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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Michael J. Pettlon and Billie J. Pettlon

Address 1272 140th Avenue, Strawberry Point, IA 52076

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

TRANSFEREE:

Name Katherine A. Letts and Nicholas A. Letts

Address 1572 180th Street, Manchester, IA 52057

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

Address of Property Transferred:
1572 180th Street, 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. see attached drawing
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: Michael J Pfaff/07 Telephone No.: (563) 920-8002
(Transferor or Agent)

Addendum

1. That part of the Northwest Quarter (NW 1/4) of the Northeast Quarter (NE 1/4) of Section Thirteen (13), Township Eighty Nine (89) North, Range Six (6), West of The Fifth Principal Meridian described as commencing at the Southeast comer of said Northwest Quarter (NW 1/4) of the Northeast Quarter (NE 1/4) and running thence North on the East line of said forty acre tract a distance of five hundred fifteen (515.0) feet to the point of beginning, thence West three hundred six and five-tenths (306.5) feet, thence North 19° 52' East two hundred fifty three and six-tenths (253.6) feet to the centerline of the county road, thence South 63° 29'East along said centerline two hundred forty six (246.0) feet to the East line of said Northwest Quarter (NW 1/4) of the Northeast Quarter (NE 1/4), thence South along said East line one hundred twenty eight and nine-tenths (128.9) feet to the point of beginning.

DELAWARE COUNTY SANITATION

n #

EnvTrack #

Permit # 2040

Completion Report for Private Sewage Disposal System

er: Mike Pettor

Address: 1572 180th St Township: C. G.

el #: 11013000018 00 Lot # Legal S-T-R 13-89-6

ing Address:

ractor: Oasis Bedroom #: 3

er Supply: private

ıary Treatment: Latitude: Longitude:

c Tank Volume (g): 1500 Manuf: Swales Material: Crete # Pieces: 1 # Cmp: 2

Ht Lid 1 (in): 36 Riser Ht Lid 2 (in): 36 Filter Brand: poly Diameter (in): 4 Distance to well (ft):

: **Effluent filter requires frequent cleaning.**

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

x: Latitude: Longitude: Depth:

ırface Absorption Type: Chamber Manuf: Lineal Ft: # Trenches:

s rock under pipe: Trench Depth (in): Trench width (in): Distance to well (ft):

ce Absorption Type: Overall length (ft): Overall width (ft):

bed length (ft): Rock bed width (ft): Length of laterals (ft): # Laterals:

er pipe diameter (in): Rock type: Distance to well (ft): Depth to bottom of trench (in):

d Bed Media Filter: Sand filter length(ft): Sand filter width (ft): Sand filter sq ft:

Distance to well (ft): # Distributor lines: # Collector lines:

butor line type: Separating layer: Discharge GPS (lat x long):

: Filter: Serial #: Closed or Open bottom: Lineal Ft absorption: # Laterals:

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

nce to well (ft): Inches soil cover over trench: Discharge GPS (lat x long):

culating Textile Filter: Brand Name: Distance to well (ft):

scharge GPS (lat x long): Absorption field installed after (no discharge)

: **A maintenance agreement with a manufacturer-approved contractor must be maintained for the life of the septic**

ı.

ıents: **Effluent filter requires frequent cleaning.**

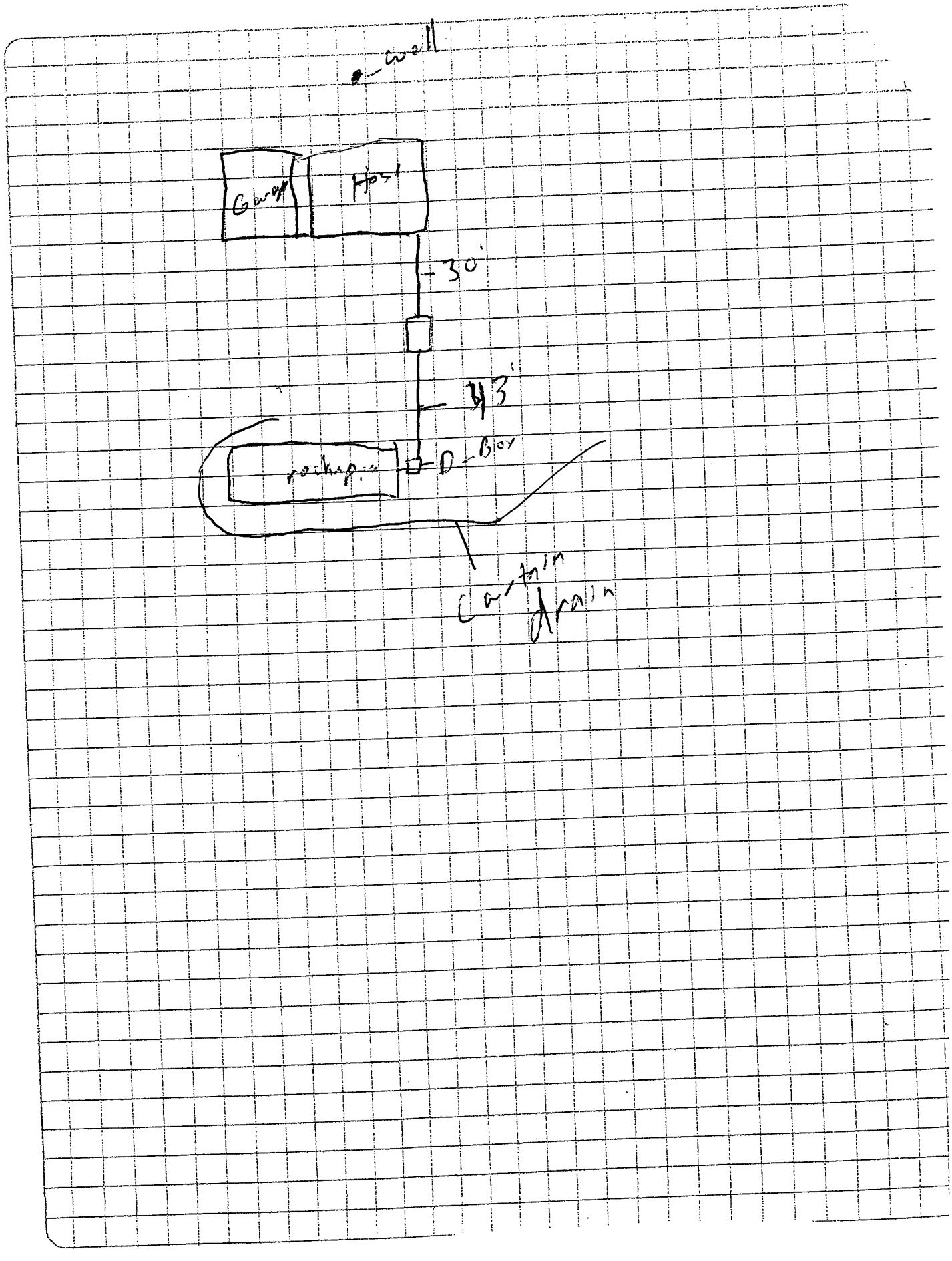
Area was very wet pat a curtain drain aroun leach Field

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

f **Final Inspection:** 9-28-16 **Environmental Health Specialist:** Dennis

d ☐

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


well
Gauge
Host
30'
43'
pickup
D-Box
Curtain
Drain