Recorded: 6/12/2020 at 10:26:48.0 AM
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: 1917

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

TRANSFEROR:
Name Dee DeHaven
Address 26247 221st Avenue, Delhi, IA 52223
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Rodney E. Jaeger
Address 31504 E. Worthington Road, Worthington, IA 52078
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
26247 221st Avenue, Delhi, IA 522223
Number and Street or RR | City, Town or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) Buena Vista Cabin on LL Lying on Lot 1 HLC South Addition 30-88-4

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)**
   - 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]
   - ___ 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: Erin R Hegle _____ Telephone No.: (319) 981-2335
(Transferor or Agent)

319-350-3537

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

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

X 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)**

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: _____ (Transferor or Agent) Telephone No.: (319) 981-2335

319-350-5571

FILE WITH RECORDER **DNR form 542-0960 – Attachment #1 (July 18, 2012)**

542-0191

Time of Transfer Inspection Report

Property Information

Current Owner: Dee DeHaven

Buyer: Rodney & Jennie Jaeger Realtor: Hedges Realty(Chip Hughes)

Mailing Address: 26247- 221 Ave. Delhi, IA. 52223

Site Address/County: 26247- 221 Ave. Delhi, Ia.

Legal Description

No. of bedrooms: 1 Last occupied: Current Records available: yes

Permit/ installation date: 8/5/2004 Separation distances (ok/no?): OK

Septic System Information

Septic tank(s): Size: 1500 Gal. Material: Concrete Condition: Good

Tank pumped? YES Date: 5/21/2020 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

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

Condition: N/A

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): 1 No. of lines: 4 Pressure dosed? no

Secondary Treatment:

Length of absorption fields: 30'X40' Bed Determined by: Map

Condition of fields: One line running slow Determined by: HYD. Test

Type of trench material: Rock an Pipe

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

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

Effluent sample taken N/A Results: N/A

Media Filters: Type: N/A

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

Condition: N/A

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: N/A

Overall condition of the private sewage disposal system:

Report system status: The 1500Gal. two compartment concrete tank is in good condition at the time of inspection. The D-Box is in good condition. When the Hyd. Test was done, there was one line running slow. There are two houses and a shower house hooked to this system, at the time of inspection the first compartment was opened up there was water running in the system, no one was there to use it. I found the stool was leaking water and running into the septic tank. I have no idea how long it was running, There are no baffles on the pipes coming into the tank but there is a baffle coming out of the tank , no filter in the second compartment . There is one lid above ground and the other is about a foot inground.

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: 5/21/2020

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

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type)

Permit No. 1249

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM:

ADDRESS: 2645 22 1/2 Ave Section 20 Township Delhi

LOCATION: NW¼ Sec. 20 T-88-W R-4-W

Owner: Camp Cedar Tenant: _____ Plumber: Hackett

Lot Size: _____ Type Commercial: _____ Residential (No. Bedrooms) 2 Cabins

Fixtures: Stools ___ Lavatories ___ Bath Tubs ___ Showers ___ Sinks ___ Automatic Laundry ___ Sump Pump ___

Septic Tank made by _____ Garbage Grinder _____ Construction Material Concrete Gallons Cap. 450

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

Absorption Field: Total length of laterals 300 ft No. of lateral lines _____

This system is new X Existing ___

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 8-5-47

By _____
INSPECTOR

_____
APPLICANT'S SIGNATURE

Seal

This for cabins and bathhouse

This septic & well is with 221 N. Cooey Cottages

220 3rd ave / 39

Septic Systems

Name and Telephone Number where you can be reached: Dee DeHaven 319-981-2335

Property Address: 26247 221 Ave

(circle one) (a)Septic tank or (b) holding tank size _____ material _____(Cement, Plastic, Fiberglass, other)

Choose one of the following:

(a) leach field

(b) drain field

(c) sand filter

(d) other media filters (e.g., peat or textile filters)

(e) aerobic treatment units (e.g., multi-flo, aqua aire, etc.)

Other _____

Estimated installation date of system (if known) _____

County permit # (if known) 1249 - Co. Hwy Septic

Location of leach field or discharge points with latitude and longitude coordinates: 41.988962 N -91.363804 W

Location of Septic Tank /holding tank -91.989425 N -91.363279 W

(Please see attachment on how to provide this information)

Estimated Date and Description of last known clean-out or maintenance of system: _____

Do you own a lot without a building structure that would not require a septic system? ___Yes/No___

If yes, what is the address of that lot? _____

Wells

Is there a well/sand point located on the property? ^ Yes/No___ If on your property, do you share the well/sand point with other properties/property owners? ___Yes/No___ If yes, please provide the address of the properties sharing the well _____

