Book 2009 Page 3549

Document 2009 GWH-3549 Type 53 001 Pages 7
Date 9/10/2009 Time 2:39:32PM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:
Name Robert E. Cosgrove

Address 4525 First Avenue, SW, Unit 2, Cedar Rapids, Iowa 52405
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Anthony R. Salow and Jane M. Salow

Address 123 Elizabeth, P.O. Box 280, Earlville, Iowa 52041
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
24862 - 207th Avenue, Manchester, Iowa 52057
Number and Street or RR | City, Town, or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) Lot Fourteen (14) Of Logan's Second Subdivision Of Part Of The S½ Of Sec. 14, T88N, R5W Of The Fifth P.M., Delaware County, Iowa, according to replat recorded in Book 2005, Page 3107; also the lake frontage running to the middle of the Maquoketa River bed with respect to said Lot Fourteen (14).

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:

_____

_____

_____

_____

_____

_____

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

Signature: Richard Stander (Transferor or Agent) Telephone No.: 922-2437

FILE WITH RECORDER **DNR form 542-0960 (June 26, 2009)**

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

Property information

Current owner **Robert Cosgrove**
Buyer **Tony Salow** Realtor **Dick Stender**
Mailing address 123 Elizabeth Street, Earlville 52041

Site Address/County **24862 207th Ave., Manchester 52057**
Legal Description

No. of bedrooms **2** Last occupied? **Current** Records available

Permit/installation date **07 / 1985** Separation distances ok/ no? **ok**

Septic system information

Septic tank(s): size **750 GALLON** material **CONCRETE** condition **FAIR**
Tank pumped? **YES** date **08-20-09** licensed pumper **GROTH SERVICES LLC**
Septic/trash/processing tank: size **300 K-sink** material **Plastic** condition **FAIR**
Tank pumped? **YES** date **08-20-09** licensed pumper **GROTH SERVICES LLC**

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 **PLASTIC** outlets used **3** condition **FAIR**
Header pipe(s) # of lines **3** Pressure dosed?

Secondary treatment:
length of absorption fields **10'X10' FILTER BED** determined by **PROBE & MAP**
condition of fields **GOOD** determined by **HYDROLIC LOAD TEST**
type of trench material **ROCK**

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 Report

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

Control box _____ Timers_____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system _____

Report system status ___ **WORKING** ___

Explain (attach additional pages as needed) ___**NOTE 2 PAGE NARRATIVE REPORT**__

Comments: __**SEPTIC SYTEM REPLACED IN 7/1985 WITH COUNTY PERMIT**_____

Site status at conclusion of Time of Transfer inspection:

1 Verify that controls are set on the appropriate mode.
2 Power is on to all components.
3 Revisit all components to verify lids are secure.
4 Gather all tools for removal from the site.
5 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: _____ Date: 8-27-09
Name (print): ____COREY GROTH_____ Certificate #: __8811_____

Address: _____1690 165TH STREET, MANCHESTER IA 52057_____
Phone # _____563-927-5823_____

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

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

Groth Services LLC

1690 165th St.
Manchester, Ia. 52057

Invoice

DATE	INVOICE #
8/20/2009	60799

BILL TO
Cosgrove, Robert 24862 207th Ave. Manchester, Ia. 52057

COPY

P.O. NUMBER	TERMS	SERVICEMAN	Next Pumping Due	COUNTY
	NET 10 DAYS	CG		Delaware

ITEM	QUANTITY	DESCRIPTION	RATE	AMOUNT
Pumpings	1	Septic Tank Pumping - Main Septic Tank - Concrete Tank - 750 gals.	195.00	195.00
Pumpings	1	Septic Tank Pumping - Kitchen Sink Septic Tank - Plastic Tank - 300 gals.	85.00	85.00
Disposal	1	Disposal Charge - 1000 gals.	107.00	107.00
Corey	1	Hand Labor- Corey	55.00	55.00
		Concrete Lids would not come off Concrete Tank. Used a bar, sledge hammer and chain to remove lids.		
		Concrete Dual Compartment Septic Tank - Main Tank is 750 gals. and had a 2" scum layer and was 80% solids.		
		Plastic Single Compartment Septic Tank - Kitchen Sink is 300 gals. and had a 1" scum layer and was 99% grease and soap content.		
		Plastic Septic Tank needs a new lid. Ordering in a new lid to install.		
		Hand backfilled lids on tanks.		
		Suggest pumping Septic Tanks every 3 years.		

A 10% Discount is given on pumping for regular maintenance pumping every 1-3 years.

