

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

TRANSFEROR:

Name Scott Allen Winter and Jennifer Lynn Winter

Address	<u>6506 Michael Drive NE</u>	<u>Cedar Rapids</u>	<u>IA</u>	<u>52411</u>
	Number and Street or RR	City, Town or PO	State	Zip

TRANSFeree:

Name Ty A. Jeffery and Diane M. Jeffery

Address	<u>PO Box 204</u>	<u>Wyoming</u>	<u>IA</u>	<u>52362</u>
	Number and Street or RR	City, Town or PO	State	Zip

Address of Property Transferred:

<u>26027 216th Avenue</u>	<u>Delhi</u>	<u>IA</u>	<u>52223</u>
Number and Street or RR	City, Town or PO	State	Zip

Legal Description of Property: (Attach if necessary)

See Addendum 1.

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:

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) 310-8036

FILE WITH RECORDER

DNR Form 542-0960 July 18th 2012 cmz

Exhibit A

Lot Twenty Six (26) of the Plat of Hartwick Lake Club West Subdivision of Part of the South One-Half ($S\frac{1}{2}$) of Section Twenty-Four (24) and of Part of the North One-Half ($N\frac{1}{2}$) of Section Twenty-Five (25), all in Township Eighty-Eight North (T88N), Range Five West (R5W) of the Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 5 Plats, Page 40.



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

Property information

Current owner Scott Winter & Jen Winter
Buyer Ty Donae Jolley Realtor NO
Mailing address Wagon, IA
Site Address/County 26027 216th St, Del Rio, Ia (Delaware County)
Legal Description Section 24 / 14th Township / T8N R5E-W
No. of bedrooms 1 Last occupied? Summer use Records available YES
Permit/installation date 5-22-97 Separation distances ok/ no? 100'

Septic system information

Septic tank(s): size 1000 gal. material concrete condition good
Tank pumped? yes date 5-15-18 licensed pumper ST 247
Septic/trash/processing tank: size X material X condition X
Tank pumped? X date X licensed pumper X

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

Pump tanks/vaults: type X size X condition X

Distribution system: distribution box yes outlets used 3 condition good
Header pipe(s) X # of lines X Pressure dosed? X

Secondary treatment:
length of absorption fields 10' X 30' bed determined by Map
condition of fields good determined by Hydraulic test
type of trench material rock & pipe

Size of sand filter X determined by X
Vent pipes above grade? X discharge pipe located? X
Effluent sample taken? X Results X

Media filters: type X
Maintenance contract? X expiration date X service provider X
Condition X

NPDES General Permit No. 4: required? permitted? NOI provided permitted?



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

This system was in good working condition day of inspection

Explain (attach additional pages as needed): _____

Comments:

performed 30 min hydraulic test

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 Harbach

Name (print): Scott Harbach

Address: 8443 210th Ave Delhi Ia 52223

Phone # 563-920-7622

Date: 5-15-18

Certificate #: 8815

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

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type)

Permit No. 562

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: Rt #2 Delhi IA Section 24 Township MIL0
LOCATION: SE 1/4 SE 1/4 T24N R5W 216 Ave Hartwick W.
Owner: Troy Berry Tenant: _____ Plumber: _____
Lot Size: 100 x 100 Type Commercial: _____ Residential: (No. Bedrooms) 2
Fixtures: Stools ☒ Lavatories ☒ Bath Tubs _____ Showers ☒ Sinks _____ Automatic Laundry _____ Sump Pump _____
Septic Tank made by SEWATES ~~LAZARDE~~ Garbage Grinder _____ Construction Material concrete Gallons Cap 1000
Percolation Test: 1. _____ 2. _____ 3. _____ 4. _____ Made by: _____
Absorption Field: Total length of laterals _____ No. of lateral lines 3 - 40'
2" Rock
This system is new _____ Existing ☒

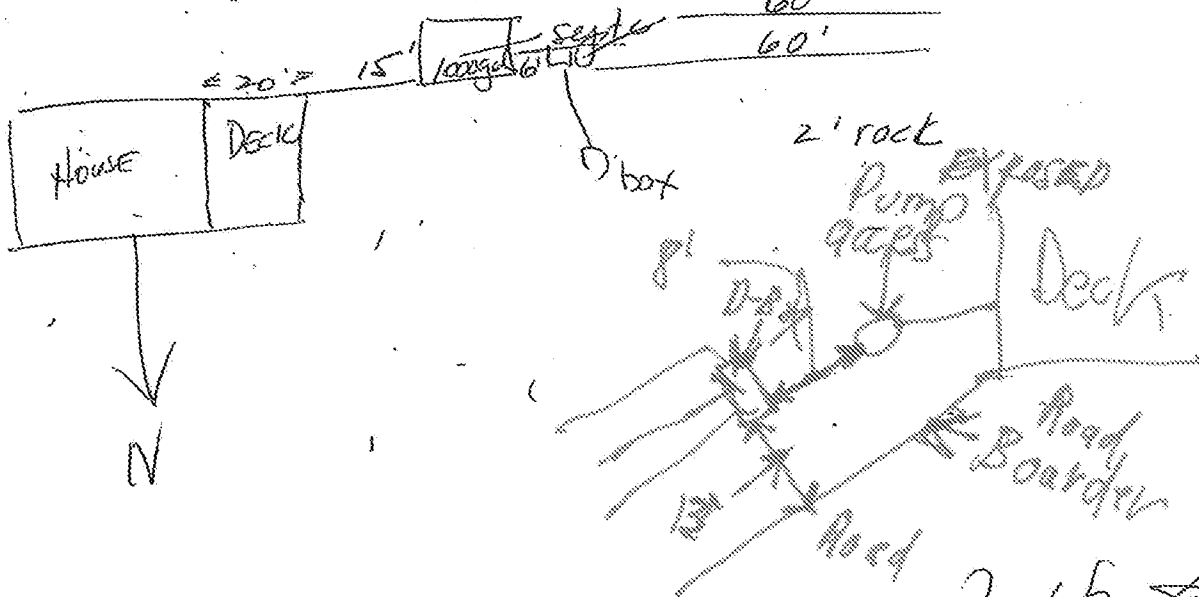
I certify that the above information is correct and that all proposed work will be completed in accordance with the Delaware County Regulations.