Cooy. Cott #2

If yes, longitude and latitude coordinates of well:
41.988 998 N - 91.363807 W

# of service connections to the well _____

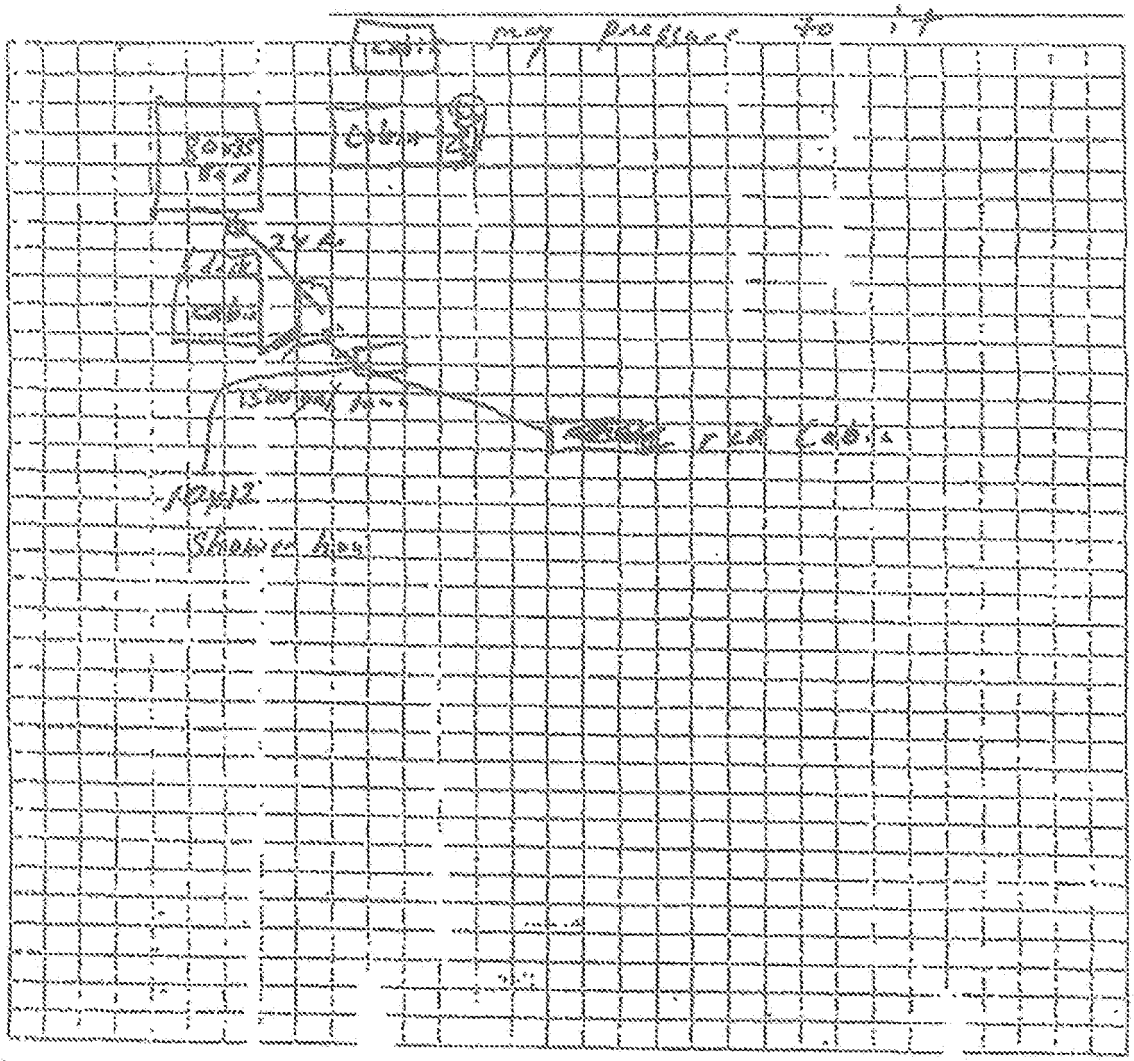
If served by a community well or a shared well with a neighbor, indicate the name of your association that provides the well or the address where the well is located _____

Site Evaluation Map

page 2 of 2

Designer Robert

List any construction issues: Coorey



Mapping Checklist

Map scale: _____ _____ ___indicate north ___show slope _____ % direction ___

Locate

___lot dimensions/property lines
___dwellings and other improvements
___existing and/or proposed system(s)
___replacement area
___unsuitable area(s)
___public water supply wells
___pumping access
___inner wellhead zone

___easements
___phone
___electric
___gas
___elevations
___borings
___benchmark
___perc tests
___horiz&vert reference pts

___setbacks
___building
___all water wells within 100ft
___pressure pipe
___water suction pipe
___streams, lakes, rivers
___floodway and fringe

CHEM RIGHT 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: 05/28/20
Report Number: 21686
Sample Received: 05/27/20
Order Number: 20806

Sample ID	Parameter	Sample Matrix	Analysis Time	Method	Analyst	Codes		Result	Units
Cooey Well #2 (kitchen) 26240 221st Ave Delhi, IA									
200527-W-9428	Coliform (e-coli) MPN	Water	05/27/20 11:31	9223B-QT	JD	ND	<	1.0	cfu/100 ml
200527-W-9428	Coliform (total) MPN	Water	05/27/20 11:31	9223B-QT	JD	ND	<	1.0	cfu/100 ml
200527-W-9428	Nitrate-N	Water	05/27/20 14:40	300.0	SG/JD			0.82	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 — 05/28/2020
Technical Review — Date