Book 2015 Page 3465
Document 2015 GWH-3465 Type 53 001 Pages 6
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Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:

Name Matthew J. Betterton

Address	Number and Street or RR	City, Town or P.O.	State	Zip
26425 215th Ave		Delhi	IA	52223

TRANSFEREE:

Name Jessica A. Price

Address	Number and Street or RR	City, Town or P.O.	State	Zip
384 Raleigh Ln		Marion	IA	52302

Address of Property Transferred:

	Number and Street or RR	City, Town or P.O.	State	Zip
26425 215th 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:

Property is serviced by a shared well.

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

Signature: Julie A. Fetterly (Transferor or Agent) Telephone No.: 319) 560 9451

Exhibit A

Lots Thirteen (13) and Fourteen (14) of Turtle Creek Heights Addition to Delaware County, Iowa, according to plat recorded in Book 2 Plats, Page 190; also all lake frontage running to the waterfront and then at right angles to the middle of Delhi Lake, in respect to and adjoining said Lots Thirteen (13) and Fourteen (14);

and also Parcel B (Part Of Lot 12), Turtle Creek Heights Addition to Delaware County, Iowa, according to plat recorded in Book 7 Plats, Page 110;

and also Parcel AA In Parcel N, Sec. 25, T88N, R5W Of The Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 2001, Page 4484;

and also Parcel TT Being Part Of Parcel H In The SE 1/4-NW 1/4 And The SW 1/4-NE 1/4 Section 25, T88N, R5W Of The Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 2009, Page 2324,

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

Property information

Current owner MATT BETTERTON
Buyer _____ Realtor DENNIS WOODS (IOWA REALTY)
Mailing address _____

Site Address/County 26425 215TH AVE DELHI, IA 52223
Legal Description _____

No. of bedrooms 2 Last occupied? 11-14 Records available PREVIOUS TOT

Permit/installation date N/A Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 800 material CONCRETE condition GOOD
Tank pumped? YES date 11-18-15 licensed pumper ST 371
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

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

Pump tanks/vaults: type _____ size _____ condition _____

Distribution system: distribution box _____ outlets used _____ condition _____
Header pipe(s) YES # of lines 3 Pressure dosed? NO

Secondary treatment:
length of absorption fields 80' determined by PROBE & DIGGING
condition of fields GOOD determined by AYO LOAD TEST
type of trench material PIPE & ROCK

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

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

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

Time of Transfer Inspection Report

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

Control box _____ Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status WORKING SYSTEM

Explain (attach additional pages as needed): ALL COMPONENTS WORK PROPERLY AND SYSTEM FUNCTIONS NORMALLY, BAFFLES IN PLACE

Comments: WATER SOFTNER DRAINS TO SEPTIC.

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: _____ Date: 11-23-15
Name (print): Travis L. Scott Certificate #: 9120
Address: 3260 59TH ST TRL KENTON, IA 52349
Phone # 319-360-9890

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office, and to;

Iowa DNR
Private Sewage Disposal Program
502 E. 9th St.
Des Moines, IA 50319

River

Concrete Tank 800 to 1000 gal
2 compartment

Softener Line running
In to tank.

No D-Box

3 laterals with a manifold

Pete Buschmen
26425 - 215th Ave.
Delhi Ia. 52223

