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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name LeRoy D. Sheffler

Address 5405 Miller Creek Road, LaPorte City, IA 50651-8907

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

TRANSFEREE:

Name Alexander J. Riniker

Address 1710 Emerald Court, Robbins, IA 52328

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

Address of Property Transferred:
25909 208th Avenue, Delhi, IA 52223

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

Legal Description of Property: (Attach if necessary) Lot Nine (9) of "Clair-View Acres at Delhi, Iowa" in Sections Twenty Three (23) and Twenty Six (26), Milo Township, Delaware County, Iowa, according to plat recorded in Book 2 Plats, Page 200.

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.
   - [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: _____ (Transferor or Agent) Telephone No.: (319) ~~342-2449~~ 540-7436

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

Property information

Current owner LeRoy Sheffler
Buyer _____ Realtor None
Mailing address _____

Site Address/County 25909 208th Ave Delhi
Legal Description _____

No. of bedrooms 0 Last occupied? No Records available Yes

Permit/installation date 6-1-17 Separation distances ok/ no? OK

Septic system information

Holding tank
~~Septic tank(s): size~~ 1500 material Concrete condition Good
Tank pumped? Yes date 9-28-20 licensed pumper S+G
Septic/trash/processing tank: size — material — condition —
Tank pumped? — date — licensed pumper —

Aerobic treatment unit (ATU) mfgr — size —
Tank pumped? — date — licensed pumper —
Maintenance contract? — expiration date — service provider —
Condition _____

Pump tanks/vaults: type — size — condition —

Distribution system: distribution box — outlets used — condition —
Header pipe(s) — # of lines — Pressure dosed? —

Secondary treatment:
length of absorption fields — determined by —
condition of fields — determined by —
type of trench material —

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 provided _____

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

Report system status Holding tank no leach line

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: Bill Dows Date: 9-28-20
Name (print): Bill Dows Certificate #: 8880
Address: 1497 110th Ave Dunlap IA
Phone # 563-924-2225

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

DELAWARE COUNTY

BOARD OF SUPERVISORS PERMIT NO. 2624

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS 25909 208th Ave SECTION 26 TOWNSHIP MJb

LOCATION QT____ QT____ SEC____ T____ N R____ W Parcel# 250230705900

Owner LeRoy Sheffler Plumber Harbach

Lot size_____ Type Commercial_____ Residential (No. Bedrooms) 1

Fixtures: Stools 1 Bath tubs____ Showers 1 Sinks 1 Automatic Laundry ____ Lift Pump____

~~Septic tank~~ Holding made by Swalec Construction Material ____ Gallon Cap. 500 Garbage disposal —

Absorption Field: Total length of Laterals NA No. of lateral lines NA Size of leach bed NA

Trench Material NA Secondary Treatment Type_____

This system is new construction X Existing ____

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

Delaware County Septic System Disclaimer

The issuance of a permit and the completion of the inspection required by Delaware County Ordinance No. 19 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. 19.

By signing below, I acknowledge that I have received and read the above disclaimer.

Name Jason Harbach Date_____

Applicant

I have studied the information contained herein and certify that the application complies with Delaware County Ordinance No. 19 and Iowa Administrative Code 567—69, Private Sewage Disposal Systems.

Name Dennis Lee Date 6-1-17

Delaware County Representative

DELAWARE COUNTY SANITATION

Application # _____ EnvTrack # _____ Permit # 2624

Completion Report for Private Sewage Disposal System

Owner: LeRoy Sheffler

Site Address: 25909 208th Ave Township: Milo

Parcel #: J25023070590 0 Lot # _____ Legal S-T-R 23-88-5

Mailing Address: _____

Contractor: Harbach Bedroom #: 1

Water Supply: private

Primary Treatment: Latitude: 42.413798 Longitude: -91.388565

Septic Tank Volume (g): 1500 Manuf: Swala Material: concrete # Pieces: 1 # Cmp: 2

Riser Ht Lid 1 (in): ____ Riser Ht Lid 2 (in): ____ Filter Brand: _____ 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: NA Longitude: _____ Depth: _____

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: _____ Overall length (ft): _____ Overall width (ft): _____

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

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.

Holding tank with alarm

Was any portion of the field covered before the inspection: NO System installation approved: YES

Date of Final Inspection: 6-29 Environmental Health Specialist: Denise Lyons

Scanned ☐

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

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