

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

TRANSFEROR:

Name James V. Graybill and Patricia A. Graybill

Address 122 Nelson Circle, Manchester, IA 52057

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Timothy J. Schwendinger

Address 101 1st Street South, Apt. #6, Farley, IA 52046

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

2370 Jefferson Road, Manchester, IA 52057

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) Lot Four (4) of the Survey and Plat of the
Subdivision of Lot Two (2) of the Subdivision of part of the Northeast Quarter (NE $\frac{1}{4}$) of the Southeast
Quarter (SE $\frac{1}{4}$) of Section Ten (10), Township Eighty Eight (88) North, Range Five (5), West of the
Fifth Principal Meridian, according to plat recorded in Book 3 Plats, Page 26.

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.

*Billed well is located 25' - N. E. side
from house on 70*

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)

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 2594.

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

THE WELL IS DRILLED & WORKING.

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) 920-9358

pd

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type)

Permit No. 2594

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 2370 Jefferson Rd Manchester Section 10 Township Mt. Lebanon

LOCATION: 290100003000 10-88-S

Owner: James Graybill Tenant: _____ Plumber: Mark F. Fox

Lot Size: _____ Type Commercial: _____ Residential: (No. Bedrooms) 3

Fixtures: Stools 2 Lavatories _____ Bath Tubs 1 Showers 2 Sinks 3 Automatic Laundry 1 Sump Pump _____

Septic Tank made by Singb Garbage Grinder _____ Construction Material brick Gallons Cap. 1750

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

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

This system is new X 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 4-1-17

By Nancy Lee
INSPECTOR

X Mark F. Fox
APPLICANT'S SIGNATURE
SEAL

DELAWARE COUNTY SANITATION

Application # _____

EnvTrack # _____
Permit # 2594

Completion Report for Private Sewage Disposal System

Owner: James Graybill
Site Address: 2370 Jefferson Rd
Parcel #: 2401 0000300 Lot # _____ Township: Mt. Vernon
Mailing Address: _____ Legal S-T-R: 10-88-5
Contractor: Mark Fink Bedroom #: 3

Water Supply: Private

Primary Treatment: Latitude: 42.44667458 Longitude: -91.40726678

Septic Tank Volume (g): 1750 Manuf: Swales Material: crete # Pieces: 1 # Cmp: 2
Riser Ht Lid 1 (in): 6' Riser Ht Lid 2 (in): 6' Filter Brand: poly Diameter (in): _____ Distance to well (ft): _____
Note: Effluent filter requires frequent cleaning.

Dose Tank Volume (g): 100 Pump or Siphon Dose: Pump Gallons/dose: 100 Riser Ht (in): _____ Alarm: _____
D-Box: Latitude: 42.4468934 Longitude: -91.4071637 Depth: 18"

Subsurface Absorption Type: _____ Chamber Manuf: _____ Lineal Ft: _____ # Trenches: _____
Inches rock under pipe: _____ Trench Depth (in): _____ Trench width (in): _____ Distance to well (ft): _____

Surface Absorption Type: Rock Layer Overall length (ft): 50 Overall width (ft): 20
Rock bed length (ft): 50' Rock bed width (ft): 20' Length of laterals (ft): 50 # Laterals: 5
Header pipe diameter (in): _____ Rock type: _____ Distance to well (ft): _____ Depth to bottom of trench (in): _____

Packed Bed Media Filter: _____ Sand filter length (ft): _____ Sand filter width (ft): _____ Sand filter sq ft: _____
Liner: _____ Distance to well (ft): _____ # Distributor lines: _____ # Collector lines: _____
Distributor line type: _____ Separating layer: _____ Discharge GPS (lat x long): _____

*Peat Filter: Serial #: _____ Closed or Open bottom: _____ Lineal Ft absorption: _____ # Laterals: _____
crushed rock, river rock or chamber _____ Trench width (ft): _____ Rock under pipe (in): _____
Distance to well (ft): _____ Inches soil cover over trench: _____ Discharge GPS (lat x long): _____

Recirculating Textile Filter: Brand Name: _____ Distance to well (ft): _____
Discharge GPS (lat x long): _____ Absorption field installed after (no discharge) _____

Note: A maintenance agreement with a manufacturer-approved contractor must be maintained for the life of the septic system.

Comments: Effluent filter requires frequent cleaning.
20-50 Bed

as any portion of the field covered before the inspection: no System installation approved: yes

Date of Final Inspection: 4-4-17 Environmental Health Specialist: _____

Approved ☐ _____
This APPROVAL in no way makes the County responsible for the continued operation of this sanitation system

