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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Jeffrey H. Colbert and Erika A. Colbert

Address 1927 145th Avenue , Manchester, IA 52057

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

TRANSFEREE:

Name Daniel J. Kirby and Stacy M. Kirby

Address 1008 New Street, Manchester, IA 52057

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

Address of Property Transferred:
1927 145th Avenue , Manchester, IA 52057

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

Legal Description of Property: (Attach if necessary) Parcel C Part Of The SE 1/4-NW 1/4 Sec. 23, T89N, R6W Of The Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 2006, Page 2582, AND Parcel H Part Of The SE 1/4-NW 1/4 Sec. 23, T89N, R6W Of The Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 2010, Page 1271.

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. east of house -75'
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 1438.

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) 608-9194

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

DELAWARE COUNTY SANITATION

Application # _____ EnvTrack # _____ Permit # 1938 rep

Completion Report for Private Sewage Disposal System

Owner: _____

Site Address: 1929 145th Ave Township: C. G

Parcel #: _____ Lot # _____ Legal S-T-R 23-89-6

Mailing Address: _____

Contractor: OASIS Bedroom #: 3

Water Supply: Private

Primary Treatment: **Latitude:** 42.508885 **Longitude:** -91.526852

Septic Tank Volume (g): 1500 Manuf: Smale Material: Cmte # Pieces: 1 # Cmp: 2

Riser Ht Lid 1 (in): 6" Riser Ht Lid 2 (in): 6" Filter Brand: Poly Diameter (in): 9 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:** — **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 #: AA0336 Closed or Open bottom: Closed Lineal Ft absorption: 140' # Laterals: 2

crushed rock, river rock or chamber chamber Trench width (ft): — Rock under pipe (in): —

Distance to well (ft): 700 Inches soil cover over trench: 6-8" 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.**

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

Date of Final Inspection: 6-1-16 **Environmental Health Specialist:** Dennis Lyons

Scanned ☐

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

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) **Permit No.** 1438

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 1927 ~~Rt~~ 145th Ave Section 23 Township C. G

LOCATION: Hwy SE¼ NW¼ sec 23 T-89-N R-6-W

Owner: ~~Rick~~ Voelker Tenant: _____ Plumber: Dolan

Lot Size: 3 acre Type Commercial: _____ Residential: (No. Bedrooms) 3

Fixtures: Stools ~~4~~ 3 Lavatories__ Bath Tubs__ Showers 3 Sinks 5 Automatic Laundry 1 Sump Pump__

Septic Tank made by Swale Garbage Grinder _____ Construction Material Concrete Gallons Cap. 1500

42.508835 -91.52085E

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

Absorption Field: Total length of laterals 340' No. of lateral lines ~~4~~ 3

This system is new X Existing ____. Lt to basement wide Chambers

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 07-11-06

By Dennis Lyons
INSPECTOR

~~Jennifer~~ Jennifer Voelker
APPLICANT'S SIGNATURE

SEAL

ECO redone 6-1-16 - F10 + Lines

ECOFLO STANDARD MAINTENANCE AGREEMENT

Between:

Maintenance Contractor: OASIS PUMP SERVICE
1332 N. Franklin St.
Manchester, IA 52057
Ph: 563-927-6503

Herinafter called "Maintenance Contractor" and

Customer's Name: *Dan & Stacy Kirby*
Address of Installation: 1927 145th Ave.
Manchester, IA 52057

Mailing Address: 1927 145th Ave.
Manchester, IA 52057

Hereinafter called the "User"

USER SYSTEM INFORMATION:
Number of Ecoflo Biofilters: (1) 2 other
Ecoflo Biofilter Shell in: ____ Fiberglass _X_ Rotomold ____ Concrete
Model #/Serial #: AAO336
_X_ Garbage Disposal Installed
_X_ Water Softener Installed

The USER has purchased an Ecoflo Biofilter and hereby contract with MAINTENANCE CONTRACTOR for maintenance services, subject to the following terms and conditions:

TERMS:
Annual Cost **$150.00**
Additional Cost for: Repair Parts
Additional Peat
Pumping and Disposal
BOD Sampling

CONDITIONS:
Annually:
- Inspect Site
- Remove lid and distribution plates and rake peat smooth (get rid of water channeling).
- Add peat if necessary.
- Check operation of tipping tray and pump (if applicable)
- Take pictures, document and file accordingly
- Seal up system and report to owner any findings.

Signatures:
USER: David J. Kirby Date: 6/20/16
MAINTENANCE CONRACTOR: Luke Olson Date: 6/20/16