

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

TRANSFEROR:

Name: Ronald R. Hornish and Vicki S. Hornish
Address: 4999 Doe Run Drive, Cedar Rapids, IA 52411

TRANSFeree:

Name: Larry J. Benn and Cheryl A. Benn
Address: 30546 Pin Oak, Dyersville, IA 52040

Address of Property Transferred:
20932 262nd St, Delhi, Iowa 52223

Legal Description of Property: (Attach if necessary)

Lot 56 & Parcel HH in Lot 57 "Clair-View Acres at Delhi, Iowa" Section 26 - T88N - R5W, Delaware County, Iowa, according to Corrective Plat of Survey recorded in Book 2004, Page 861; also Parcel DD in Lot 5, in the Subdivision of Lot 15 of Lot 123 of "Clair-View Acres at Delhi, Iowa" Section 26 - T88N - R5W, Delaware County, Iowa, according to plat recorded in Book 2002, Page 2568

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)

Telephone No.: (319) 329-1031



Time of Transfer Inspection Report

Property Information

Current Owner: Ronald & Vicki HornishBuyer: Pending Realtor: Iowa Realty, Mary Starks

Mailing Address: _____

Site Address/County: 20932 262nd St., Delhi Ia. 52223Legal Description N/ANo. of bedrooms: 2 Last occupied: Current Records available: yes4/13/2010- 5/2/1994 -Permit/ installation date: 4/30/2018 Separation distances (ok/no?): 0k

Septic System Information

Septic tank(s): Size: N/A Material: N/A Condition: N/ATank pumped? ☐ Date: N/A Licensed pumper: N/ASeptic/Trash/Processing tank: Size: N/A Material: N/A Condition: N/ATank pumped? ☐ Y ☐ N Date: N/A Licensed pumper: N/AAerobic treatment unit (ATU) mfr Norweco Size 1500 Gal.Tank pumped? YES Date: 6/25/2021 Licensed pumper: Groth ServicesJody Antrim (JDCMaintenance contract? YES Expiration date: 5/1/2021 Service provider: Works)Condition: goodPump tanks/vaults: Type: Poly Size: 1500 Gal Condition: GoodDistribution system: Distribution box yes Outlets used 5 Condition: goodHeader pipe(s): 1 No. of lines: 5 Pressure dosed? _____

Secondary Treatment:

Length of absorption fields: 10' x 50' Determined by: Map and probeCondition of fields: Good Determined by: HYD. TestType of trench material: Rock and PipeSize of sand filter: N/A Determined by: N/AVent pipes above grade? NO Discharge pipe located? N/AEffluent sample taken N/A Results: N/AMedia Filters: Type: N/AN/AMaintenance contract? ☐ Y ☐ N Expiration date: _____ Service provider: N/ACondition: N/A



NPDES General Permit No. 4: Required? NO Permitted? ☐ Y ☐ N NOI provided: N/A

Time of Transfer Inspection Report

Other components:

Alarms: YES Working: YES Disinfection: NO Working: N/A

Control Box: Yes Timers: YES Inspection Ports: NO

Other components: N/A

Overall condition of the private sewage disposal system:

This system has been worked on in 5/2/1994. A new retaining wall was put in and a new septic field 10 x 50 in 4/8/2010. Then on 5/7/2018 a Norweco Tank was installed to treat the effluent better. The Norweco tank is a 1500gal tank with a aerator and filters which has to be serviced twice a year spring and Fall. Contract on this system needs to be renewed before September of 2021. The tank is in good condition and the D-Box is OK the litch field passed the HYD. test that was done. All Was done at the

Report system status: time of inspection.

Explain (attach additional pages as needed): _____

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: Jody Antrim Date: 6/25/2021

Name (print): Jody Antrim Certificate #: 8874

Address: 20984 – 265th St, Manchester, IA 52057

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

50' x 10' Rock
Pipe

Sewer Pipe

essfloat
Pipe

15' 10" 11' 6"

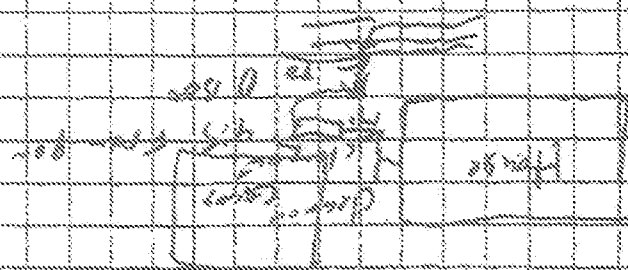
20932 262nd St.

