Book 2020 Page 2407

Document 2020 GWH-2407 Type 53 001 Pages 9
Date 7/20/2020 Time 10:13:59AM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Kevin P. White and Francine B. White

Address 5414 Thunder Road, Ames, IA 50014

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

TRANSFEREE:

Name PWV Real Estate, LLC, an Iowa limited liability company

Address 12865 Sterling Oak Court, Dubuque, IA 52002

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

Address of Property Transferred:
20813 262nd Street, Delhi, IA 52223

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.
   - ___ 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 _____.

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.: (515) 708-8825
(Transferor or Agent)

Addendum

1. Lots Eight (8) and Nine (9) of the Subdivision of Lot One Hundred Twenty Three (123) in "Clair-View Acres at Delhi, Iowa" in Section Twenty-Three (23) and Twenty Six (26), Milo Township, Delaware County, Iowa, according to the plat recorded in Book 2 Plats, Page 200 #2; also Lots Fifteen (15) and Twenty Two (22) of Freddy's Beach Road 1st Addition comprised of Guadalcanal Avenue and Part of Honolulu Avenue of Clair View Acres at Delhi, Iowa, in Section Twenty-Three (23) and Twenty-Six (26), Township Eighty-Eight North (T88N), Range Five West (R5W) of the Fifth Principal Meridian Delaware County, Iowa, according to plat recorded in Book 2009, Page 3100.

Time of Transfer Inspection Report (DNR Form 542-0191)

Property information/
Current Owner Kevin & Francine White
Buyer _____ Realtor _____
Mailing Address 5614 Thunder Rd Ames IA 50014

Site Address/County 20813 262nd St Delhi

No. of Bedrooms 2 Last Occupied? CAbin Disposal? Y (N) Softener? Y (N) H_2O Supply? over 300 Ft & Lucky

Records Available yes Permit/Installation Date 8-16 Installer Nabrick P#2530

Septic System Information
Septic Tank(s): Size 1250 Material Concrete Condition OK
Tank Pumped? yes Date 6-19-20 Licensed Pumper _____
Septic/Trash/Processing Tank: Size 1000 Material Concrete Condition good
Tank pumped? yes Date 6-19-20 Licensed Pumper 358

Aerobic treatment unit (ATU) MFGR — Size _____
Tank Pumped? — Date _____ Licensed Pumper _____
Maintenance Contract? — Expiration Date _____ Service Provider _____
Condition —

Pump Ttanks/Vaults: Type _____ Size _____ Condition _____

Distribution System: Distribution Box Yes Outlets Used 3 Condition OK
Header Pipe(s) NO Number of Lines NO
Pressure Dosed? NO

Secondary Treatment
Length of Absorption Fields 30x36 Bed Determined by Prob
Condition of Fields good Determined by dug up
Type of Trench Material Rock & Pipe

Size of Sand Filter — Determined by _____
Vent Pipes Above Grade? — Discharge Pipe Located? _____
Effluent Sample Taken? — Results _____

Media Filters: Type —
Maintenance Contract? _____ Expiration Date _____ Service Provider _____
Condition —

NPDES General Permit No. 4: Required? _____ Permitted? _____ NOI submitted _____

Time of Transfer Inspection Worksheet

Other Components

Alarms _____ Working? _____ Disinfection _____ Working? _____

Control Box _____ Timers _____ Inspection Ports _____

Other Components _____

Overall condition of the private sewage disposal system

Acceptable? X Unacceptable? _____

Explain (attach additional pages as needed): All in working condition

D Box is concrete Drive way.

Comments: Did not have D Box open. Have Picture with camera

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.

Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.

