 326th St. Sand Springs  
 Legal Description Delaware county South Fork township Section 27  
 No. of bedrooms 3 Last occupied? currently Records available yes  
 Permit/installation date 11-3-94 Separation distances  no? \_\_\_\_\_

#### Septic system information

Septic tank(s): size 1000 material concrete condition good  
 Tank pumped? yes date 8-13-19 licensed pumper ST 374  
 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 3 condition good  
 Header pipe(s) \_\_\_\_\_ # of lines \_\_\_\_\_ Pressure dosed? \_\_\_\_\_

Secondary treatment:  
 length of absorption fields 150' determined by probe  
 condition of fields dry determined by probe  
 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 Report

Other components:

Alarms \_\_\_\_\_ Working? \_\_\_\_\_ disinfection \_\_\_\_\_ working? \_\_\_\_\_

Control box \_\_\_\_\_ Timers \_\_\_\_\_, inspection ports \_\_\_\_\_

Other components \_\_\_\_\_

Overall condition of the private sewage disposal system

Report system status \_\_\_\_\_

Explain (attach additional pages as needed): See Attached

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: Scott Hagen Date: 8-13-19  
 Name (print): Scott Hagen Certificate #: 18544  
 Address: 17789 Dales Ford Rd. Scotch Grove, Ia. 52310  
 Phone # (319) 480-2577

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

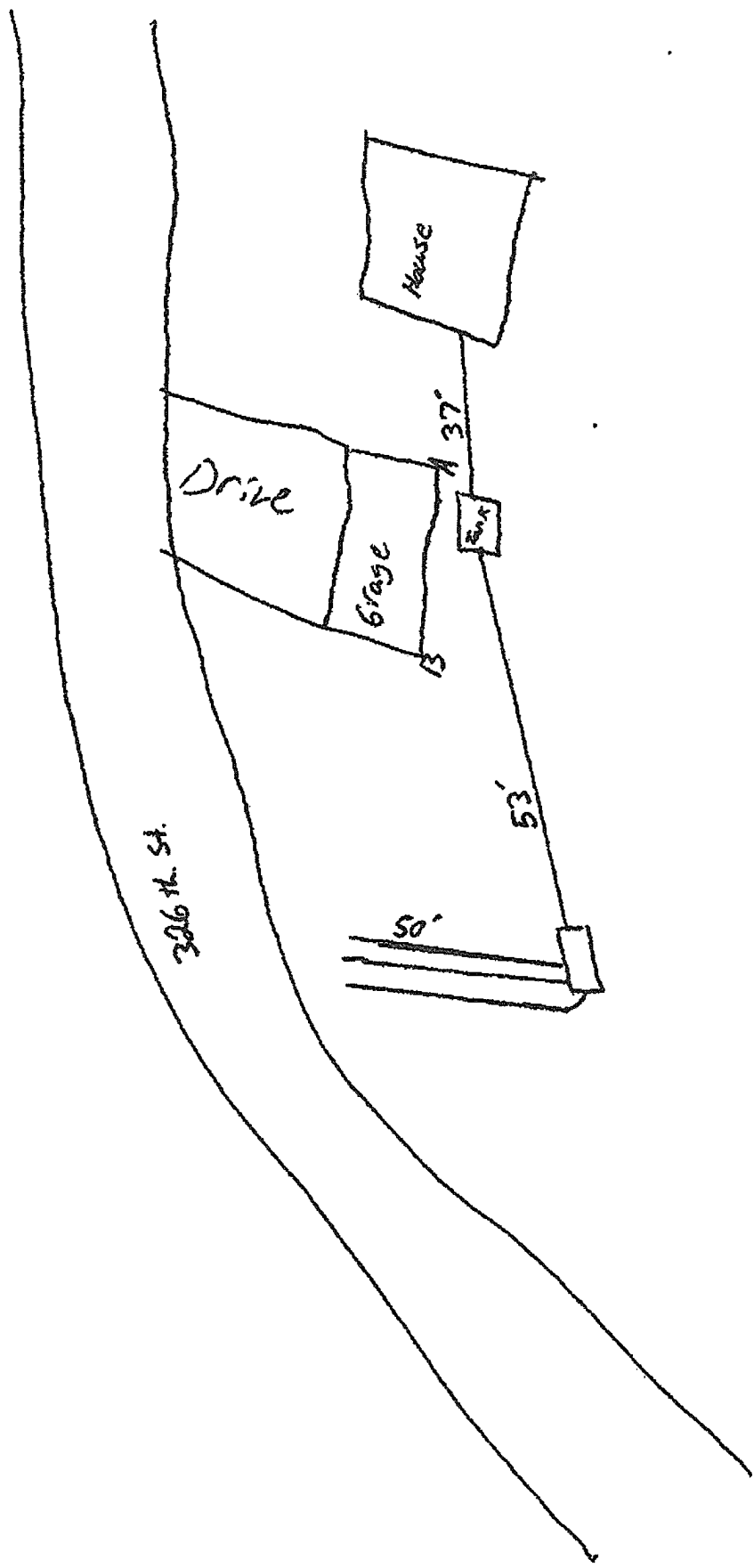
Iowa DNR Onsite Wastewater Program  
502 E. 9<sup>th</sup> St.  
Des Moines, IA 50319



N

well

N



A-Tank = 9'  
 B-Tank = 21'  
 A-D Box = 62'  
 B-D Box = 37'



## TIME OF TRANSFER

On August 13 2019 at 3107 326<sup>th</sup> Street  
Hopkinton 52237 in Delaware County  
South Fork Township Section 27 I inspected  
a septic system for a 3 bedroom home.

It has a 1000 gallon concrete septic tank in  
good condition. The distribution box is also  
concrete in good condition with 3 outlets  
used and 150 feet of rock and pipe  
absorption trenches.

All lines were dry when probed.

SCOTT HAGEN

#10544

THIS INSPECTION IN NO WAY MAKES ME RESPONSIBLE  
FOR THE CONTINUED OPERATION OF THIS SANITATION  
SYSTEM.