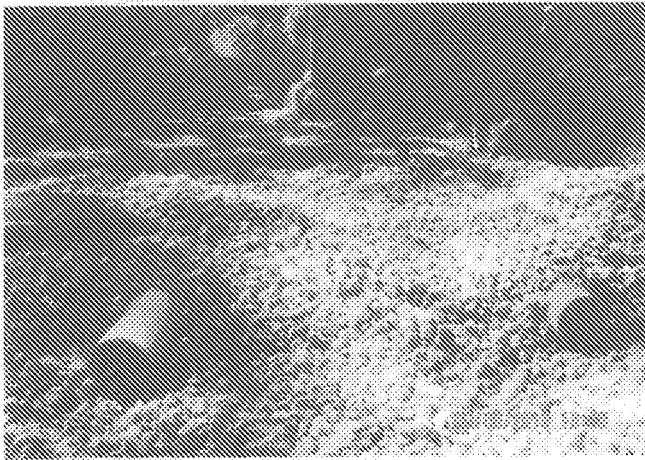
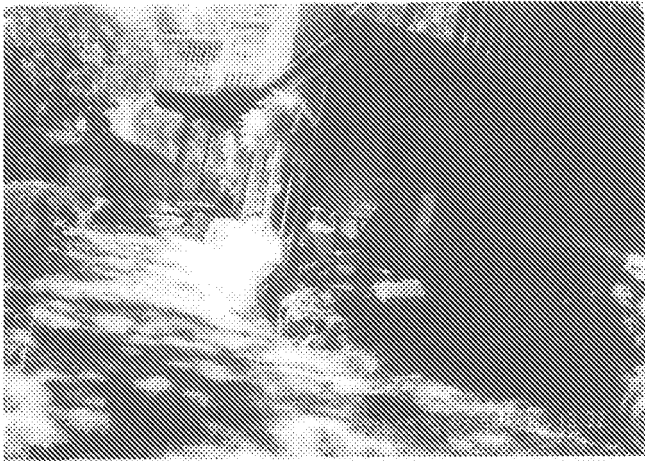
Delhi, IA.