Date Approved 5/22/97
By Jack Norton
INSPECTOR

A/S Plumbing - Alan Vonnell
APPLICANT'S SIGNATURE
SEAL

TRENCH #3 LENGTH: _____ WIDTH: _____ DEPTH: _____

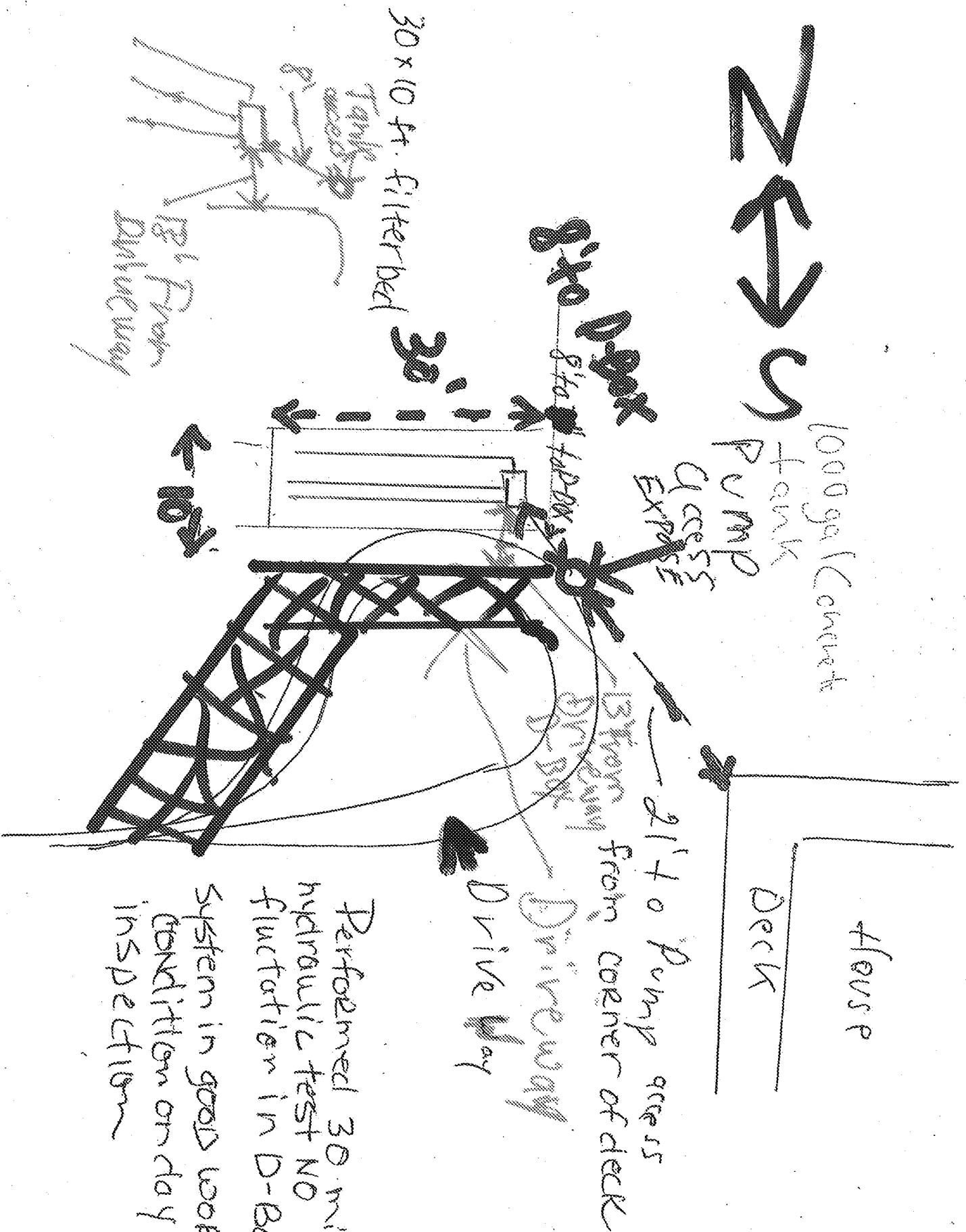
TRENCH #4 LENGTH: _____ WIDTH: _____ DEPTH: _____



APPROVED ()

REJECT ()

INSPECTED BY: Jack Norton



Performed 30 min
 hydraulic test NO
 fluctuation in D-Box
 system in good work in
 condition on day of
 inspection