Recorded: 8/15/2016 at 2:43:19.0 PM
Fee Amount:
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2016 PG: 2142

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Wilma M. Hatch

Address 2268 150th Avenue, Manchester, IA 52057

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

TRANSFEREE:

Name Harold G. Mattice and Sara J. Mattice

Address 2265 150th Avenue, Manchester, IA 52057

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

Address of Property Transferred:
2268 150th Avenue, 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)**
   - ___ 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.
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 2523.

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

165 Ft.
N.E. Corner of house - 40 - 50 ft.

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

Signature: x Gina M. Gatch (Transferor or Agent) Telephone No.: (563) 927-4106

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

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a. Solid Waste Disposal (check one)

___ There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.

___ There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.

b.. Hazardous Wastes (check one)

___ There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.

___ There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.

Further descriptive information:

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Signature: _____ Telephone No.: (563) 927-4106
(Transferor or Agent)

FILE WITH RECORDER **DNR form 542-0960 – Attachment #1 (July 18, 2012)**

Addendum

1. That part of the Northwest Quarter (NW¼) of the Southwest Quarter (SW¼) of Section One (1), Township Eighty Eight (88) North, Range Six (6), West of the Fifth Principal Meridian lying South of the right-of-way of U.S. Highway No. 520 and described as commencing at a point six and three-tenths (6.3) feet South of the Northwest corner of said Northwest Quarter (NW¼) of the Southwest Quarter (SW¼) of said Section One (1), thence South on the West line of Section One (1), one thousand two hundred and nine-tenths (1200.9) feet, thence East three hundred thirty five (335.0) feet, thence North one thousand two hundred four and two-tenths (1204.2) feet to the South right-of-way line of U.S. Highway No. 520, thence Westerly on a thirty eight thousand two hundred (38200.0) foot radius curve concave Northerly a distance of three hundred thirty five and three one-hundredths (335.03) feet to the point of beginning.

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) **Permit No.** 2523

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 2268 15th Ave Manchester Section 1 Township Prairie

LOCATION: 2800/10000 800 1-88-6

Owner: Wilma Hatch Tenant: _____ Plumber: Oasis

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

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

Septic Tank made by Swales Garbage Grinder _____ Construction Material Concr Gallons Cap. 1250

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

Absorption Field: Total length of laterals rock & pipe 900 Sq. Ft Bed No. of lateral lines _____

This system is new X 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 8-1-16

By Dennis Lyon
INSPECTOR

SEAL

APPLICANT'S SIGNATURE

DELAWARE COUNTY SANITATION

Application # _____ EnvTrack # _____ Permit # 2523

Completion Report for Private Sewage Disposal System

Owner: Wilma Hatch

Site Address: 2262 150th Ave Township: Prairie

Parcel #: 28001000800 Lot # _____ Legal S-T-R 1-88-6

Mailing Address: Same

Contractor: Oasis Bedroom #: 2

Water Supply: Private - 42.460656 - 91.999965

Primary Treatment: **Latitude:** 42.460966 **Longitude:** -91.500222

Septic Tank Volume (g): 1250 Manuf: Swales Material: precast # Pieces: 1 # Cmp: 2

Riser Ht Lid 1 (in): 12 ~~24~~ Riser Ht Lid 2 (in): ~~24~~ 12 Filter Brand: polk Diameter (in): ____ Distance to well (ft): ____

Note: Effluent filter requires frequent cleaning.

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

D-Box: **Latitude:** 42.460372 **Longitude:** -91.500291 **Depth:** 2'

Subsurface Absorption Type: rock-pipe Chamber Manuf: _____ Lineal Ft: _____ # Trenches: ____

Inches rock under pipe: 10" Trench Depth (in): _____ Trench width (in): _____ Distance to well (ft): ____

Surface Absorption Type: Bed Overall length (ft): _____ Overall width (ft): ____

Rock bed length (ft): 30' Rock bed width (ft): 36' Length of laterals (ft): 28' # Laterals: 8

Header pipe diameter (in): ____ Rock type: Hard rock 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.**

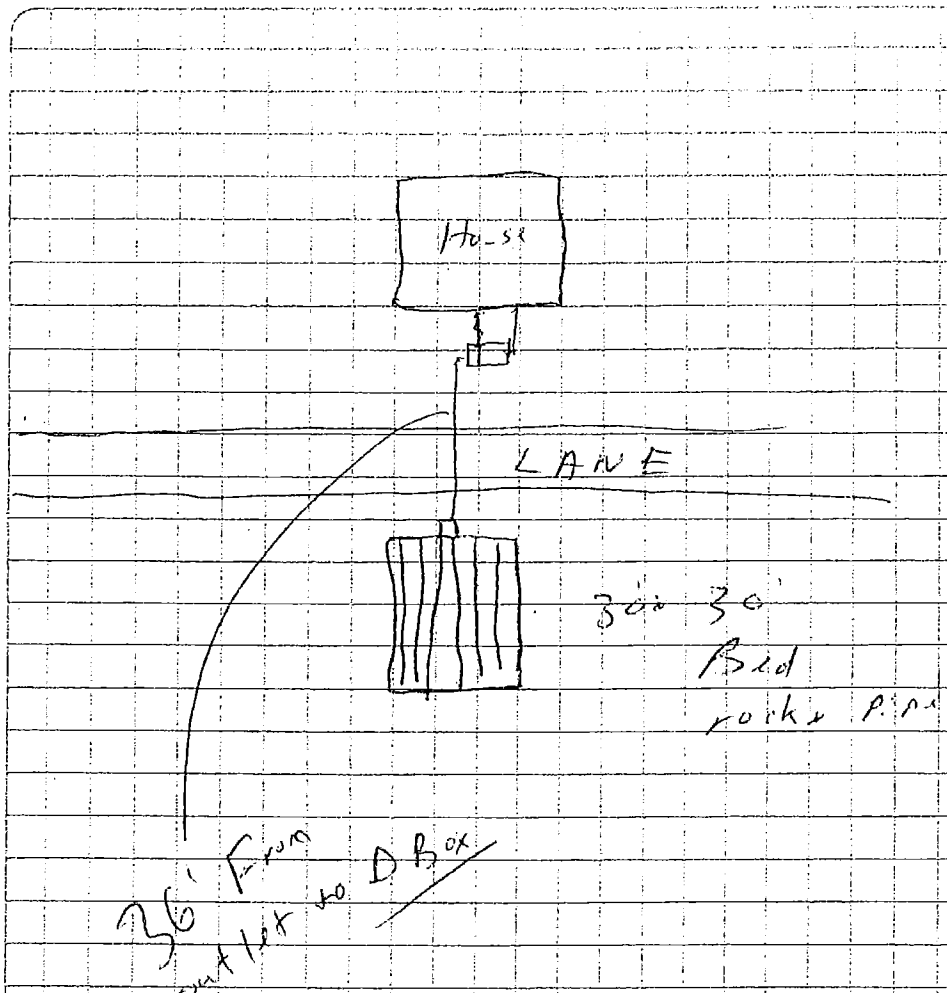
Should going under road

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

Date of Final Inspection: 8-1-16 **Environmental Health Specialist:** Dennis Lyon

Scanned ☐

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


House
LANE
30' x 30'
Bed
rock P.N.
36' From
outlet to D Box