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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name DOUGLAS D. LECLERE and MARY L. LECLERE

Address 1157 MONTICELLO ROAD, COGGON, IA 52218

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

TRANSFEREE:

Name ABBY M. BESLER and DAVID J. BESLER

Address 990 ALEXIS LANE, MARION, IA 52302

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

Address of Property Transferred:

20019 246TH STREET, MANCHESTER, IA 52057

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 2458.

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

System completed as permitted

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

Signature: Day LeClaire (Transferor or Agent) Telephone No.: 319-929-1165

Addendum

1. LOT SEVENTY (70) OF WILLIE'S SECOND SUBDIVISION OF PART OF THE SOUTHEAST QUARTER (SE ¼) OF THE NORTHEAST QUARTER (NE ¼) OF SECTION FIFTEEN (15), AND PART OF THE NORTHEAST QUARTER (NE ¼) OF THE SOUTHEAST QUARTER (SE ¼) OF SECTION FIFTEEN (15), AND PART OF THE NORTHWEST QUARTER (NW ¼) OF THE SOUTHWEST QUARTER(SW ¼) OF SECTION FOURTEEN (14), AND PART OF THE SOUTHWEST QUARTER (SW ¼) OF THE NORTHWEST QUARTER (NW ¼) OF SECTION FOURTEEN (14), ALL IN TOWNSHIP EIGHTY EIGHT (88) NORTH, RANGE FIVE (5), WEST OF THE FIFTH PRINCIPAL MERIDIAN, DELAWARE COUNTY, IOWA, ACCORDING TO PLAT RECORDED IN BOOK 4 PLATS, PAGE 106 AND REPLAT RECORDED IN BOOK 3 PLATS, PAGE 210

DELAWARE COUNTY SANITATION

EnvTrack # _____
Permit # 2458

Application # _____

Completion Report for Private Sewage Disposal System

Owner: Dave Resler
Site Address: 20019 246th St Manchester Township: Milo
Parcel #: 25014010540 0 Lot # _____ Legal S-T-R 14-88-5
Mailing Address:
Contractor: Milo Rooter Bedroom #: 2

Water Supply: Private 42.433233 -91.402527
Primary Treatment: **Latitude:** 42.433404 **Longitude:** -91.402420

Septic Tank Volume (g): 1500 Manuf: Smith Material: Concrete # Pieces: 1 # Cmp: 2
Riser Ht Lid 1 (in): 12" Riser Ht Lid 2 (in): 12" Filter Brand: Polly Diameter (in): 4 Distance to well (ft): 70
Note: Effluent filter requires frequent cleaning.

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

D-Box: **Latitude:** 42.433538 **Longitude:** -91.402303 **Depth:** 12"

Subsurface Absorption Type: rock-pipe Chamber Manuf: _____ Lineal Ft: 24 # Trenches: 3
Inches rock under pipe: 10" Trench Depth (in): 30" Trench width (in): 30" Distance to well (ft): 100

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.**
Middle lines per my appeal

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

Date of Final Inspection: 11-16 **Environmental Health Specialist:** Dennis Lyon

Scanned ☐

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