

Recorded: 12/17/2018 at 8:26:23.0 AM
County Recording Fee: \$0.00
Iowa E-Filing Fee: \$0.00
Combined Fee: \$0.00
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2018 PG: 3529

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

TRANSFEROR:

Name Carol A. Schlichte Trustee of the Carol A. Schlichte Trust, dated March 7, 2017

Address 3432 Prairie Bend Circle, Marion, IA 52302

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Adam/Chelsea McElmeel

Address 1125 11th St. S.W., Dyersville, IA 52040

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

3294 Floyd Road, Dyersville, IA 52040

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) See Exhibit "A"

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 2799.

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

Well located located Southeast of deck. There is also a well south of the milk barn.

Septic system is in the process of being completed. The Perm. # Number is 2799. Also, please see attached Septic System Agreement.

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) 743-4277

Trustee

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a. Solid Waste Disposal (check one)

- ☐ There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.
- ☐ There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.

b.. Hazardous Wastes (check one)

- ☐ There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.
- ☐ There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.

Further descriptive information:

**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature:

Carol A. Schlechte
(Transferor or Agent)

Telephone No.: (319) 743-4277

Trustee

EXHIBIT "A"

Parcel 2018-115; in the Northeast Quarter of the Northeast Quarter Section 23,
Township 89 North, Range 3 West of the 5th P.M., Delaware County, Iowa, according to
plat recorded in Book 2018, Page 3471.

SEPTIC SYSTEM ESCROW AGREEMENT

It is hereby agreed that Hertz Real Estate Services will hold \$12,500.00 of the net proceeds from the Carol A. Schlichte, Trust to Adam and Chelsea McElmeel sale in escrow until the sanitary sewer system is brought up to current code and approved by the applicable government entity. These funds will be released for payment of the renovation, repair or replacement of the sanitary sewer system. Any funds in excess of the renovation, repair or replacement of the sanitary sewer system cost will be reimbursed to the Carol A. Schlichte Trust Such repairs to be completed within 30 days of closing. Upon completion of the Septic System installation Hertz Real Estate Services is authorized to pay the bills for the septic system and release the balance of the funds to the Seller.

Agreed to this 11 day of **December, 2018**.

Seller: Carol A. Schlichte - trustee Buyer: Chelsea McElmeel
Carol A. Schlichte, Trustee **Chelsea McElmeel**

Broker: Morgan D. Troendle Buyer: Adam McElmeel
Morgan D. Troendle **Adam McElmeel**

DELAWARE COUNTY

BOARD OF SUPERVISORS

PERMIT NO. 2799

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS 3294 Floyd Rd SECTION 23 TOWNSHIP Bramm
LOCATION QT QT SEC 23 T 89 N R 3 W Parcel# 18023 000 2200
Owner Schlichte, Carol Anne Plumber Harte
Lot size 79 Type Commercial Residential (No. Bedrooms) 4
Fixtures: Stools 2 Bath tubs Showers 2 Sinks 3 Automatic Laundry 1 Lift Pump
Septic tank made by Seabro Construction Material concrete Gallon Cap. 2000 Garbage disposal
Absorption Field: Total length of Laterals No. of lateral lines Size of leach bed 1000 sq ft
Trench Material rock pipe Secondary Treatment Type
This system is new construction X Existing

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

Delaware County Septic System Disclaimer

The issuance of a permit and the completion of the inspection required by Delaware County Ordinance No. 40 do not serve as any type of warranty, guarantee, or certification regarding the proper functioning of a private septic system for any period of time in the future. Delaware County and its employees or agents are unable to supervise or monitor the numerous factors (usage, soil characteristics, previous failures, etc.) that may affect the proper operation or the use and maintenance of the system.

The issuance of a permit and/or the completion of the inspection do not constitute any type of warranty, guarantee, or certification regarding the impact the system is or is not having on the groundwater. Delaware County and its employees or agents are not able to determine the impact a septic system is having on the groundwater.

Delaware County hereby **DISCLAIMS ALL WARRANTIES**, either expressed or implied, associated with this permit and the inspection required under Ordinance No. 40.

By signing below, I acknowledge that I have received and read the above disclaimer.

Name Roll N Date 12-10-18
Applicant

I have studied the information contained herein and certify that the application complies with Delaware County Ordinance No. 40 and Iowa Administrative Code 567—69, Private Sewage Disposal Systems.

Name Dennis Lyman Date 12-10-18
Delaware County Representative

DELAWARE COUNTY SANITATION

Application # _____

EnvTrack # _____
Permit # 2799

Completion Report for Private Sewage Disposal System

Owner: Carol Schlichter
Site Address: 3294 Floyd Rd Township: Bremen
Parcel #: 180230002200 Lot #: _____ Legal S-T-R: 23-89-3
Mailing Address: _____
Contractor: Hunter Bedroom #: 4

Water Supply: Private - 92.514684 - 91.154522
Primary Treatment: Latitude: 42.51467 Longitude: -91.155000

Septic Tank Volume (g): 2000 Manuf: Sanitex Material: crete # Pieces: 1 # Cmp: 2
Riser Ht Lid 1 (in): 12" Riser Ht Lid 2 (in): 12" Filter Brand: poly Diameter (in): 4 Distance to well (ft): 7/6"
Note: Effluent filter requires frequent cleaning.

Dose Tank Volume(g): _____ Pump or Siphon Dose: _____ Gallons/dose: _____ Riser Ht (in): _____ Alarm: _____

D-Box: Latitude: 42.51484 Longitude: -91.15495 Depth: _____

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: _____ Overall length (ft): 60 Overall width (ft): 20
Rock bed length (ft): _____ Rock bed width (ft): 2x6' Length of laterals (ft): 60' # Laterals: 4
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.

House Plumber doing work in
to Lines

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

Date of Final Inspection: 92.11- Environmental Health Specialist: _____

Approved ☐

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

North



