Book 2015 Page 3055
Document 2015 GWH-3055 Type 53 001 Pages 6
Date 11/06/2015 Time 3:04:10PM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Berniece M. Moulton Estate

Address 3116 230th Ave., Hopkinton, IA 52237

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

TRANSFEREE:

Name Jessy Lee Thompson

Address 2844 285th Ave., Hopkinton, IA 52237

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

Address of Property Transferred:
3116 230th Ave., Hopkinton, IA 52237

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

Legal Description of Property: (Attach if necessary) See attached EXHIBIT A for full legal description

1. **Wells (check one)**
   - ___ There are no known wells situated on this property.
   - X 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 2451.

Information required by statements checked above should be provided here or on separate sheets attached hereto:

WELL LOCATION: in front of garage, Drilled well, Active

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

Signature: X C J Sundick Executrix (Transferor or Agent) Telephone No.: X 207-725-7068 (H) 207-208-6428 (C)

EXHIBIT A

That part of Lot Two (2) of Lot A in the Northwest Quarter (NW1/4) of the Northwest Quarter (NW1/4) of Section Twenty (20), Township Eighty Seven (87) North, Range Four (4), West of the Fifth Principal Meridian according to plat recorded in Book 2 Plats, Page 52, which lies South of a line described as commencing at an iron pin on the East line of said Lot Two (2) that is fourteen (14.0) feet North of the Southeast corner of said Lot Two (2) as shown on said plat, running thence North on the East line of said Lot Two (2) a distance of one hundred ninety three (193.0) feet to the point of beginning, and running thence at right angles West to the West line of said Lot Two (2)

DELAWARE COUNTY

BOARD OF SUPERVISORS **PERMIT NO.** 2451

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS 3116 230th Ave Hopkinton SECTION 20 TOWNSHIP Union

LOCATION QT____ QT____ SEC 20 T 87 N R 4 W Parcel# 370200100900

Owner Bernice & Marlon Plumber Oasis

Lot size_____ Type Commercial_____ Residential (No. Bedrooms) 3

Fixtures: Stools 2 Bath tubs 1 Showers 2 Sinks 4 Automatic Laundry 1 Lift Pump____

Septic tank made by old Concrete Construction Material Concrete Gallon Cap. 1000 Garbage disposal____

Absorption Field: Total length of Laterals 60 No. of lateral lines 1 Size of leach bed_____

Trench Material Infiltrator Open Secondary Treatment Type ECO-Flo

This system is new construction ~~X~~ Existing X Lat._____ Long. _____

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

Date Approved 10-13-15

APPLICANT'S SIGNATURE

By Dennis Tyson

INSPECTOR

DELAWARE COUNTY SANITATION

Application # _____ EnvTrack # _____ Permit # 2451

Completion Report for Private Sewage Disposal System

Owner: Bernice Mountain

Site Address: 3116 230th Ave Township: Union

Parcel #: 37020001900 Lot # _____ Legal S-T-R 20-87-4

Mailing Address: _____

Contractor: _____ Bedroom #: 3

Water Supply: Water Private 42.337960 - 91.342326

Primary Treatment: **Latitude:** 42.337981 **Longitude:** -91.342174

Septic Tank Volume (g): 1000 gal Manuf: old tank Material: conc # Pieces: 1 # Cmp: 2

Riser Ht Lid 1 (in): 6" Riser Ht Lid 2 (in): -- Filter Brand: Polly Diameter (in): ____ 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:** NA **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: _____ 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 #: AAL 942 Closed or Open bottom: Closed Lineal Ft absorption: 40' # Laterals: 1

crushed rock, river rock or chamber Chamber Trench width (ft): 2' Rock under pipe (in): 6"

Distance to well (ft): 7100 Inches soil cover over trench: 48" Discharge GPS (lat x long): 42.337655 -91.342480

42.337718 - 91.342206

***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.**

Ground was rocky. The Contractor cleaned out rock and put in good fill dirt. Eco-Flo is 100 Ft From the well

