Book 2019 Page 3481

2019 GWH-3481 Type 53 001 Pages 6
Date 12/10/2019 Time 10:49:14AM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Donna L. Hanson

Address 3084 110th Ave, Ryan, IA 52330

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

TRANSFEREE:

Name Jeff S. Penning and Erin M. Penning

Address 2923 Troy Mills Blvd., Winthrop, IA 50862

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

Address of Property Transferred:
3084 110th Ave, Ryan, IA 52330

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.
   - ✓ 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. Front of House
   - ___ 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)**
   - ✓ 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]: _____.
   - ✓ The private sewage disposal system has been installed within the past two years pursuant to permit number 2880.

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

Well is active, sand point well in front of house

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

Signature: Donna Hansen (Transferor or Agent) Telephone No.: (563) 920-5602

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

Addendum

1. THE EAST ONE-HALF (E½) OF THE SOUTHWEST QUARTER (SW¼) OF THE SOUTHWEST QUARTER (SW¼) OF SECTION SEVENTEEN (17) EXCEPT THE NORTH TWO (2) RODS THEREOF AND EXCEPT EASEMENT OVER THE EAST TWO (2) RODS THEREOF; AND COMMENCING AT A POINT FIFTEEN (15) RODS SOUTH OF THE NORTHWEST CORNER OF THE EAST ONE-HALF (E½) OF THE WEST ONE-HALF (W½) OF THE SOUTHWEST QUARTER (SW¼) OF THE SOUTHWEST QUARTER (SW¼) OF SECTION SEVENTEEN (17) AND RUNNING THENCE SOUTH TO THE SOUTHWEST CORNER OF SAID EAST ONE-HALF (E½) OF THE WEST ONE-HALF (W½) OF THE SOUTHWEST QUARTER (SW¼) OF THE SOUTHWEST QUARTER (SW¼) OF SAID SECTION SEVENTEEN (17), THENCE EAST TWENTY (20) RODS TO THE SOUTHEAST CORNER OF THE WEST ONE-HALF (W½) OF THE SOUTHWEST QUARTER (SW¼) OF THE SOUTHWEST QUARTER (SW¼) OF SAID SECTION SEVENTEEN (17), THENCE NORTH TO A POINT ON THE EAST LINE OF SAID WEST ONE-HALF (W½) OF THE SOUTHWEST QUARTER (SW¼) OF THE SOUTHWEST QUARTER (SW¼) OF SECTION SEVENTEEN (17) TWO (2) RODS SOUTH OF THE NORTH LINE THEREOF, THENCE WEST SIX (6) RODS, THENCE SOUTH THIRTEEN (13) RODS, THENCE WEST FOURTEEN (14) RODS TO THE PLACE OF BEGINNING; AND COMMENCING AT A POINT ON THE WEST LINE OF AND FIFTEEN (15) RODS SOUTH OF THE NORTHWEST CORNER OF THE SOUTHWEST QUARTER (SW¼) OF THE SOUTHWEST QUARTER (SW¼) OF SECTION SEVENTEEN (17), AND RUNNING THENCE SOUTH EIGHTEEN AND ONE-HALF (18½) RODS, THENCE EAST ELEVEN (11) RODS THENCE SOUTH FOUR (4) RODS, THENCE EAST NINE (9) RODS TO A POINT ON THE EAST LINE OF THE WEST ONE-QUARTER (W¼) OF SAID SOUTHWEST QUARTER (SW¼) OF THE SOUTHWEST QUARTER (SW¼), THENCE NORTH TWENTY-TWO AND ONE-HALF (22½) RODS, THENCE WEST TWENTY (20) RODS TO THE POINT OF BEGINNING; ALSO COMMENCING AT A POINT ON THE WEST LINE OF THE SOUTHWEST QUARTER (SW¼) OF THE SOUTHWEST QUARTER (SW¼) OF SECTION SEVENTEEN (17) TWELVE (12) RODS NORTH OF THE SOUTHWEST CORNER THEREOF, THENCE RUNNING NORTH TWENTY TWO AND ONE-HALF (22½) RODS, THENCE EAST TWENTY (20) RODS, THENCE SOUTH ALONG THE EAST LINE OF THE WEST ONE-QUARTER (W¼) OF THE SOUTHWEST QUARTER (SW¼) OF THE SOUTHWEST QUARTER (SW¼) THIRTY FOUR AND ONE-HALF (34½) RODS TO THE SOUTH LINE THEREOF, THENCE WEST ALONG THE SOUTH LINE TWO (2) RODS, THENCE NORTH TWELVE (12) RODS, THENCE WEST EIGHTEEN (18) RODS TO THE POINT OF BEGINNING, ALL IN SECTION SEVENTEEN (17), TOWNSHIP EIGHTY SEVEN (87) NORTH, RANGE SIX (6), WEST OF THE FIFTH P.M., EXCEPT PARCEL C IN THE SW¼ SECTION 17-T87N-R6W DELAWARE COUNTY, IOWA, ACCORDING TO THE PLAT RECORDED IN BOOK 2005, PAGE 1564, BUT INCLUDING PARCEL B IN THE SW¼ SECTION 17-T87N-R6W DELAWARE COUNTY, IOWA, ACCORDING TO PLAT RECORDED IN BOOK 2005, PAGE 1564.

