Book 2015 Page 2619

Document 2015 GWH-2619 Type 53 001 Pages 6
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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Todd A. and Diane M. Gilliland, husband and wife

Address 841 5th Ave., Marion, IA 52302

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

TRANSFEREE:

Name Kerry and Natalie Tucker, husband and wife

Address 10759 375th St., Strawberry Point, IA 52076

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

Address of Property Transferred:
21580 259th St., Delhi, IA 52223

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

Legal Description of Property: (Attach if necessary) See 1 in Addendum

1. **Wells (check one)**
   - X 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)**
   - X 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)**
   - X 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)**
   - X 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)**
   - X 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]: _____.
   - X The private sewage disposal system has been installed within the past two years pursuant to permit number 2441.

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: _____ (Transferor or Agent) Telephone No.: 563-933-4334

FILE WITH RECORDER **DNR form 542-0960 (July 18, 2012)**

Addendum

1. Lot Seventy Five (75) of Camp-O-Delhi, a Subdivision of the Southwest Quarter (SW ¼) of the Southeast Quarter (SE ¼) of Section Twenty Four (24), Township Eighty Eight (88) North, Range Five (5) West of the Fifth P.M., in Delaware County, Iowa, according to Plat recorded in Book 5 Plats, Page 78, together with all easements and servient estates appurtenant thereto, and subject to covenants, easements and restrictions of record.

DELAWARE COUNTY

BOARD OF SUPERVISORS **PERMIT NO.** 2441

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS 21580 259th St. Delhi SECTION 24 TOWNSHIP Milo

LOCATION QT____ QT____ SEC 24 T 88 N R 5 W Parcel# 256240200750C

Owner Todd Gilland Plumber Gooth

Lot size____ Type Commercial____ Residential (No. Bedrooms) 2

Fixtures: Stools 1 Bath tubs____ Showers 1 Sinks 1 Automatic Laundry 1 Lift Pump____

Septic tank made by Roth Construction Material plastic Gallon Cap. 1250 Garbage disposal____

Absorption Field: Total length of Laterals____ No. of lateral lines____ Size of leach bed 150 sq ft

Trench Material gravel - #10 Secondary Treatment Type____

This system is new construction____ Existing X Lat. 42.415430 Long. -91.371551

I certify that the above information is correct and that all proposed work will be completed in accordance with Delaware county Regulations.

Date Approved 9-23

APPLICANT'S SIGNATURE

By Dennis Lyons

INSPECTOR

CABIN

DELAWARE COUNTY SANITATION

Application # _____ EnvTrack # _____ Permit # 2240

Completion Report for Private Sewage Disposal System

Owner: Todd Gillaland

Site Address: 21580 259th St Milo Township: Milo

Parcel #: _____ Lot # _____ Legal S-T-R 29-88-5

Mailing Address: _____

Contractor: Gould Bedroom #: 2

Water Supply: Public

Primary Treatment: Latitude: 42.415430 Longitude: -91.371551

Septic Tank Volume (g): 1250 Manuf: Ron Material: Plastic # Pieces: 1 # Cmp: 2

Riser Ht Lid 1 (in): 12 Riser Ht Lid 2 (in): 12 Filter Brand: Polylok Diameter (in): 4 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: 42.415371 Longitude: -91.371585 Depth: 18"

Subsurface Absorption Type: rock and pipe Chamber Manuf: _____ Lineal Ft: _____ # Trenches: _____

Inches rock under pipe: 7 Trench Depth (in): 18" Trench width (in): 18 Distance to well (ft): 5.