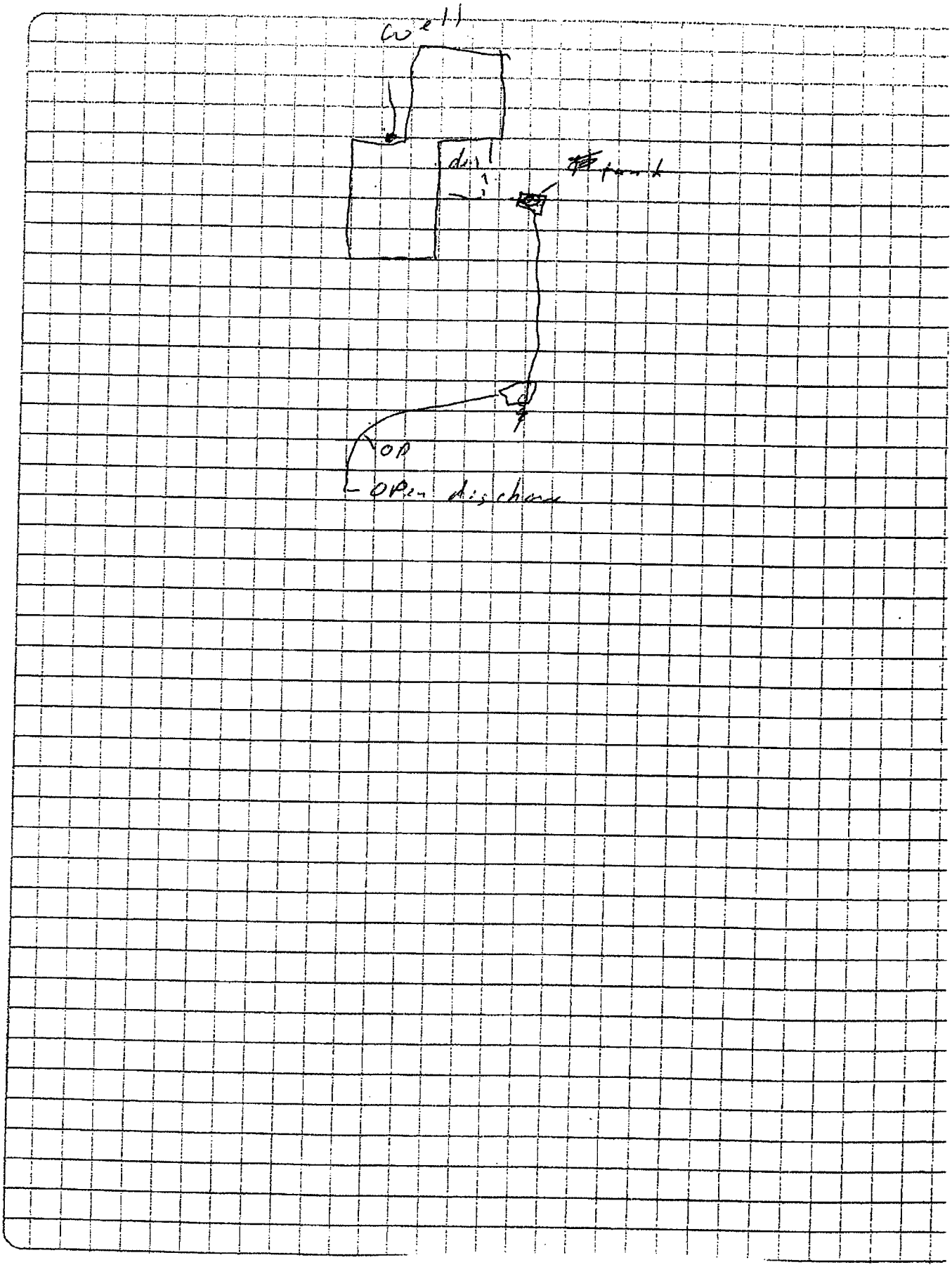
The New Home owner will need maintenance agreement

Was any portion of the field covered before the inspection: No System installation approved: Yes

Date of Final Inspection: 10-15 **Environmental Health Specialist:** Dennis Tyrrell

Scanned ☐

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


Cu cell
OR
- OR on discharge