Recorded: 4/28/2020 at 4:03:20.0 PM
County Recording Fee: $0.00
Iowa E-Filing Fee: $0.00
Combined Fee: $0.00
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2020 PG: 1253

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

TRANSFEROR:
Name Marcia J. Hawker
Address 210 Neighbor Drive, Manchester , IA 52057
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Tyler J. Wessels
Address 1741 195th Street , Manchester , IA 52057
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
18881 171st Avenue , Manchester , IA 52057
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.
   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.
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 2838.

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

South side of driveway @ house

2838

South side of driveway at house.

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

Signature: [signature] (Transferor or Agent) Telephone No.: (563) 920-4591

FILE WITH RECORDER **DNR form 542-0060 (July 18, 2012)**

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a. **Solid Waste Disposal (check one)**

___ There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.

___ There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.

b.. **Hazardous Wastes (check one)**

___ There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.

___ There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.

Further descriptive information:

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Signature: _____ (Transferor or Agent) Telephone No.: (563) 920-4591

LEGAL DESCRIPTION
MARCIA J. HAWKER – TYLER J. WESSELS

Lots Nineteen (19) and Twenty (20), Block Four (4) of Sunset Beach, a Subdivision of parts of Sections Seventeen (17), Eighteen (18) and Twenty (20), Township Eighty Nine (89) North, Range Five (5), West of the Fifth Principal Meridian, according to plat recorded in Book 2 Plats, Page 20; also that part of Lot Two (2), Block Five (5) of said Sunset Beach described as commencing at the Northeast corner of Lot Twenty (20), Block Four (4) in said Sunset Beach, running thence North one hundred (100) feet, thence West parallel with the North line of said Lot Twenty to the West line of said Lot Two (2), thence Southeasterly along the West line of said Lot Two (2) to the Northwest corner of said Lot Twenty (20), thence East on the North line of said Lot Twenty (20) to the point of beginning; also that part of Lot Two (2), Block Five (5) of said Sunset Beach described as commencing at a point one hundred (100) feet North of the Northwest corner of Lot One (1), Block Five (5) of said Sunset Beach, and running thence East one hundred ten (110) feet, thence North fifty (50) feet, thence West one hundred ten (110) feet, thence South fifty (50) feet to the point of beginning; also Lots Two (2), Three (3), Fifteen (15) and Sixteen (16) of Hawker's Sunset Beach Subdivision Part Of Lot 2, Block No. 5, Part Of Shady Lane, And Part Of Sunset View Road In Sunset Beach In The SW ¼ - SW ¼ Of Sec. 17, T89N, R5W Of The Fifth P.M.,

DELAWARE COUNTY

BOARD OF SUPERVISORS

PERMIT NO. 2838

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS 18881 171st Ave SECTION 17 TOWNSHIP Delaware

LOCATION QT___ QT___ SEC 17 T 89 N R 5 W Parcel# ✓ 1404101078 00

Owner Marcia Hawker Plumber Oasis

Lot size___ Type Commercial___ Residential (No. Bedrooms) 3

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

Septic tank made by Norwesco Construction Material plastic Gallon Cap. 1500 Garbage disposal___

Absorption Field: Total length of Laterals 270 No. of lateral lines 3 Size of leach bed___

Trench Material EZ Flo 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 ___ Date 8/23/19

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 Lyon Date 8-9-19

Delaware County Representative

DELAWARE COUNTY SANITATION

lication # _____ EnvTrack # _____ Permit # 2838

Completion Report for Private Sewage Disposal System

ner: Marcia Hawker

Address: 18881 171st Ave Manchester Township: Delaware

el #: 140170107800 Lot # _____ Legal S-T-R 17-89-5

ling Address: _____

tractor: Oasis Bedroom #: 3

ter Supply: private 487

nary Treatment: Latitude: 42.518070 Longitude: -91.46865

tic Tank Volume (g): _____ Manuf: _____ Material: _____ # Pieces: _____ # Cmp: _____

r Ht Lid 1 (in): _____ Riser Ht Lid 2 (in): _____ Filter Brand: _____ Diameter (in): _____ Distance to well (ft): _____

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

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

ox: Latitude: 42.~~518~~ 51481 Longitude: -91.46864 Depth: 12

surface Absorption Type: _____ Chamber Manuf: _____ Lineal Ft: _____ # Trenches: _____