DELAWARE COUNTY SANITATION

Application # _____ EnvTrack # _____ Permit # 2880

Completion Report for Private Sewage Disposal System

Owner: Donna Hanson

Site Address: 3084 110th Ave Ryan Township: Adams

Parcel #: 310170001300 Lot # _____ Legal S-T-R 17-87-6

Mailing Address: _____

Contractor: Curtis English Bedroom #: 3

Water Supply: Private

Primary Treatment: **Latitude:** 42.48324 **Longitude:** -91.57826

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

Riser Ht Lid 1 (in): 12" Riser Ht Lid 2 (in): 12" Filter Brand: Polylok Diameter (in): 4 Distance to well (ft): 710

Note: Effluent filter requires frequent cleaning.

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

D-Box: **Latitude:** 42.34261 **Longitude:** -91.57825 **Depth:** 18"

Subsurface Absorption Type: Chamber Chamber Manuf: _____ Lineal Ft: 300 # Trenches: 3

Inches rock under pipe: — Trench Depth (in): 24" Trench width (in): 36 Distance to well (ft): 7100

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.**

Very good install.

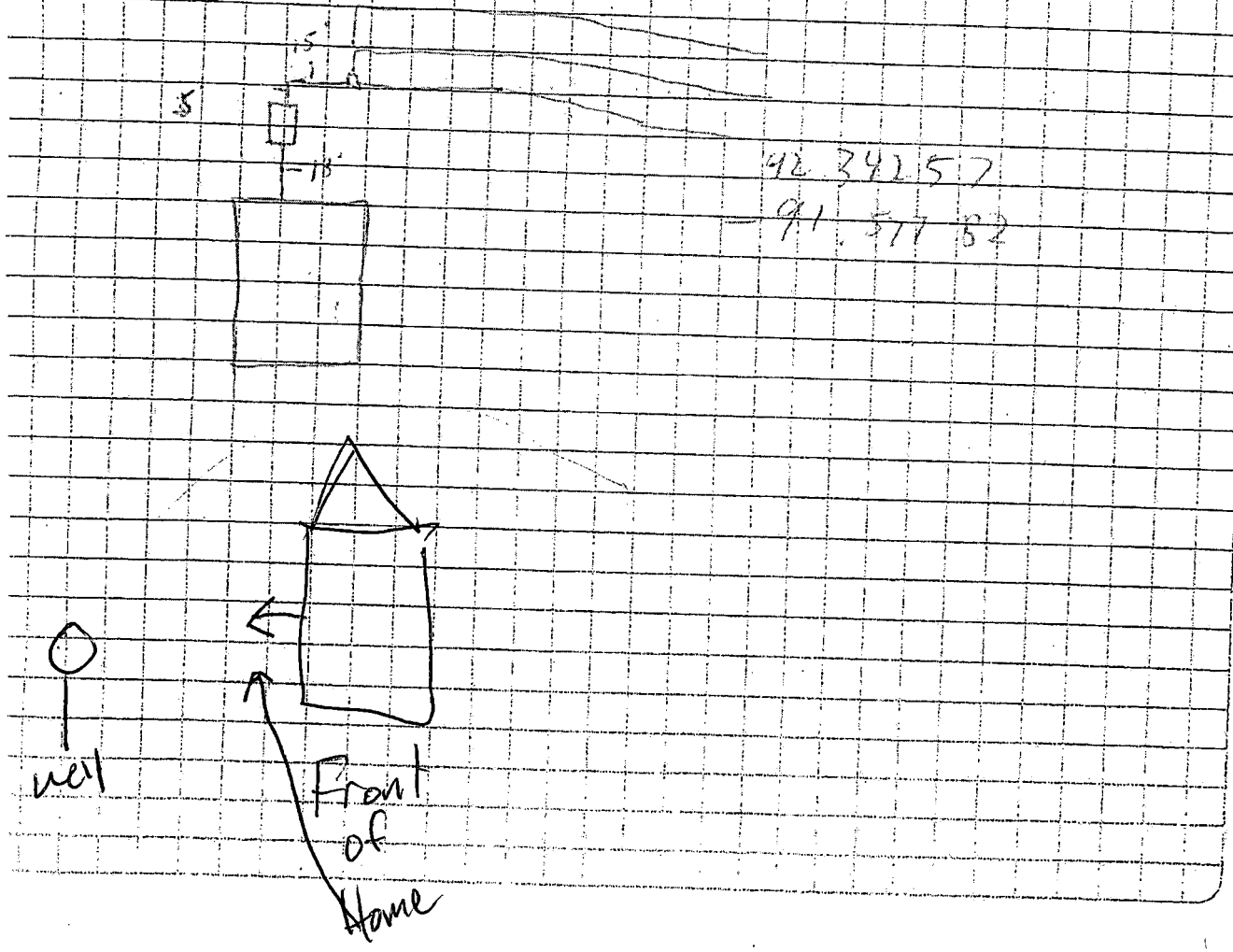
Dirt was good

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

Date of Final Inspection: 11-25-19 **Environmental Health Specialist:** Dan Lyons

Scanned ☐

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



42 34257
-41.511 82

DELAWARE COUNTY

BOARD OF SUPERVISORS PERMIT NO. 2880

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS 3084 110½ Ave Ryan SECTION 17 TOWNSHIP Adams

LOCATION QT____ QT____ SEC 17 T 87 N R 6 W Parcel# 310170001300

Owner Donna Hanson Plumber Curtis English

Lot size 31.19 Type Commercial____ Residential (No. Bedrooms) 3

Fixtures: Stools 2 Bath tubs 1 Showers 2 Sinks 3 Automatic Laundry 1 Lift Pump____

