Book 2020 Page 2560
Document 2020 GWH-2560 Type 53 001 Pages 8
Date 7/29/2020 Time 2:19:59PM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:
Name Kristine K. Kessell
Address 1339 18th Ave. SW, Cedar Rapids, IA 52404
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Jeffrey D. Frasher & Tiersa D. Frasher
Address 2665 220th Ave., Delhi, IA 52223
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
26239 221st Ave., 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: Kristine L Russell (Transferor or Agent) Telephone No.: (319) 573-4405

Addendum

1. Walks End, Cabin on Leased Land Lying on Lot 1, Hartwick Lake Club South Addition, Part of SW 1/4 NW 1/4 QT of NW 1/4 of Section 30, Delhi TWP, Delaware County, Iowa, locally known as 26239 221st Ave., Delhi, IA 52223. Parcel No. 000220300800149
   Sales Price: $50,000.00

   Boat Lift
   Sales Price: $5000.00

This septic & well is with 221 Av. Cooey Cottages

#220360800139

Septic Features

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

Property Address: 216247 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 zeolite 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 C Septic

Location of leach field or discharge point with latitude and longitude coordinates: 42.908562 N -91.365304 W

Location of Septic Tank /holding tank: 42.908475 N -91.365279 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 _____ Coop. Loop of 2

If yes, longitude and latitude coordinates of well:
42.908946 N -91.365307 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 _____

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: 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.

This septic & well is with 221 Ave Cooey Cottages

✓2203008001 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 aids, etc.)

Other _____

Estimated installation date of system (if known) _____

County permit # (if known) 1249 – Cottages Septic

Location of leach field or discharge points with latitude and longitude coordinates: 42.409562 N – 91.363504 W

Location of Septic Tank /holding tank –92.409475 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 _____

Coop. well #2

If yes, longitude and latitude coordinates of well:
42.409996 N – 91.363007 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 _____

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: 20'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:

4/2010 angular

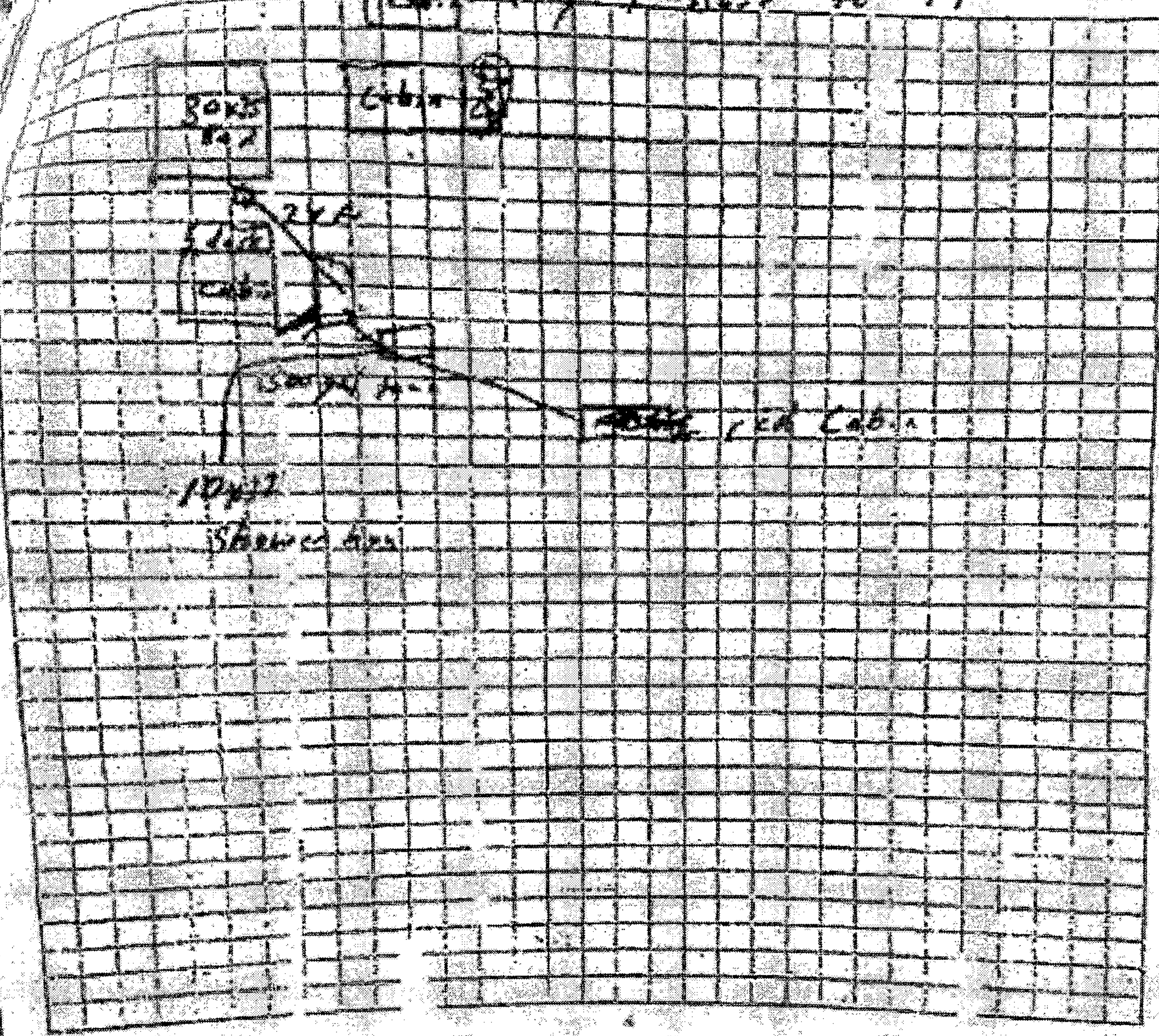
Evaluation Map

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Designer: Harbach

[illegible] issues: Cooey

[illegible] may pressure to [illegible]



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