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

face Absorption Type: EZ Flo Overall length (ft): 270 Overall width (ft): 3'

k bed length (ft): _____ Rock bed width (ft): _____ Length of laterals (ft): _____ # Laterals: 3

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

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

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

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

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

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

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

circulating Textile Filter: Brand Name: _____ Distance to well (ft): _____

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

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

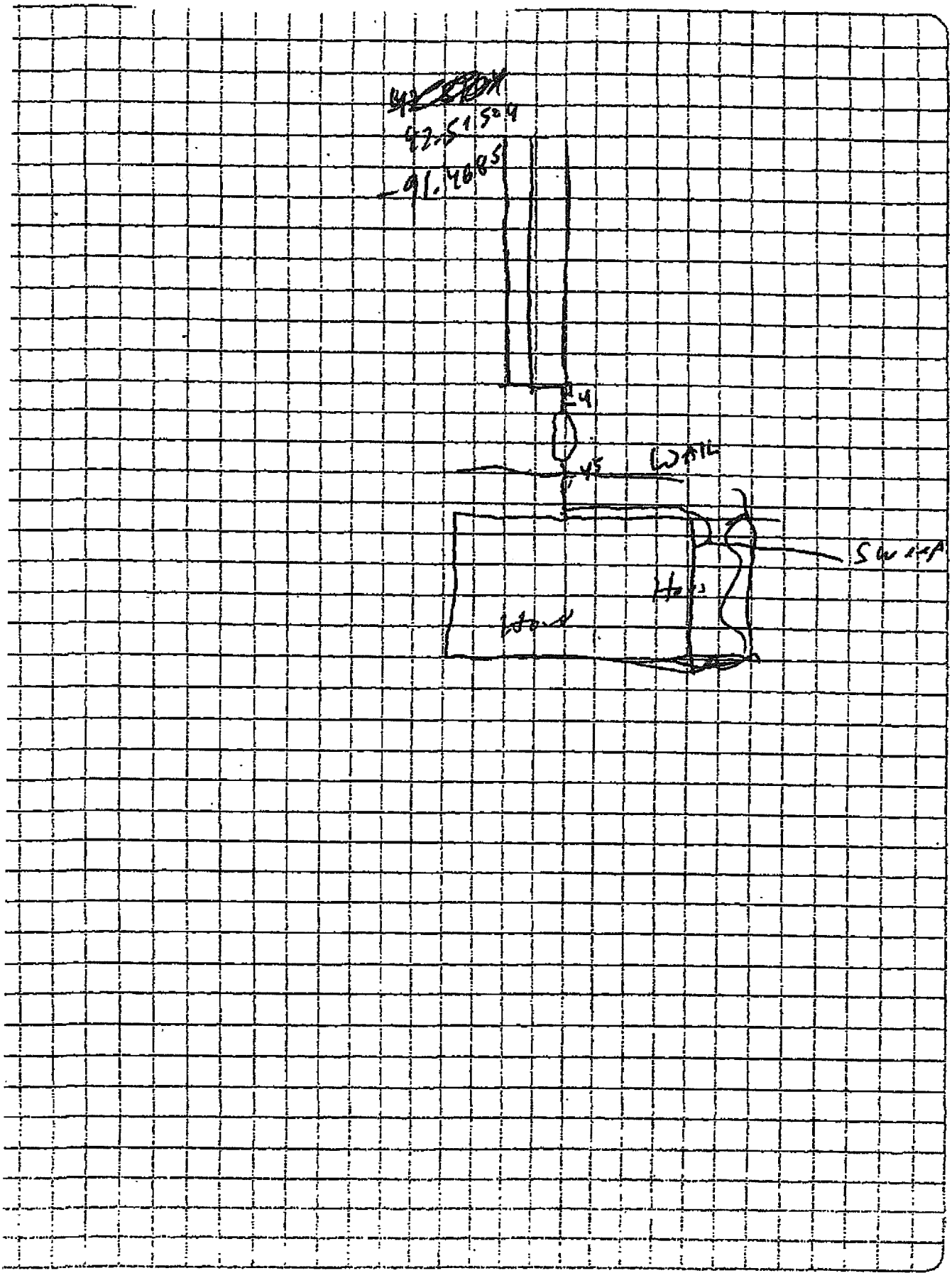
nments: **Effluent filter requires frequent cleaning.**

s any portion of the field covered before the inspection: No System installation approved: yes

