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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Terry Hartwig and Janice Hartwig

Address 13458 239th Avenue, Anamosa, IA 52205

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

TRANSFEREE:

Name Emily M. Neundorf and William J. Soesbe III

Address 704 Bel Air Drive, Waverly, IA 50677

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

Address of Property Transferred:
20528 258th Street, Manchester, IA 52057

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

Legal Description of Property: (Attach if necessary) A frame cabin 20 by 30 feet, built in 1966 and located upon the Beverly L. Schneider farm in the SW1/4 of Section 23, Township 88, North, Range 5, West of the 5th P.M., Milo Township, Delaware County, Iowa, and being teh second cabin on the right side of lane in cabin area after you pass through the gate from the lane on the Beverly L. Schneider farm leading to the cabin area.

1. **Wells (check one)**
   - X 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)**
   - 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 2421.

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: Janice Hartig (Transferor or Agent) Telephone No.: (319) 480-2814

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

DELAWARE COUNTY

BOARD OF SUPERVISORS **PERMIT NO.** 2421

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS 20528 258th St SECTION 14 TOWNSHIP Milo

LOCATION QT ___ QT ___ SEC 14 T 88 N R 5 W Parcel# 250230100109

Owner Terry Hartwig Plumber Oasis

Lot size ___ Type Commercial ___ Residential (No. Bedrooms) 2

Fixtures: Stools 1 Bath tubs 1 Showers 1 Sinks 2 Automatic Laundry NA Lift Pump ___

Septic tank made by Swales Construction Material Concrete Gallon Cap. 1500 Garbage disposal ___

Absorption Field: Total length of Laterals NA No. of lateral lines ___ Size of leach bed ___

Trench Material ___ Secondary Treatment Type 42.41463 -91.39288

This system is new construction X Existing ___ Lat. ___ Long. ___

I certify that the above information is correct and that all proposed work will be completed in accordance with Delaware county Regulations.

Date Approved 8-25-15 CABIN

APPLICANT'S SIGNATURE

By Dennis Lyon

INSPECTOR

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: 8-25 **Environmental Health Specialist:** Dennis Lyon

Scanned ☐

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

DELAWARE COUNTY SANITATION

Application # _____ EnvTrack # _____ Permit # 2421

Completion Report for Private Sewage Disposal System

Owner: Terry Harting

Site Address: 20528 258th St Township: Milo

Parcel #: _____ Lot # _____ Legal S-T-R 14-84-5

Mailing Address: _____

Contractor: Oasis Bedroom #: 2

Water Supply: Private

Primary Treatment: **Latitude:** 42.41463 **Longitude:** -91.39

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

Riser Ht Lid 1 (in): ____ Riser Ht Lid 2 (in): ____ Filter Brand: _____ Diameter (in): ____ 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:** NA **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 #: _____ 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: 8-25- **Environmental Health Specialist:** Dennis Lyon

Scanned ☐

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road

Hold-up house