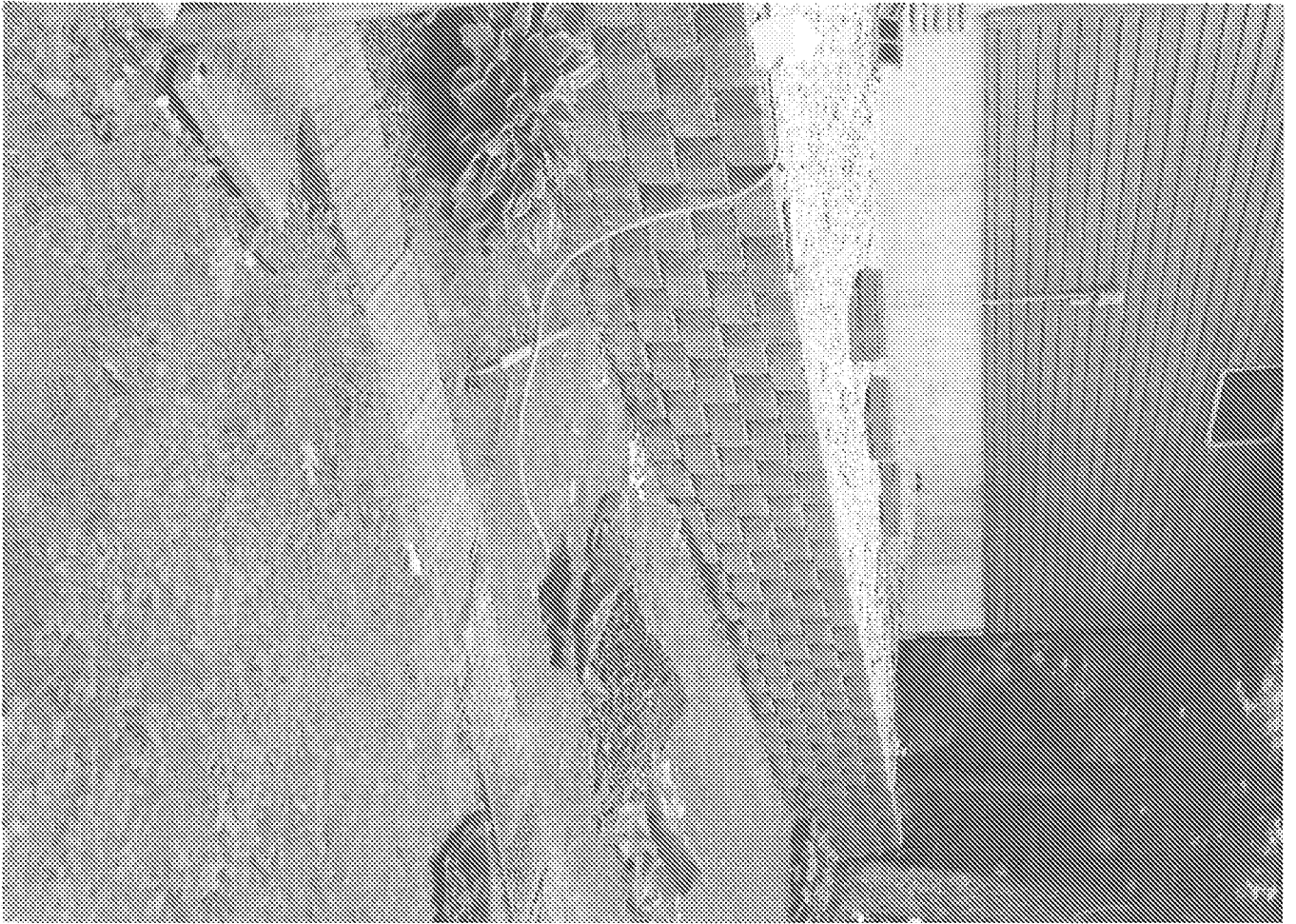
52223

River

Not to Scale.











25023070 0900

OSWAP Approval Form

Requires County Signatures for (1) Onsite System Plan and (2) Final Inspection

County Delaware County Permit # 1788

Owner's Name: Robt. Gal: h x r

Address: 20932 262nd St

Phone: 562-922-2683 (Home) _____ (Work) _____ (Cell) _____

Property Address: S a m s

Legal Description: 1/4 NE 1/4 NE 1/4 Section 26 Tier 88-N Range 5-W

Lat. 42-41/724 Long. -91. 385244

Problem with Existing System: Sanitation

Type of Building (check one box below):

☐ Home: # Bedrooms (BRs) 2 ☐ Other: (e.g. Shop, Office, etc) _____

System Design Flow in Gallons/Day: (150 x # BRs, if a home) 300

Soil Evaluation: Is Site Suitable for Soil Absorption System? Yes X No _____

Soil Test Method (check one or both boxes): Percolation Test ☐ Soil Evaluation ☒ Other: _____

Soil Absorption Rate: _____ (Minutes/Inch) Other Factors: rock 7' - 6:11x

Limiting Layer Depth: 7' Limitation Type (Rock, Impervious Clay, Groundwater): _____

Onsite Wastewater System Plan:

1. Septic Tank: # Tanks 1 Total Capacity (Gallons) existing Material (Concrete, Plastic) p/45t

2. Secondary Treatment System:

a. Soil Absorption: Type (e.g. Chamber, Gravel, etc) rock-pipe Length 10' Width 50' Depth 2'

b. Other: (e.g. Sand Filter, Mech/Aerobic, etc) Type _____ Size _____

Brand (if applicable) _____ Additional Treatment (if applicable) _____

3. Is This a Surface Discharging System? Yes _____ No X Is NPDES Permit Applied For? Yes _____ No _____

4. System Management Plan p a m p 4-5 3-5 4-5

Signature of Applicant _____ Date _____

(1) Plan Approved Dennis Lyons Date 4-13-10
County Representative

Final Inspection: OSWAP Loan Approved? Yes _____ No _____ Lender: _____

Is Completed System Same as Plan? Yes _____ No _____ If not, describe completed system: _____

OSWAP # (Co., Yr., #) _____

(2) Completed System Approved _____ Date _____

County Representative

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type)

Permit No.

1788

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 20932 762 St. Section 26 Township M:10

LOCATION: NE 1/4 NE 1/4 S. 26 T. 88-N R. 5-W

Owner: Robt. Galtier Tenant: Plumber:

Lot Size: 150 x 250 Type Commercial: Residential: (No. Bedrooms) 2

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

Septic Tank made by Plast-L Garbage Grinder Construction Material Plast-L Gallons Cap 1000

Percolation Test: 1 2 3 4 Made by:

Absorption Field: Total length of laterals 10 x 50 No. of lateral lines

This system is new Existing X No. of laterals 295

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 4-12-10

By: [Signature] Inspector

APPLICANT'S SIGNATURE

SEAL

DELAWARE COUNTY SANITATION

EnvTrack # _____

Application # _____

Permit # _____

Completion Report for Private Sewage Disposal System

Owner: Bob GalileoAddress: 20932 262nd StTownship: Mt. JoyParcel #: 25023 07 008a

Lot # _____

Legal S-T-R _____

Billing Address: _____

Tractor: _____

Bedroom #: 3

Water Supply: _____

Primary Treatment: Latitude: 41.41138Longitude: -91.385204Septic Tank Volume (g): 1500 Manuf: Norweco Material: plastic # Pieces: 3 # Comp: 3Riser Ht Lid 1 (in): 12 Riser Ht Lid 2 (in): 12 Filter Brand: _____ Diameter (in): _____ Distance to well (ft): _____

Note: Effluent filter requires frequent cleaning.