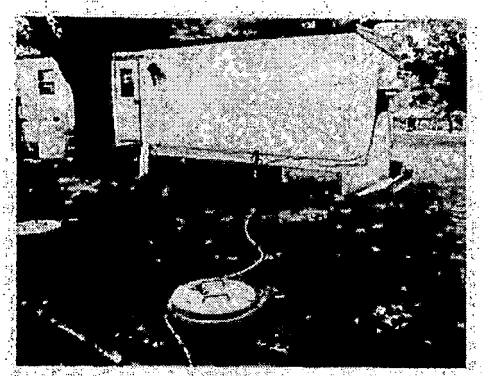
This report indicates the condition of the private sewage disposal system at the time of the inspection. It does not guarantee that it will continue to function satisfactorily.

Signature of Certified Inspector: RHH Date: 6-19-20

Name (print): Robb Harter Certificate #: 353

Address: 3031 160th Street Dyersville, Iowa 52040

Phone # 563-542-1010



Well over 300 Ft From tank









D Box is under Concrete Driveway

Did Not Have D Box Open.

Did Run Camera in And look to be in good condition

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) Permit No. 2530

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 20813 262nd St Section 26 Township M-6

LOCATION: 12502307152006 26-88-5

Owner: Jim Christensen Tenant: _____ Plumber: Harbach

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

Fixtures: Stools 2 Lavatories _____ Bath Tubs 1 Showers 2 Sinks 2 Automatic Laundry _____ Sump Pump _____

Septic Tank made by Sanko Garbage Grinder _____ Construction Material Concr Gallons Cap. 1250

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

Absorption Field: Total length of laterals 600 Sq. Ft No. of lateral lines _____

This system is new X Existing _____ 42.410876 -91.387382

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 8-10-16

By Dennis Lyons
INSPECTOR

X [signature]
APPLICANT'S SIGNATURE

SEAL

DELAWARE COUNTY SANITATION

Application # _____ EnvTrack # _____ Permit # 2530

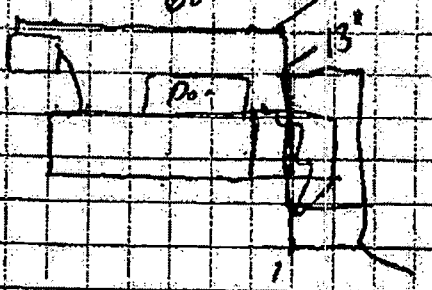
Completion Report for Private Sewage Disposal System

Owner: Jim Christensen
Site Address: 20813 262nd St Delhi Township: Milo
Parcel #: 250230715 20 Lot # _____ Legal S-T-R 26-88-5
Mailing Address: _____
Contractor: Harbach Bedroom #: 2
Water Supply: Public - 42.410542 -91.387868
Primary Treatment: Latitude: 42.410860 Longitude: -91.387395
Septic Tank Volume (g): 1250 Manuf: Swales Material: Concrete # Pieces: 1 # Cmp: 2
Riser Ht Lid 1 (in): 0" Riser Ht Lid 2 (in): 0 Filter Brand: poly Diameter (in): ____ Distance to well (ft): ____
Note: Effluent filter requires frequent cleaning.
Dose Tank Volume(g): NA Pump or Siphon Dose: _____ Gallons/dose: ____ Riser Ht (in): _____ Alarm: ____
D-Box: Latitude: 42.410848 Longitude: -91.387240 Depth 18"
Subsurface Absorption Type: _____ Chamber Manuf: _____ Lineal Ft: _____ # Trenches: ____
Inches rock under pipe: ____ Trench Depth (in): _____ Trench width (in): _____ Distance to well (ft): ____
Surface Absorption Type: rock-pipe Overall length (ft): _____ Overall width (ft): ____
Rock bed length (ft): 40 Rock bed width (ft): 16 Length of laterals (ft): 40 # Laterals: 3
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.

Was any portion of the field covered before the inspection: No System installation approved: Yes
Date of Final Inspection: 8/26 Environmental Health Specialist: Dennis
Scanned ☐

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

42.410866 -91.387252



42.410719
-91.387176

42.410719
-91.387176