Book 2016 Page 2017
Document 2016 GWH-2017 Type 53 001 Pages 7
Date 8/03/2016 Time 12:51:34PM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:

Name Kyle Downs and ~~Karen~~ Kimberly Downs

Address	3149 220th Avenue	Hopkinton	IA	52237
	Number and Street or RR	City, Town or PO	State	Zip

TRANSFEREE:

Name Randall E Fitzgerald and Kevin D Partirdge

Address	3075 Lundy Lane	Bettendorf	IA	52722
	Number and Street or RR	City, Town or PO	State	Zip

Address of Property Transferred:

3149 220th Avenue, Hopkinton, Iowa 52237

Number and Street or RR	City, Town or PO	State	Zip

Legal Description of Property: (Attach if necessary)

See Attached Exhibit "A"

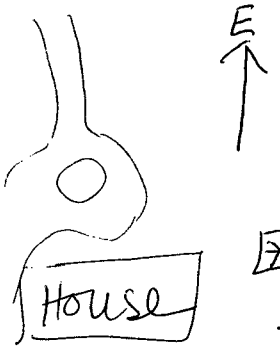
1. **Wells (check one)**
   - ☐ There are no known wells situated on this property.
   - ☒ There is a well or wells situated on this property. The type(s), location(s) and legal status are stated below or set forth on an attached separate sheet, as necessary.
2. **Solid Waste Disposal (check one)**
   - ☒ 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 1058 rcdo

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: Kyle Ods (Transferor or Agent) Telephone No.: 563-926-2147

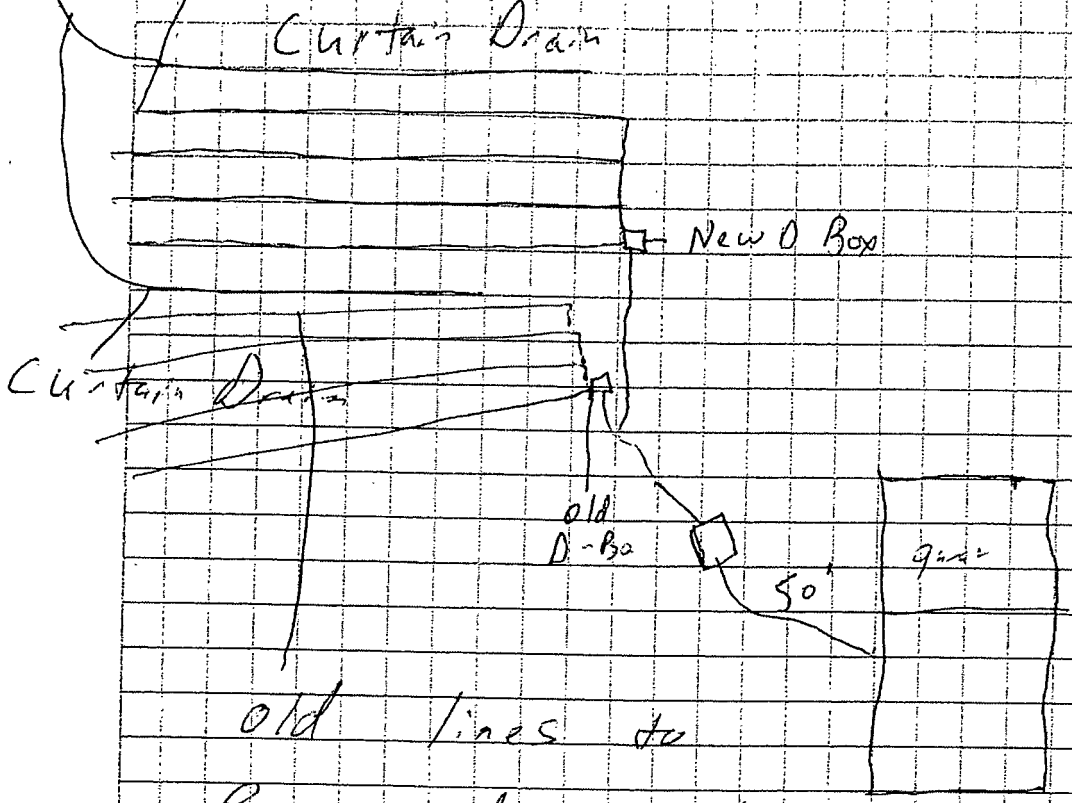


FILE WITH RECORDER

EXHIBIT "A"

The South one-half (S1/2) of the Southeast Quarter (SE1/4) of the Northeast Quarter (NE1/4) of Section Twenty Four (24), Township Eighty Seven (87) North, Range Five (5), West of the Fifth P.M., in Delaware County, Iowa.

