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Document 2018 GWH-598 Type 53 001 Pages 6
Date 3/13/2018 Time 2:58:18PM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:
Name Jackson D. Cornelius Estate

Address 22194 260th Street, Delhi, IA 52223
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Adam S. Sheppard

Address 22194 260th Street, Delhi, IA 52223
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
22194 260th Street, Delhi, IA 52223
Number and Street or RR | City, Town or P.O. | State | Zip

Legal Description of Property: (Attach if necessary)
Cottage No. 131 on land leased which is located on the East ¼ of NW ¼ of Section 30 in Delhi, Township, Delaware County, Iowa.

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. located Straight South of the front deck of the house
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]

_X_ This property is exempt from the private sewage disposal inspection requirements pursuant to the following exemption [Note: for exemption #9 use prior check box]: _Exemption 11. a. (3)_.

___ 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: Craig J Cornelius (Transferor or Agent) Telephone No.: 319-486-6171

Time of Transfer Inspection Worksheet

Other components:
Alarms X Working? X disinfection X working? X

Control box X Timers X inspection ports X

Other components _____

Overall condition of the private sewage disposal system

Report system status Perform 1 hr Hydraulic test. There was no

Explain (attach additional pages as needed): rise in effluent at D-Box.
D-Box was in poor condition. Had to refurbish

Comments: D-Box. Baffles outlet good. Hydraulic test
1hr. Good refurbish D-Box good. Septic had been
pumped Twice after installation.

Site status at conclusion of Time of Transfer inspection:

- Verify that controls are set on the appropriate mode.
- Power is on to all components.
- Revisit all components to verify lids are secure.
- Gather all tools for removal from the site.
- Verify that no sewage is on the ground surface.

Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

This report indicates the condition of the private sewage disposal system at the time of the inspection. It does not guarantee that it will continue to function satisfactorily.

Signature of Certified inspector: Scott Harbach Date: 3-8-10
Name (print): Scott Harbach Certificate #: 8875
Address: 9443 210th Ave Delhi Ia 52223
Phone # 563-920-7622

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

542-0191

3-2009

DELAWARE COUNTY
BOARD OF SUPERVISORS (Print or Type) **Permit No.** 671

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 22194 260 ST DELHI Section 30 Township DELHI

LOCATION: NW ¼ OF SE ¼ OF SW ¼ T 88N R 4W

Owner: JACK CORNELIUS Tenant: _____ Plumber: VORWALD

Lot Size: 400' X 150' Type Commercial: _____ Residential: (No. Bedrooms) 2

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

Septic Tank made by _____ Garbage Grinder _____ Construction Material CONCRETE Gallons Cap. 1000

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

Absorption Field: Total length of laterals 120' FILTER BED w/2' ROCK No. of lateral lines 3

This system is new _____ Existing X.

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

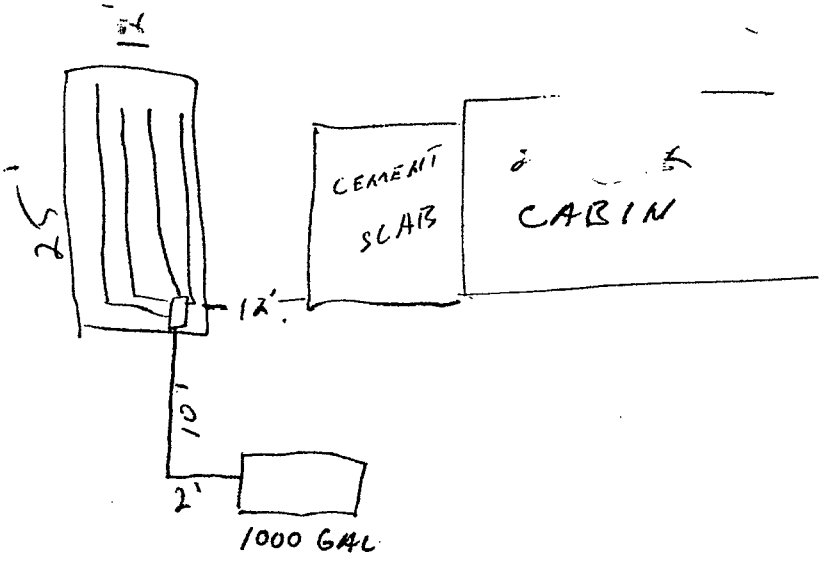
Date Approved 5/13/98

By Norma Wellman
INSPECTOR

Jack Cornelius
APPLICANT'S SIGNATURE

SEAL

563-920-6211



SEWAGE DISPOSAL SYSTEM

INFORMATION

FINAL INSPECTION

PERMIT NO: 671

APPLICANT: JACK CORNELIUS

PLUMBER: VORWALD

LOCATION DECHI

ADDRESS: 22194 260 ST

PERCOLATION TESTS: #1 _____ #2 _____ #3 _____ #4 _____

SEPTIC TANK SIZE: 1000 GAL

COMPARTMENTS: 2

MANUFACTURER: _____

DEPTH: 18" TO LID

DISTANCE FROM HOUSE: 12'

WELL: 150'

DISTRIBUTION BOX: DEPTH: _____

LEVEL: _____

DISTANCE FROM HOUSE: 24'

WELL: 150'

TRENCH #1 LENGTH: _____ WIDTH: _____ DEPTH: _____

TRENCH#2 LENGTH: _____ WIDTH: _____ DEPTH: _____

TRENCH#3 LENGTH: _____ WIDTH: _____ DEPTH: _____

TRENCH#4LENGTH: _____ WIDTH: _____ DEPTH: _____

FILTER BED 12' X 25' W 2' ROCK

4 LINES

APPROVED ( ) REJECT ( ) INSPECTED BY:

Updated map.

This system was in good working condition the day of inspection.
3-8-18

