Book 2014 Page 1548

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DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:

Name Jeffrey Alan Shaw

Address	Number and Street or RR	City, Town or P.O.	State	Zip
26561 229th Ave		Delhi	IA	52223

TRANSFEREE:

Name Kyle L. Brouwer

Address	Number and Street or RR	City, Town or P.O.	State	Zip
PO Box 831		Cascade	IA	52033

Address of Property Transferred:

	Number and Street or RR	City, Town or P.O.	State	Zip
26561 229th Ave		Delhi	IA	52223

Legal Description of Property: (Attach if necessary)
See Attached 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 _____.

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: _____ Telephone No.: (319) 361-2476

(Transferor or Agent)

Exhibit A

Lot One (1) of East Shore Lots EXCEPT Parcel U as shown in a Plat of Survey recorded in Book 2006, Page 2179, in the Delaware County Recorder records, located in the Northwest corner of the Northwest Quarter (NW ¼) of the Southwest Quarter (SW 1/4) of Section Twenty Nine (29), and in the Northeast corner of the Northeast Quarter (NE ¼) of the Southeast Quarter (SE ¼) of Section Thirty (30), all in Township Eighty Eight (88) North, Range Four (4), West of the Fifth P.M., as shown by recorded plat thereof.

Time of Transfer Inspection Worksheet

Other components:
Alarms X Working? X disinfection X working? X

Control box X Timers X inspection ports X

Other components _____

Overall condition of the private sewage disposal system

Report system status Holding Tank Summer use

Explain (attach additional pages as needed): ADDED Riser & New Lidd To Keep rain out & safe for people

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: Scott Harbach Date: 6-5-14
Name (print): Scott Harbach Certificate #: 2815
Address: _____
Phone # 563-920-7622

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

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

Property information

Current owner Klas L Shaw
Buyer _____ Realtor Skogman / Tim 319-431-9188
Mailing address _____

Site Address/County 26561 229th Ave Delaware Sec. 30 Township Delhi
Legal Description SE¼ SE¼ NE¼ Sec. 30 T-88-N R-4-W

No. of bedrooms 4 Last occupied? Summer Use Records available yes
Permit/installation date 6-9-02 Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1250 material _____ condition good
Tank pumped? yes date 6-5-14 licensed pumper yes
Septic/trash/processing tank: size X material X condition X
Tank pumped? X date X licensed pumper X

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

Pump tanks/vaults: type X size X condition X

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

Secondary treatment:
length of absorption fields X determined by X
condition of fields X determined by X
type of trench material X

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

Media filters: type X
Maintenance contract? X expiration date X service provider X
Condition X

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

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) **Permit No.** 1083

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

Site
ADDRESS: 26561 229th Ave Section 30 Township Delhi

XLOCATION: SE¼ SE¼ NE¼ sec 30 T-86-N- R-4-W

Owner: Jeff Semelroth Tenant: _____ Plumber: ~~Kase Bros~~ Adams

Lot Size: 75 x 120 Type Commercial: _____ Residential: (No. Bedrooms) 2

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

Septic Tank made by Plastic ~~Concrete~~ Garbage Grinder _____ Construction Material _____ Gallons Cap. 1250 ~~1000~~

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

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

This system is new V Existing ___.

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 6-7-02

By Dennis Lyons
INSPECTOR

SEAL

_____
APPLICANT'S SIGNATURE

This is holding tank only due to very limited space. And weekend use only

