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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:
Name Gary Hughes
Address P. O. Box 748, Monticello, IA 52310
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Joseph B. Scherrman and Sharon L. Scherrman
Address P. O. Box 39, Dyersville, IA 52040
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
20572 254th Street, Delhi, IA 52223
Number and Street or RR | City, Town or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) SEE ATTACHED LEGAL DESCRIPTION

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)**
   - [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:

well is a common well on Code 5.10

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

Signature: Gary Hughes (Transferor or Agent) Telephone No.: (319) 480-1769

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

Unit 10 and the undivided 6.250% interest in the land and common elements appurtenant to said Unit, in "The Maples, A Condominium", according to Declaration Of Submission Of Property To Horizontal Property Regime For The Maples, A Condominium, recorded in Book 2000, Page 2401, and First Amendment To Declaration Of Submission Of Property To Horizontal Property Regime For The Maples, A Condominium, recorded in Book 2007, Page 1313, and Second Amendment To Declaration Of Submission Of Property To Horizontal Property Regime For The Maples, A Condominium, recorded in Book 2009, Page 4113, and Third Amendment To Declaration Of Submission Of Property To Horizontal Property Regime For The Maples, A Condominium, recorded in Book 2010, Page 724, and Fourth Amendment To Declaration Of Submission Of Property To Horizontal Property Regime For The Maples, A Condominium, recorded in Book 2015, Page 1837; same being located on Lot Six (6) in The Maples A Subdivision Of Lot 8 and Lot 8A Of Lake View First Addition, Part of Section 23, T88N, R5W Of The Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 2000, Page 2399.

DELAWARE COUNTY SANITATION

Application # _____ EnvTrack # _____

Permit # 2576

Completion Report for Private Sewage Disposal System

Owner: Gary Hughes - Condo

Site Address: 20570 - 20572 254th St Township: Milo

Parcel #: 20 250230401311 Lot # _____ Legal S-T-R 23-88-5

Mailing Address: _____

Contractor: White Hawk Bedroom #: 4

Water Supply: _____

Primary Treatment: **Latitude:** 42.420161 **Longitude:** -91.391680

Septic Tank Volume (g): 2-1500 Manuf: Swale Material: Cncrte # Pieces: 1 # Cmp: 2

Riser Ht Lid 1 (in): 12" Riser Ht Lid 2 (in): 12" Filter Brand: Polylok Diameter (in): 42 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:** 42.420060 **Longitude:** -91.391867 **Depth:** _____

Subsurface Absorption Type: rock and Pit Chamber Manuf: _____ Lineal Ft: _____ # Trenches: _____

Inches rock under pipe: 8" Trench Depth (in): _____ Trench width (in): _____ Distance to well (ft): _____

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

Rock bed length (ft): 45 Rock bed width (ft): 30 Length of laterals (ft): ~~90~~ 40 # Laterals: 9

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.**

System comepleted to Code and to county specs.

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

Date of Final Inspection: 12-2-16 **Environmental Health Specialist:** Dennis Lyons

Scanned ☐

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