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

Box: Latitude: USE OF OLD Longitude: -91.3853

Depth: _____

Surface Absorption Type: _____ Chamber Manuf: _____ Lineal Ft: _____ # Trenches: _____

No rock under pipe: _____ Trench Depth (in): _____ Trench width (in): _____ Distance to well (ft): _____

Surface Absorption Type: _____ Overall length (ft): _____ Overall width (ft): _____

Rock bed length (ft): _____ Rock bed width (ft): _____ Length of laterals (ft): _____ # Laterals: _____

Lateral pipe diameter (in): _____ Rock type: _____ Distance to well (ft): _____ Depth to bottom of trench (in): _____

Checked Bed Media Filter: _____ Sand filter length (ft): _____ Sand filter width (ft): _____ Sand filter sq ft: _____

Filter: _____ Distance to well (ft): _____ # Distributor lines: _____ # Collector lines: _____

Distributor line type: _____ Separating layer: _____ Discharge GPS (lat x long): _____

Fast Filter: Serial #: _____ Closed or Open bottom: _____ Lineal Ft absorption: _____ # Laterals: _____

Washed 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.

Norweco and in old plastic was
leaking and getting to D. Box. on Filter
Box lid attached ran out directly Norweco
will fix problem entirely

Is any portion of the field covered before the inspection: ☒ System installation approved: yesDate of Final Inspection: 5-7 Environmental Health Specialist: Dennis LynnSigned ☐

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

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 107 Keywood St, Manchester Section 45 Township 111

LOCATION: NE 1/4 Sec 45 T-88N R-5W Claimed Acres

Owner: Robert Galilee Tenant: Plumber: Dew-Nailt

Lot Size: Type Commercial: Residential (No. Bedrooms): 2

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

Septic Tank made by ~~Lange~~ Garbage Grinder Construction Material ~~Concrete~~ ^{Plastic} Gallons Cap. 1500

Percolation Test: 1 2 3 4 Made by:

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

This system is new Existing SAN & F.I.P. 2222 in 6 to 3 in

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 5-2-94

By Inspector SEAL APPLICANT'S SIGNATURE

Diction

Tuesday

10:30

20932 - 262nd St

will put in a bed
10x50 - in 2010

OSWAP Approval Form

Requires County Signatures for (1) Onsite System Plan and (2) Final Inspection

County Delaware County Permit # 1788

Owner's Name: Robert Galichar

Address: 20932 262nd St

Phone: 563-922-2603 (Home) _____ (Work) _____ (Cell) _____

Property Address: S.A.M.

Legal Description: 1/4 NE 1/4 NE 1/4 Section 26 Tier 8B-N Range 5-6

Lat. 42-41-72 Long. -91-59-52

Problem with Existing System: Sewer backing up

Type of Building (check gpg box below):

☐ Home: # Bedrooms (BRs) 2 ☐ Other: (e.g. Shop, Office, etc.) _____

System Design Flow in Gallons/Day: (150 x # BRs, if a home) 300

Soil Evaluation: Is Site Suitable for Soil Absorption System? Yes X No _____

Soil Test Method (check one or both boxes): Percolation Test ☐ Soil Evaluation ☒ Other: _____

Soil Absorption Rate: _____ (Minutes/Inch) Other Factors: rock 7' - hills

Limiting Layer Depth: 7' Limitation Type (Rock, Impervious Clay, Groundwater): _____

Onsite Wastewater System Plan:

1. Septic Tank: # Tanks 1 Total Capacity (Gallons) 990 Material (Concrete, Plastic) plastic

2. Secondary Treatment System:

a. Soil Absorption: Type (e.g. Chamber, Gravel, etc.) rock filter Length 10' Width 50' Depth 2'

b. Other: (e.g. Sand Filter, Mech/Aerobic, etc.) Type _____ Size _____

Brand (if applicable) _____ Additional Treatment (if applicable) _____

3. Is This a Surface Discharging System? Yes _____ No X Is NPDES Permit Applied For? Yes _____ No _____

4. System Management Plan yes 3-5 years

Signature of Applicant Robert E. Galichar Date 05-12-2010

(1) Plan Approved Dennis Lyons Date 4-13-10

County Representative

Final Inspection: OSWAP Loan Approved? Yes _____ No _____ Lender: _____

Is Completed System Same as Plan? Yes _____ No _____ If not, describe completed system: _____

OSWAP # (Co., Yr., #) _____

(2) Completed System Approved Dennis Lyons Date 9-14-10

County Representative