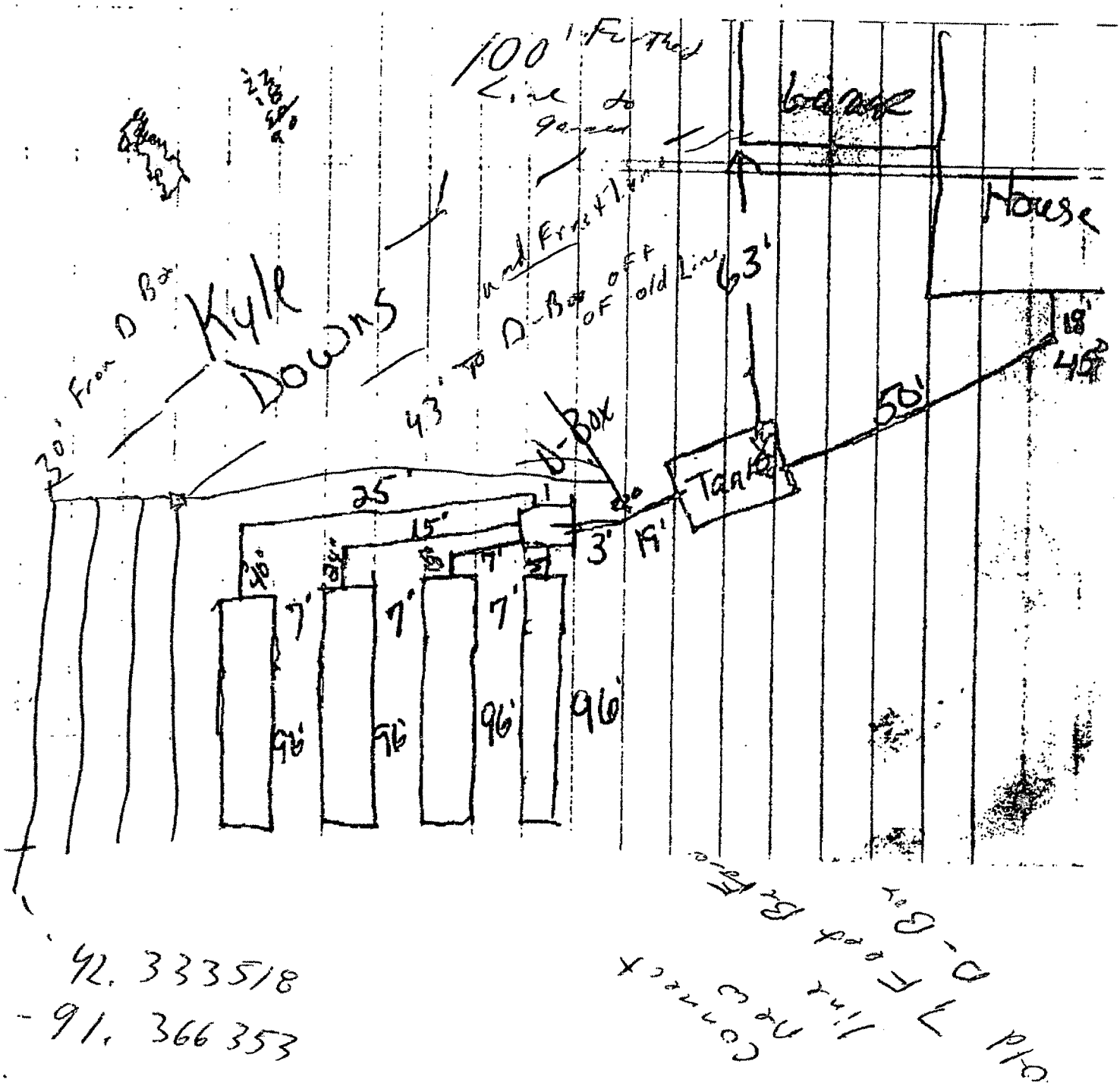
42.333518
-91.366353



old lines to
Be used as extra
Lines if needed

New D-Box

42.333425
-91.365968



42.333518
-91.366353

DELAWARE COUNTY SANITATION

EnvTrack # _____

Application # _____ Permit # 1058- redo

Completion Report for Private Sewage Disposal System

Owner: Kyle Downs

Site Address: 3149 220th Ave Township: Hazel Green

Parcel #: 365240061210 Lot # _____ Legal S-T-R 24-87-5

Mailing Address: _____

Contractor: Gadenkamp Bedroom #: 4

Water Supply: Private

Primary Treatment: **Latitude:** 42.333275 **Longitude:** -91.365803

Septic Tank Volume (g): 1500 old tank Manuf: Swaling Material: Concrete # Pieces: 1 # Cmp: 2

Riser Ht Lid 1 (in): 12" Riser Ht Lid 2 (in): 12" Filter Brand: poly Diameter (in): 4 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:** 42.333425 **Longitude:** -91.365968 **Depth:** _____

Subsurface Absorption Type: rock & pipe Chamber Manuf: _____ Lineal Ft: 400 # Trenches: 4

Inches rock under pipe: 10" Trench Depth (in): 28" Trench width (in): 36" Distance to well (ft): 7100

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.**

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

Date of Final Inspection: 11-10-15 **Environmental Health Specialist:** Dennis Lyons

Scanned ☐

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

