Book 2020 Page 2124
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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Daniel L. and Kelly M. Clay

Address 4562 Canterbury Court, Iowa City, IA 62245

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

TRANSFEREE:

Name Jason and Brandy Williams Family Trust

Address 2886 61st Street Lane, Vinton, IA 52349

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

Address of Property Transferred:
24404 204th Avenue, Manchester, IA 52057

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

Legal Description of Property: (Attach if necessary) Lot Seven (7) of Logan's First Subdivision of Part of the North one-half (N1/2) of Section Twenty-three (23), Township Eighty-eight (88) North, Range Five (5), West of the Fifth Principal Meridian, according to plat recorded in Book 4 Plats, Page 46 and Plat of Survey (Retracement) recorded in Book 2005, Page 2374; and the lake frontage running to the middle of the Maquoketa River adjoining said Lot Seven (7)

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)**
   - 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 2729.

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) 800-1789
(Transferor or Agent)

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

DELAWARE COUNTY

BOARD OF SUPERVISORS PERMIT NO. 2729

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS 24404 204th Ave Manchester SECTION 23 TOWNSHIP Milo

LOCATION QT____ QT____ SEC 23 T 88 N R 5 W Parcel# ✓ 250 23 6200700

Owner Michael Viner - seller & Buyer Dan Clay Plumber Oasis

Lot size_____ Type Commercial_____ Residential (No. Bedrooms) 2

Fixtures: Stools 1 Bath tubs____ Showers 1 Sinks 2 Automatic Laundry____ Lift Pump____

Septic tank made by Ormco Construction Material ~~plastic~~ poly Gallon Cap. 1500 Garbage disposal____

Absorption Field: Total length of Laterals_____ No. of lateral lines_____ Size of leach bed_____

Trench Material_____ Secondary Treatment Type_____

This system is new construction____ Existing____ Holding tank For Now

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

part time cabin

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 Dan Clay Date 6-21-18
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 6-26-18
Delaware County Representative

DELAWARE COUNTY SANITATION

plication # _____ EnvTrack # _____ Permit # 2729

Completion Report for Private Sewage Disposal System

ner: Michael Vinero Dan Clapp

e Address: [redacted] 24404 204th Ave Township: Milo

cel #: 25 023020 0700 Lot # _____ Legal S-T-R 23-88-5

iling Address: _____

ntractor: Oasis Bedroom #: _____

ater Supply: Shared well

imary Treatment: Latitude: 42.422147 Longitude: -91.395612

ptic Tank Volume (g): 1500 Manuf: Orenco Material: poly # Pieces: 2 # Cmp: 2

er Ht Lid 1 (in): 36" Riser Ht Lid 2 (in): 36" Filter Brand: _____ Diameter (in): _____ Distance to well (ft): _____

te: Effluent filter requires frequent cleaning.

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

Box: Latitude: _____ Longitude: _____ Depth: _____

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

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

rface Absorption Type: _____ Overall length (ft): _____ Overall width (ft): _____

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

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

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

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

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

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

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

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

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

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

ote: A maintenance agreement with a manufacturer-approved contractor must be maintained for the life of the septic tem.

mments: Effluent filter requires frequent cleaning.

Holding tank For Now if becomes more full time will put in packed Media Filter

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

te of Final Inspection: 6-26-18 Environmental Health Specialist: Dennis Gross

anned ☐

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