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Document 2016 GWH-1400 Type 53 001 Pages 7
Date 6/02/2016 Time 10:06:13AM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Jason J. Hilton

Address 1623 310th Street, Ryan, Iowa 52330

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

TRANSFEREE:

Name Jonathan J. Orr

Address 221 E Bremer Avenue, #3, Waverly, Iowa 50677

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

Address of Property Transferred:
1623 310th Street, Ryan, Iowa 52330

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

Legal Description of Property: (Attach if necessary) The South three hundred sixty six (366) feet of the East two hundred (200) feet of the West four hundred (400) feet of the Southeast Quarter (SE 1/4) of the Southwest Quarter (SW 1/4) of Section Eighteen (18), Township Eighty Seven (87) North, Range Five (5), West of the Fifth P.M.

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. Located SW of garage
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.
   - X 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: _____ (Transferor or Agent) Telephone No.: (319) 210-9914

Time of Transfer Inspection Report

Property Information

Current Owner: Jason & Jessica Hilton

Buyer: _____ Realtor: _____

Mailing Address: 1623 310th St. Ryan, IA 52330

Site Address/County: 1623 310th St. Ryan, IA 52330 | Delaware

Legal Description: Section 18; Township 87; Range 5

No. of bedrooms: 3 Last occupied: Current Records available: yes

Permit/ installation date: Permit #558 | May '94 Separation distances (ok/no?): _____

Septic System Information

Septic tank(s): Size: 1000 Material: Cement Condition: Good

Tank pumped? ☑ Y ☐ N Date: 4/11/16 Licensed pumper: Kraus Plbg & Htg.

Septic/Trash/Processing tank: Size: _____ Material: _____ Condition: _____

Tank pumped? ☐ Y ☐ N Date: _____ Licensed pumper: _____

Aerobic treatment unit (ATU) mfgr _____ Size _____

Tank pumped? ☐ Y ☐ N Date: _____ Licensed pumper: _____

Maintenance contract? ☐ Y ☐ N Expiration date: _____ Service provider: _____

Condition: _____

Pump tanks/vaults: Type: _____ Size: _____ Condition: _____

Distribution system: Distribution box Plastic Outlets used 3 Condition: New

Header pipe(s): _____ No. of lines: _____ Pressure dosed? _____

Secondary Treatment:

Length of absorption fields: (3) 80 Runs Determined by: Bay

Condition of fields: Good Determined by: By Dosing

Type of trench material: 4" Pipe and Rock

Size of sand filter: _____ Determined by: _____

Vent pipes above grade? ☐ Y ☐ N Discharge pipe located? ☐ Y ☐ N

Effluent sample taken _____ Results: _____

Media Filters: Type: _____

Maintenance contract? ☐ Y ☐ N Expiration date: _____ Service provider: _____

Condition: _____

NPDES General Permit No. 4: Required? ☐ Y ☐ N Permitted? ☐ Y ☐ N 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 _____

Explain (attach additional pages as needed): _____

Comments: At time of inspection the Lid was broke on Dist Box & Side Replaced Dist Box & Dials at time of Inspection

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: Mike Kraus Date: 4/14/16
Name (print): Mike Kraus Certificate #: 7231
Address: 317 S Locust St Monticello, IA 52310
Phone # 319-465-5129

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office, county Recorder in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

Kraus
PLUMBING & HEATING
319-465-5129
317 S. Locust St.
Monticello, IA 52310

RE: Jason & Jessica Hilton
1623 310th St.
Ryan, IA 52330

At the time of inspection, April 12, 2016, the system was in good condition, except for the distribution box. We replaced the distribution box, put in new dials and balanced each line. The whole house goes through the septic tank. The tank was last pumped just over two years ago, but the owner wanted it pumped for the new owners. The system in the past has had a good service record.

This inspection does not guarantee that the system is free from defects nor does it guarantee the continued performance or operation of the system. Health departments recommend septic tanks be pumped every 3-4 years, depending on the number of people living in the house and the amount of water usage. Wet wipes, tampons, condoms, disposable diapers, paint, cigarette butts, cat litter, facial tissues & paper towels should not be flushed into the system, even if the box says it is "septic safe". In addition, it is preferable to use liquid laundry detergent rather than a powder. Fabric softener sheets should be used in the dryer rather than a liquid in the washing machine. Please keep all vehicles off of the system. The inspection is an assessment of the current functioning of the system, not a guarantee of its future performance. If you have any questions, please call.

Mike Kraus

SEWAGE DISPOSAL SYSTEM

INFORMATION

PERMIT NO: 5578

PLUMBER: Wickman Glenn

FINAL INSPECTION

APPLICANT: Jack Hall

LOCATION

ADDRESS: Ryan

PERCOLATION TESTS: #1 #2 #3 #4

SEPTIC TANK SIZE: 1000 COMPARTMENTS: 2

MANUFACTURER: Listee DEPTH: 15"

DISTANCE FROM HOUSE: 34' WELL: 100 +

DISTRIBUTION BOX: DEPTH: 20" LEVEL: ✓

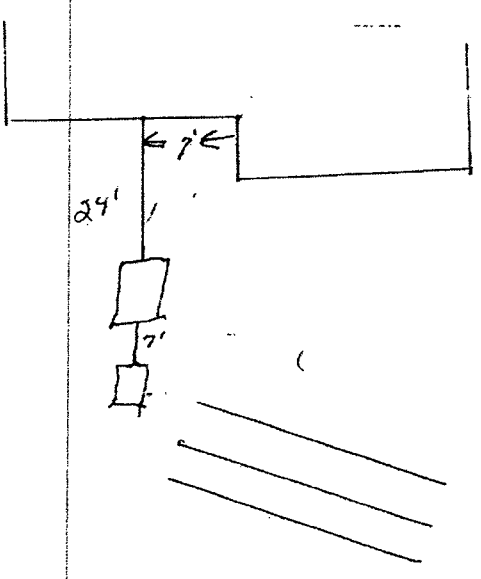
DISTANCE FROM HOUSE: 3' WELL:

TRENCH #1 LENGTH: 80 WIDTH: 18 DEPTH: 34"

TRENCH#2 LENGTH: 80 WIDTH: 18 DEPTH: 34"

TRENCH#3 LENGTH: 80 WIDTH: 18 DEPTH: 24"

TRENCH#4 LENGTH: WIDTH: DEPTH:



APPROVED ( ) REJECT ( ) INSPECTED BY:

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) **Permit No.** 558

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 1655 310th St Ryan IA Section 18 Township Maze 16

LOCATION: ¼ ¼ ¼ T87N R5W

Owner: Jack Mills Tenant: _____ Plumber: W. Kruse

Lot Size: 1.7 Acres Type Commercial: _____ Residential: (No. Bedrooms) 2

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

Septic Tank made by Lister Garbage Grinder Ryan Construction Material Concrete Gallons Cap. 1000

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

Absorption Field: Total length of laterals 240' No. of lateral lines 3 · 4

This system is new ✓ 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 5-9-97

By _____
INSPECTOR

SEAL

Jack D. Mills
APPLICANT'S SIGNATURE