Book 2012 Page 2456

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Date 7/30/2012 Time 8:40:26AM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Douglas D. Scherbring

Address 2726 130th Avenue, Ryan, Iowa 52330

Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:

Name Alan J. Atwater

Address 1659 330th Street, Coggon, Iowa 52218

Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
2726 130th Avenue, Ryan, Iowa 52330

Number and Street or RR | City, Town or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) Parcel A in the NW 1/4 of Section 34 Twp. 88 North, Range 6 West of the 5th P.M. Delaware County, Iowa, according to plat recorded in Book 7 Plats, Page 59

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.
   - X 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:

1- functional well located NW of the house approx 40' IT IS A Drilled Well

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

Signature: X Douglas D. Scherbring (Transferor or Agent) Telephone No.: 563-920-7038

DELAWARE COUNTY BOARD OF SUPERVISORS

PERMIT

This permit expires 7-20-13 Date

Permit No. 2091 Fee $ 75

This certifies that Al Atwater has completed application with the Delaware County Solid Waste Inspector for construction, reconstruction, or alteration of private sewage disposal facilities located at 34 Section Prairie Township and has paid the required fee.

All parts of the system must be open for the final inspection. 7-20-12 Date

Dennis Lyon Inspecting Official

THIS PERMIT IS NOT TRANSFERABLE!

42.39438
-91.53956

DELAWARE COUNTY BOARD OF SUPERVISORS (Print or Type) **Permit No.** 2091

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 2726 - 130th Ave Section 34 Township Prairie

LOCATION: NW¼ sec 34 T-88-N R-6-W

Owner: Al Atwater Tenant: _____ Plumber: Oasis

Lot Size: 8 acres Type Commercial: _____ Residential: (No. Bedrooms) 3

Fixtures: Stools 2 Lavatories _____ Bath Tubs 2 Showers 2 Sinks 4 Automatic Laundry 1 Sump Pump _____

Septic Tank made by Swale Garbage Grinder _____ Construction Material Concrete Gallons Cap. 1750

Percolation Test: 1. _____ 2. _____ 3. _____ 4. _____ Made by: _____

Absorption Field: Total length of laterals 400 No. of lateral lines 4

This system is new X Existing _____. with rock and pipe.

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 7-20-12

By Dennis Lyon
INSPECTOR

Ken Atwater
APPLICANT'S SIGNATURE

SEAL

CHEMRIGHT LABORATORIES, INC.
117 N. Main St. - Maquoketa, IA 52060 - IA Lab# 379 - Phone 563-652-4226 - Fax 563-652-6137

TESTING REPORT

Dennis Lyons
Delaware County Health Department
Courthouse, 301 East Main
Manchester, IA 52057

Report Date: 05/09/12
Report Number: 10687
Sample Received: 05/07/12
Order Number: 09729

Sample ID	Parameter	Sample Matrix	Analysis Time	Method	Analyst	Codes		Result	Units
Doug Scherbring (kitchen) 2726 130th Ave Ryan, IA									
120508-W-3463	Coliform (e-coli) MPN	Water	05/08/12 11:21	9223B-QT	SG/LG	ND	<	1.0	cfu/100 ml
120508-W-3463	Coliform (total) MPN	Water	05/08/12 11:21	9223B-QT	SG/LG	ND	<	1.0	cfu/100 ml
120508-W-3463	Nitrate-N	Water	05/09/12 11:53	300.0	SG	ND	<	0.10	ppm

Code	Description
ND	Non-Detect. The value given is the detection limit.

No coliform bacteria was detected.
The infant health advisory limit for nitrate-N is 10 ppm.

Susan E. Gossman, Operations Manager — 05/09/2012
Technical Review — Date