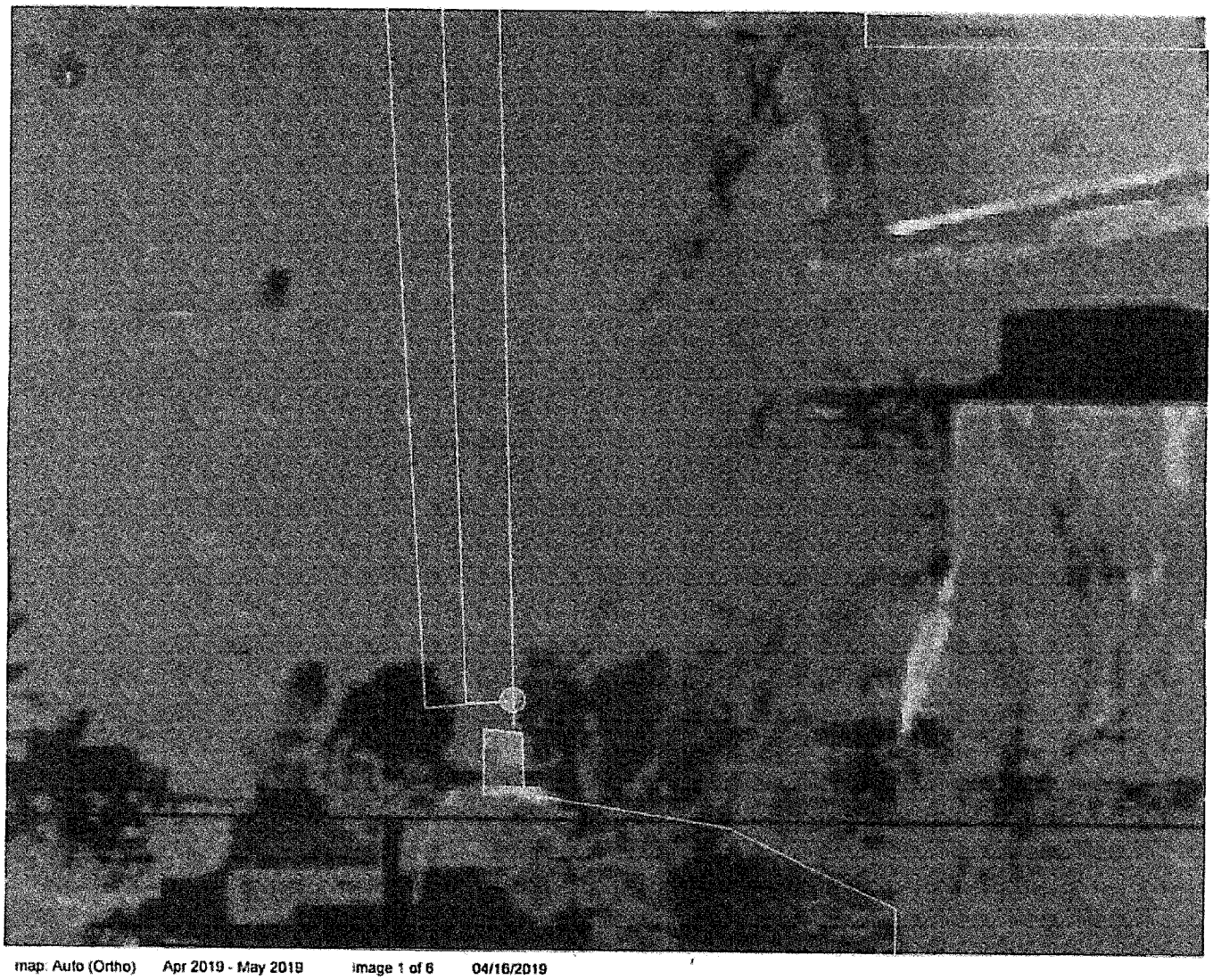
te of Final Inspection: 8-23-19 **Environmental Health Specialist:** Dan Lyon

nned ☐

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


42.5 1.5=4
-91.46 85
4
45
WALL
SWAMP
90

CONNECTEXPLORER®



map: Auto (Ortho) Apr 2019 - May 2019 image 1 of 6 04/16/2019