

Recorded: 3/25/2022 at 2:49:59.0 PM
County Recording Fee: \$0.00
Iowa E-Filing Fee: \$0.00
Combined Fee: \$0.00
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2022 PG: 972

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

TRANSFEROR:

Name Patrick and Rebecca Saunders

Address 4402 Lorton Ave. Davenport, IA 52807

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Mitchell Tauke

Address 212 - 15th Ave. SW Dyersville, IA 52040

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

25998 & 25964 - 214th Ave., Delhi IA 52223

Number and Street or RR

City, Town or P.O.

State

Zip

Lots Eight (8) and Nine (9) of Cedar Acres Subdivision In The SW 1/4, Section 24, T88N, R5W Of The 5th P.M. Delaware County, Iowa, according to plat recorded in Book 4 Plats, Page 135; also Parcel W A Division Of Lot 20 Of Cedar Acres Subdivision In Section Twenty-Four (24), Township Eighty-Eight North (T88N), Range Five West (R5W) Of The Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 2007, Page 3364

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.

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)

___ 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 _____.

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:  Telephone No.: 563-349-0993
(Transferor or Agent)



Time of Transfer Inspection Report (DNR Form 542-0191)

Property information

Current owner Pat Saunders
Buyer _____ Realtor None
Mailing address 4402 Lorton Ave Davenport IA 52807

Site Address/County 25998 214th Ave Delhi IA
Legal Description _____

No. of bedrooms 3 Last occupied? seasonal Records available yes
Permit/installation date 10-22-18 Separation distances ok/ no? OK (shared)

Septic system information

Septic tank(s): size 1250 material plastic condition good
Tank pumped? yes date 3-21-22 licensed pumper St+K
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

Aerobic treatment unit (ATU) mfgr Alco - Bello size _____
Tank pumped? _____ date _____ licensed pumper _____
Maintenance contract? _____ expiration date _____ service provider _____
Condition _____

Pump tanks/vaults: type _____ size _____ condition _____

Distribution system: distribution box _____ outlets used _____ condition _____
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:

length of absorption fields small Bed determined by probe / permit
condition of fields good determined by _____
type of trench material Rock

Size of sand filter _____ determined by _____
Vent pipes above grade? _____ discharge pipe located? _____
Effluent sample taken? _____ Results _____

Media filters: type Eco-Flow / Peat tank
Maintenance contract? _____ expiration date _____ service provider _____
Condition like new

NPDES General Permit No. 4: required? _____ permitted? _____ NOI provided _____



Time of Transfer Inspection Worksheet

Other components:

Alarms yes Working? yes disinfection — working? —

Control box — Timers — inspection ports —

Other components _____

Overall condition of the private sewage disposal system

Report system status seasonal home looks like new

Explain (attach additional pages as needed): _____

Comments: water test / dump trays working good
no Discharge From outlet pipe From Bed
Pent looked like new

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: Bill Downs Date: 3-21-22
Name (print): Bill Downs Certificate #: 8880
Address: 1497 110th Ave Dundee IA 52038
Phone # 563-924-2225

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

DELAWARE COUNTY

BOARD OF SUPERVISORS

Pd

PERMIT NO. 2778

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS 25 998-214th Ave SECTION 27 TOWNSHIP M-10
LOCATION QT QT SEC 24 T 88 N R5 W Parcel# 250246100800
Owner Pat Sammlers Plumber Chad Farnet
Lot size _____ Type Commercial _____ Residential (No. Bedrooms) 3
Fixtures: Stools 1 Bath tubs _____ Showers 1 Sinks 2 Automatic Laundry _____ Lift Pump 1
Septic tank made by Premier Tech Construction Material Plastic Gallon Cap. 1250 Garbage disposal _____
Absorption Field: Total length of laterals _____ No. of lateral lines _____ Size of leach bed 300
Trench Material rock cap in Secondary Treatment Type Eco-Flo
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 Pat O. Sammlers Date 10-22-18
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 Lyons Date 10-22-18
Delaware County Representative

DELAWARE COUNTY SANITATION

EnvTrack #

Permit # 2778

Application # _____

Completion Report for Private Sewage Disposal System

Owner: Pat SaundersSite Address: 25998 214th Ave Delh. Township: Mt. 10Parcel #: 250240100800 Lot #: _____ Legal S-T-R: 24-88-5

Billing Address: _____

Contractor: Fiorelli Bedroom #: 3Water Supply: ShardPrimary Treatment: Latitude: 42.41368 Longitude: -91.37687Septic Tank Volume (g): 1250 Manuf: _____ Material: _____ # Pieces: _____ # Cmp: _____

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

Note: Effluent filter requires frequent cleaning.

Pump Tank Volume (g): 300 Pump or Siphon Dose: Pump Gallons/dose: 60 Riser Ht (in): 10 Alarm: _____

Box: Latitude: _____ Longitude: _____ Depth: _____

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

Covers 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: _____

Leader 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: _____

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

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

Peat Filter: Serial #: AB0699 Closed or Open bottom: Closed Lineal Ft absorption: 300 sq ft # Laterals: 2Rushed rock, river rock or chamber _____ Trench width (ft): 75 Rock under pipe (in): _____Distance to well (ft): 2100 Inches soil cover over trench: 21 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.

Get MaintenanceAgreementIs any portion of the field covered before the inspection: no System installation approved: yesDate of Final Inspection: 10-23-18 Environmental Health Specialist: Dennis LopezApproved ☐ _____

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

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