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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:

Name: Sharone Hepke
Address: 113 E. Butler Street Apt. 105, Manchester, IA 52057

TRANSFeree:

Name: Backbone Area Apartments, LLC
Address: 1443 137th Street, Dundee, IA 52038

Address of Property Transferred:
18829 173rd Ave, Manchester, Iowa 52057

Legal Description of Property: (Attach if necessary)

Lots Thirty Two (32) and Thirty Three (33) and that part of Sunset View described as commencing at the Southwest corner of said Lot Thirty Two (32) and running thence West twenty (20) feet, thence North one hundred (100) feet, thence East twenty (20) feet to the Northwest corner of said Lot Thirty Three (33), thence South to the point of beginning, all in Block One (1) of Sunset Beach, a Subdivision of parts of Sections Seventeen (17), Eighteen (18) and Twenty (20), Township Eighty Nine (89) North Range Five (5), West of the Fifth P.M., according to plat recorded in Book 2 Plats, Page 20; excepting rights of flowage

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. *drilled well*

2. Solid Waste Disposal (check one)

- ☒ There is no known solid waste disposal site on this property. *South west house*
☐ 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.

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DNR form 542-0960 (July 18, 2012)

- ☐ 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 3058.

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: Sharon H. Lepak Telephone No.: 563-927-4916

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DNR form 542-0960 (July 18, 2012)

DELAWARE COUNTY SANITATION

EnvTrack #

Permit # 3058

Application # _____

Completion Report for Private Sewage Disposal System

Owner: Sharon Hepke
 Site Address: 19829 173rd Ave Township: _____
 Parcel #: _____ Lot #: _____ Legal S-T-R: _____
 Mailing Address: _____
 Contractor: Oasis Bedroom #: _____

Water Supply: _____

Primary Treatment: Latitude: _____ Longitude: _____
 Septic Tank Volume (g): 1500 Manuf: Swales Material: Concrete # Pieces: 1 # Comp: 3
 Riser Ht Lid 1 (in): _____ Riser Ht Lid 2 (in): _____ Filter Brand: Pelona Diameter (in): 6 Distance to well (ft): >100
 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: _____

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: R/P Overall length (ft): 25 Overall width (ft): 15
 Rock bed length (ft): _____ Rock bed width (ft): _____ Length of laterals (ft): _____ # Laterals: _____
 Header pipe diameter (in): _____ Rock type: Lime 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: Anne Aerocell Distance to well (ft): >100
 Discharge GPS (lat x long): _____ Absorption field installed after (no discharge) Yes

*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.

Was installed with guidance from
the manufacturer, Anne, & map on
GPS

Was any portion of the field covered before the inspection: _____ System installation approved: 9/28/21

Date of Final Inspection: 9/29/21 Environmental Health Specialist: Alus
 Scanned ☐

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

DELAWARE COUNTY
BOARD OF SUPERVISORS

PERMIT NO. 3058

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS 18829 173rd Ave SECTION 17 TOWNSHIP Delaware
Owner Sharone Hepler Plumber Oasis
LOCATION SEC 17 T 89 N R 5 W Parcel# 140170101000
Lot size _____ Type Commercial _____ Residential (No. Bedrooms) 3
Fixtures: Stools _____ Bath tubs _____ Showers _____ Sinks _____ Lift Pump Yes
Septic tank made by Swales Construction Material crete Gallon Cap. 1500
Absorption Field: Total length of Laterals _____ No. of lateral lines 4 Size of leach bed 15x25
Trench Material R/P Secondary Treatment Type Aerocell 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 Alex Lindemuth Date 9/28/21
Delaware County Representative

