Recorded: 6/1/2020 at 4:05:35.0 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: 1737

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

TRANSFEROR:

Name Kevin C. /Janet M. Robb

Address	Number and Street or RR	City, Town or P.O.	State	Zip
	20536 247th St.	Delhi	Iowa	52223

TRANSFEREE:

Name Matthew J. /Tamra A. Evans

Address	Number and Street or RR	City, Town or P.O.	State	Zip
	20536 247th St.	Delhi	Iowa	52223

Address of Property Transferred:

Number and Street or RR	City, Town or P.O.	State	Zip
20536 247th St.	Delhi	Iowa	52223

Legal Description of Property: (Attach if necessary)
See attached

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)

___ There is no known solid waste disposal site on this property.

X 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.
X 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.)
X 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:

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

Signature: _____ Telephone No.: (319) 269 – 1663

Kevin C. Robb

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.

_X_ 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)

_X_ 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: Kevin C. Robb Telephone No.: (319) 269 – 1663

Kevin C. Robb

542-0191

Time of Transfer Inspection Report

Property Information

Current Owner: Kevin Robb

Buyer: Matt Evans Realtor: N/A

Mailing Address: 1845 Winding Creek DR., Marion, Ia. 52302

Site Address/County: 20536 247th St. Delhi, Ia./Delaware

Legal Description

No. of bedrooms: 2 Last occupied: Current Records available: yes

Permit/ installation date: 5/0/1969 Separation distances (ok/no?): No, tank 6' from house

Septic System Information

Septic tank(s): Size: 750 Gal. Material: concrete Condition: good

Tank pumped? yes Date: 9/21/2017 Licensed pumper: Groth Services

Septic/Trash/Processing tank: Size: N/A Material: N/A Condition: N/A

Tank pumped? ☐ Y ☐ N Date: N/A Licensed pumper: N/A

Aerobic treatment unit (ATU) mfgr N/A Size N/A

Tank pumped? ☐ Y ☐ N Date: N/A Licensed pumper: N/A

N/A

Maintenance contract? ☐ Y ☐ N Expiration date: Service provider: N/A

Condition:

Pump tanks/vaults: Type: N/A Size: N/A Condition: N/A

Distribution system: Distribution box yes Outlets used 4 Condition: good

Header pipe(s): No. of lines: 4 Pressure dosed? no

Secondary Treatment:

Length of absorption fields: 40' Determined by: Map

Condition of fields: good Determined by: Hyd./ test

Type of trench material: 10" gravelless pipe with sock

Size of sand filter: N/A Determined by: N/A

Vent pipes above grade? ☐ Y ☐ N Discharge pipe located? ☐ Y ☐ N

Effluent sample taken Results:

Media Filters: Type: N/A

Maintenance contract? ☐ Y ☐ N Expiration date: Service provider: N/A

Condition:

542-0191

NPDES General Permit No. 4: Required? ☐ Y ☐ N Permitted? ☐ Y ☐ N NOI provided: _____

Time of Transfer Inspection Report

Other components:

Alarms: ☐ Y ☐ N Working: ☐ Y ☐ N Disinfection: ☐ Y ☐ N Working: ☐ Y ☐ N

Control Box: N/A Timers: N/A Inspection Ports: N/A

Other components: _____

Overall condition of the private sewage disposal system:
The septic tank is in good condition with both baffles in place. tank size is 750 gal. is a two pc. single compartment tank with a 8" riser in the middle of tank.
The D- Box is made of concrete and is in good condition at the time of inspection as well as the septic tank. The D-Box is about 5feet in the ground.
The tank was pumped in 9/21/2017 .tank was not pumped at time of inspection because it was required by chapter 69 of the Iowa code (3years is required)(9/21/2017-

Report system status: 9/21/2020)

Explain (attach additional pages as needed): _____

Comments: _____

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: Jody Antrim Date: 4/7/2020