Total $442.00

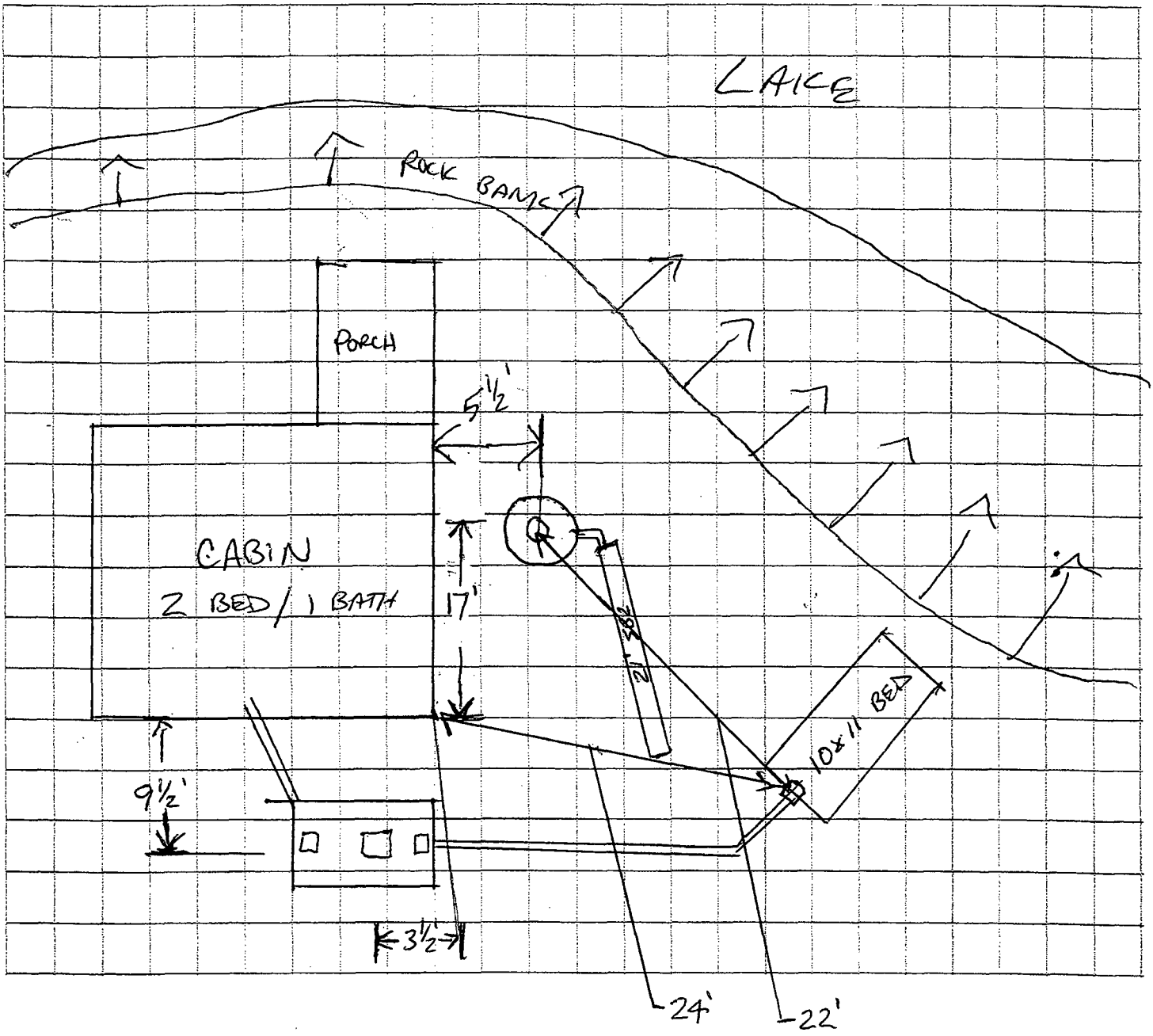
Finance Charge of 1.75% per month will be charged on all accounts after 30 days with a miniumum charge of $1.00.

GROTH SERVICES

TIME OF TRANSFER INSPECTION MAP

DATE 8-20-09 SELLER ROBERT COSGROVE BUYER TONY SALOW

ADDRESS 24862 207TH AVE CITY LAKE DELHI



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:

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Signature: Richard Schneider (Transferor or Agent) Telephone No.: 922-2437

FILE WITH RECORDER **DNR form 542-0960 – Attachment #1 (June 26, 2009)**