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 #: _____ 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: _____ 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.**

Bed is existing was clean

should work for week and use

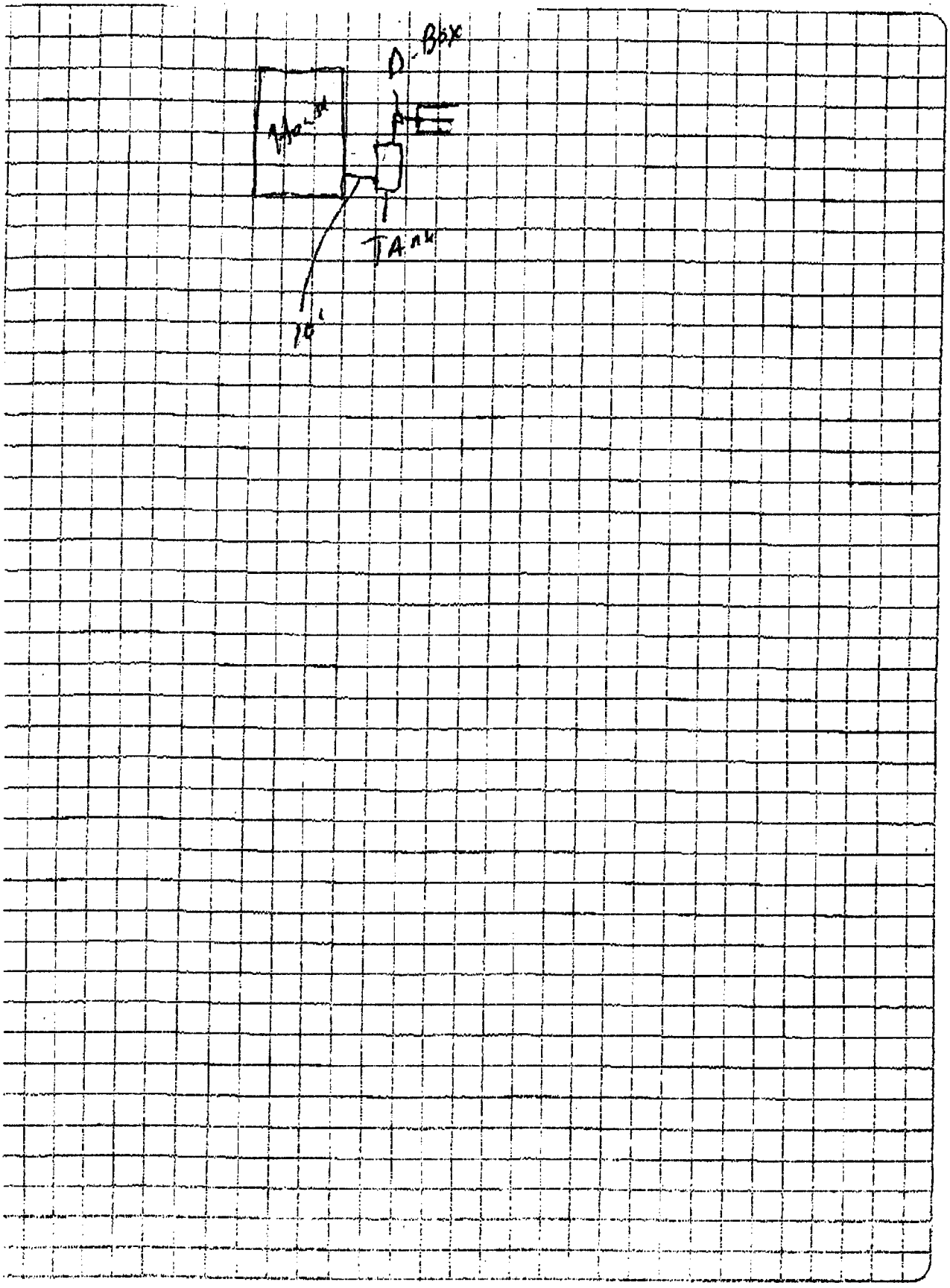
old Bed

Was any portion of the field covered before the inspection: yes System installation approved: yes

Date of Final Inspection: 9-22-15 **Environmental Health Specialist:** Bernie Lyon

Scanned ☐

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


D-Box
TANK
10'