Name (print): Jody Antrim Certificate #: 8874

Address: 20984 – 265th St. Manchester, IA 52057

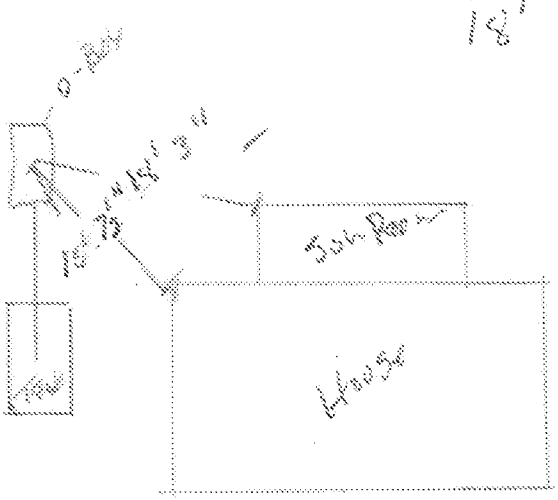
Phone #: 563.920.9388

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office and to:

Iowa DNR
Private Sewage Disposal Program
502 E 9th St
Des Moines IA 50319

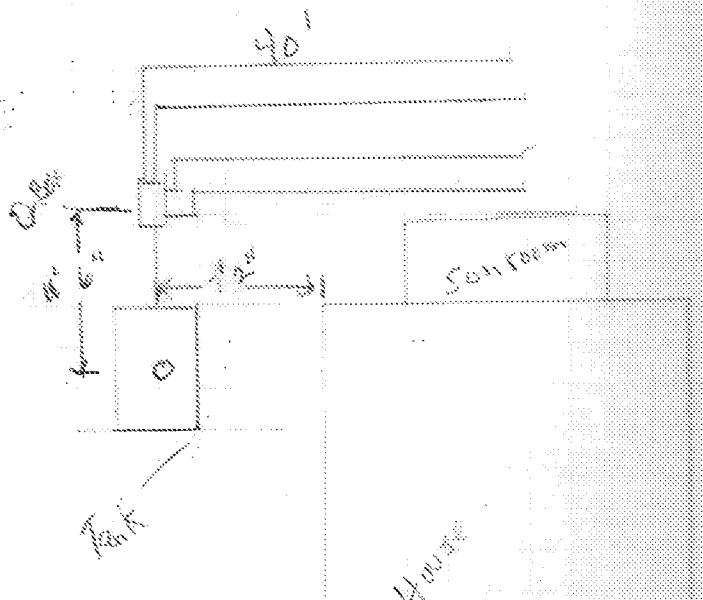
20536 - 247th St Delhi 52222

15' 7½"
18' 3"



O-Box is Down 5'

10" gravelless pipe







CHEMRIGHT LABORATORIES, INC.
117 N. Main St. - Maquoketa, IA 52060 - IA Lab# 379 - Phone 563-652-4226 - Fax 563-652-6137

TESTING REPORT

Dennis Lyons
Delaware County Health Department
Courthouse, 301 East Main
Manchester, IA 52057

Report Date: 04/10/20
Report Number: 21534
Sample Received: 04/09/20
Order Number: 20654

Sample ID	Parameter	Sample Matrix	Analysis Time	Method	Analyst	Codes		Result	Units
Kevin Robb (outside) 20536 247th St Delhi, IA									
200409-W-9177	Coliform (e-coli) MPN	Water	04/09/20 10:46	9223B-QT	JD	ND	<	1.0	cfu/100 ml
200409-W-9177	Coliform (total) MPN	Water	04/09/20 10:46	9223B-QT	JD	ND	<	1.0	cfu/100 ml
200409-W-9177	Nitrate-N	Water	04/09/20 11:20	300.0	SG/JD			5.7	ppm

Code	Description
ND	Non-Detect. The value given is the detection limit.

No coliform bacteria was detected.
The infant health advisory limit for nitrate-N is 10 ppm.

Susan E. Gossman, Operations Manager — 04/10/2020
Technical Review — Date

Attachment

Parcel Z, Part of Lot 8 in the Cedars Sub-Division, Sec. 14, T88N, R5W of the Fifth P.M., Delaware County, Iowa, according to Amended Plat recorded in Book 2004, Page 1010; also all lake frontage running to the waterfront and then at right angles to the middle of Lake Delhi in respect to and adjoining said Parcel Z.