Book 2009 Page 3535

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DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:
Name Thomas E. Recker and Cheryl L. Recker

Address 2614 190th Avenue, Manchester, Iowa 52057
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Jacob S. Hamm

Address 1305 107th Street, Manchester, Iowa 52057
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
2665 190th Avenue, Manchester, Iowa 52057
Number and Street or RR | City, Town, or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) Parcel B Part of the NE¼ of the SE¼ Sec. 28, T88N, R5W of the Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 2008, Page 1403.

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)**
   - ☐ There are no known private sewage disposal systems on this property.
   - ☒ There is a private sewage disposal system on this property. 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 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. When the inspection is completed, an amended Groundwater Hazard Statement shall be recorded with the certified inspection and shall include the document numbers of both the real estate transfer document and the original Groundwater Hazard Statement.
   - ☐ There is a 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.
   - ☐ This property is exempt from the private sewage disposal inspection requirements pursuant to the following exemption: _____.
   - ☐ 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:

South of dwelling approximately 50'

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature: Thomas D. Reid (Transferor or Agent) Telephone No.: 563-927-2045

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a. Solid Waste Disposal (check one)

- ☐ 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)

- ☐ 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: n/a

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature: Thomas E. Rehn (Transferor or Agent) Telephone No.: 563-927-2045

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

Property information

Current owner Tom Recker
Buyer Jake Hamm Realtor First State
Mailing address

Site Address/County 2665 190th Ave Manchester
Legal Description NE ¼ of ¼ SE ¼ T-88 N R5W

No. of bedrooms 3 Last occupied? _____ Records available _____

Permit/installation date 12-16-97 Separation distances ok/ no? _____

Septic system information

Septic tank(s): size 1000 [redacted] material concrete condition excellent
Tank pumped? yes date 4-9-08 licensed pumper ST 49
Septic/trash/processing tank: size 1000 material concrete condition excellent
Tank pumped? yes date _____ licensed pumper ST 49

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

Pump tanks/vaults: type [redacted] 1000 size cement condition good

Distribution system: distribution box plastic outlets used 3 condition good
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields per permit determined by _____
condition of fields _____ determined by _____
type of trench material _____

Size of sand filter NA determined by _____
Vent pipes above grade? _____ discharge pipe located? _____
Effluent sample taken? _____ Results _____

Media filters: type NA
Maintenance contract? _____ expiration date _____ service provider _____
Condition _____

NPDES General Permit No. 4: required? _____ permitted? _____ NOI provided _____

Time of Transfer Inspection Worksheet

Other components:
Alarms OK Working? _____ disinfection _____ working? _____

Control box _____ Timers_____ inspection ports _____

Other components _____
_____

Overall condition of the private sewage disposal system

Report system status system Looks to Be in good working Condition
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 Dam Date: 8-17-09
Name (print): Bill Dam Certificate #: 8880
Address: 1492 110th Ave
Phone # Pundee IA

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

SEWAGE DISPOSAL SYSTEM

INFORMATION

PERMIT NO: 645

PLUMBER: Heath Service

FINAL INSPECTION

APPLICANT: Shover

LOCATION NE¼ NE¼ SE¼ T-8 N R-5 W

ADDRESS: 2 66.5 190± Loe

PERCOLATION TESTS: #1 _____ #2 _____ #3 _____ #4 _____

SEPTIC TANK SIZE: 1000 & 1000 COMPARTMENTS: 2

MANUFACTURER: Swales DEPTH: 12"

DISTANCE FROM HOUSE: 50' WELL: 100+

DISTRIBUTION BOX: DEPTH: 18" LEVEL: 0

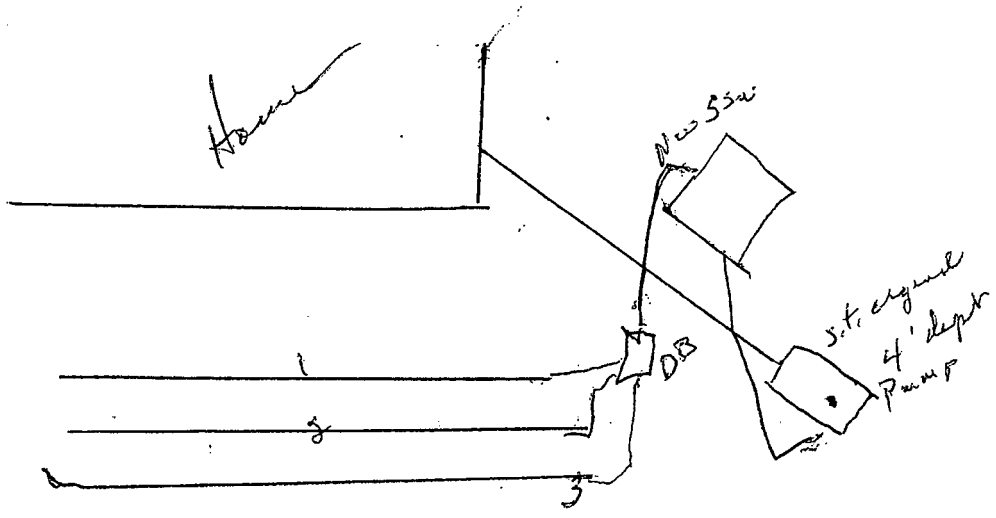
DISTANCE FROM HOUSE: 40' WELL: _____

TRENCH #1 LENGTH: 80 WIDTH: 18" DEPTH: 24

TRENCH #2 LENGTH: 80 WIDTH: 18" DEPTH: 24

TRENCH#3 LENGTH: 80 WIDTH: 18" DEPTH: 28

TRENCH#4 LENGTH: _____ WIDTH: _____ DEPTH: _____



APPROVED ( ) REJECT ( ) INSPECTED BY: OSE