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

Absorption Field: Total length of Laterals 300 No. of lateral lines 3 Size of leach bed____

Trench Material Chambers Secondary Treatment Type____

This system is new construction X Existing ____

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

Delaware County Septic System Disclaimer

The issuance of a permit and the completion of the inspection required by Delaware County Ordinance No. 40 do not serve as any type of warranty, guarantee, or certification regarding the proper functioning of a private septic system for any period of time in the future. Delaware County and its employees or agents are unable to supervise or monitor the numerous factors (usage, soil characteristics, previous failures, etc.) that may affect the proper operation or the use and maintenance of the system.

The issuance of a permit and/or the completion of the inspection do not constitute any type of warranty, guarantee, or certification regarding the impact the system is or is not having on the groundwater. Delaware County and its employees or agents are not able to determine the impact a septic system is having on the groundwater.

Delaware County hereby **DISCLAIMS ALL WARRANTIES**, either expressed or implied, associated with this permit and the inspection required under Ordinance No. 40.

By signing below, I acknowledge that I have received and read the above disclaimer.

Name Donna Hanson Date____

Applicant

I have studied the information contained herein and certify that the application complies with Delaware County Ordinance No. 40 and Iowa Administrative Code 567—69, Private Sewage Disposal Systems.

Name Dennis Lyons Date 11-1-19

Delaware County Representative