

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

TRANSFEROR:

Name Robbie J. Maher and Jaime L. Maher

Address 2663 Willow Ct NE, North Liberty, IA 52317

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Michael John Albert and Sara Lynn Albert

Address 2769 Foxtail Lane, Palo, IA 52324

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

21568 259th St, Delhi, IA 52223

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) 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 2985.

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: Robert J. Maher Telephone No.: (515) 669-2250

DELAWARE COUNTY

BOARD OF SUPERVISORS

PERMIT NO. 2985

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS 21568 259th St SECTION 24 TOWNSHIP Milo

Owner Rob Maher Plumber OASIS

LOCATION SEC 24 T 88 N R 5 W Parcel# 250240707400

Lot size _____ Type Commercial _____ Residential (No. Bedrooms) 2

Fixtures: Stools _____ Bath tubs _____ Showers _____ Sinks _____ Lift Pump _____

Septic tank made by Ego Construction Material Plastic Gallon Cap. 1250

Absorption Field: Total length of Laterals _____ No. of lateral lines _____ Size of leach bed Large as Possible

Trench Material Rock/Pipe Secondary Treatment Type COCO PAK Serial No. _____

This system is new construction ☒ 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 _____ Date _____
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 Alf Lindorff Date 11/20/2020
Delaware County Representative

DELAWARE COUNTY SANITATION

Application # _____

EnvTrack # _____

Permit # 2925

Owner: Rob Maher Completion Report for Private Sewage Disposal System

Site Address: 21568 259th St

Township: Milo

Parcel #: 2502 4020 7400

Lot # _____

Legal S-T-R 24-88-5

Mailing Address: _____

Contractor: Oasis

Bedroom #: _____

Water Supply: _____

Primary Treatment: Latitude: _____

Longitude: _____

Septic Tank Volume (g): 1250 Manuf: Ecoflo Material: Plastic # Pieces: 1 # Comp: 2

Riser Ht Lid 1 (in): _____ Riser Ht Lid 2 (in): _____ Filter Brand: _____ Diameter (in): _____ Distance to well (ft): _____

Note: Effluent filter requires frequent cleaning.

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

D-Box: Latitude: _____ Longitude: _____ Depth: 12

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): _____ Overall width (ft): _____

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

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 #: Coco Filter Closed or Open bottom: Closed Lineal Ft absorption: 400sq' # Laterals: 4

crushed rock, river rock or chamber Crushed Trench width (ft): 14 x 28 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.

Map on GIS

Was any portion of the field covered before the inspection: no System installation approved: 11/20/2020

Date of Final Inspection: 12/1/2020 Environmental Health Specialist: _____

Scanned ☐

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