Book 2009 Page 3613

Document 2009 GWH-3613 Type 53 001 Pages 7
Date 9/16/2009 Time 2:57:11PM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Norman Wellman

Address 1017 New Street, Manchester, IA 52057
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:

Name Eric G. Klaren

Address 2663 210th St., Earlville, IA 52041
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
2663 210th St., Earlville, IA 52041
Number and Street or RR | City, Town, or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) Lot Two (2) of a Subdivision of a parcel in the Southwest Quarter (SW 1/4)) of the Southeast Quarter (SE ¼) of Section Twenty Six (26), township Eighty Nine (89) North, Range Four (4), West of the 5th P.M., Delaware County, Iowa, according to plat recorded in Book 5 Plats, Page 151.

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)**
   - [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)**
   - [ ] There are no known private sewage disposal systems on this property.
   - [X] 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:

WELL IS LOCATED IN NW CORNER OF LOT.

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

Signature: Norman Wellman (Transferor or Agent) Telephone No.: (563) 927-2444

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

542-0191

Time of Transfer Inspection Report

Property Information

Current Owner: Norman Wellman

Buyer: Eric Klaren Realtor:

Mailing Address: 1017 New St. Manchester , Ia. 52057

Site Address/County: 2663- 210th Earlville / Delaware

Legal Description

No. of bedrooms: 3 Last occupied: currently Records available: yes

Permit/ installation date: July 1990 Separation distances (ok/no?): OK

Septic System Information

Septic tank(s): Size: 1000 Material: concrete Condition: good

Tank pumped? ☒ Y ☐ N Date: 9/8/09 Licensed pumper: |Don Kevhel

Septic/Trash/Processing tank: Size: Material: Condition:

Tank pumped? ☐ Y ☐ N Date: Licensed pumper:

Aerobic treatment unit (ATU) mfgr Size

Tank pumped? ☐ Y ☐ N Date: Licensed pumper:

Maintenance contract? ☐ Y ☐ N Expiration date: Service provider:

Condition:

Pump tanks/vaults: Type: Size: Condition:

Distribution system: Distribution box yes Outlets used 1 Condition: good

Header pipe(s): No. of lines: 1 Pressure dosed?

Secondary Treatment:

Length of absorption fields: 60′ Determined by: Pemit

Condition of fields: good Determined by: Hyd. Test

Type of trench material: rock

Size of sand filter: Determined by:

Vent pipes above grade? ☐ Y ☐ N Discharge pipe located? ☐ Y ☐ N

Effluent sample taken Results:

Media Filters: Type:

Maintenance contract? ☐ Y ☐ N Expiration date: Service provider:

Condition:

NPDES General Permit No. 4: Required? ☐ Y ☐ N Permitted? ☐ Y ☐ N NOI provided:

542-0191

Time of Transfer Inspection Report

Other components:

Alarms: ☐ Y ☐ N Working: ☐ Y ☐ N Disinfection: ☐ Y ☐ N Working: ☐ Y ☐ N

Control Box: _____ Timers: _____ Inspection Ports: _____

Other components: _____

Overall condition of the private sewage disposal system:

Report system status: _____

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: Jody Antrim Date: 9-08-09.

Name (print): Jody Antrim Certificate #: 8874

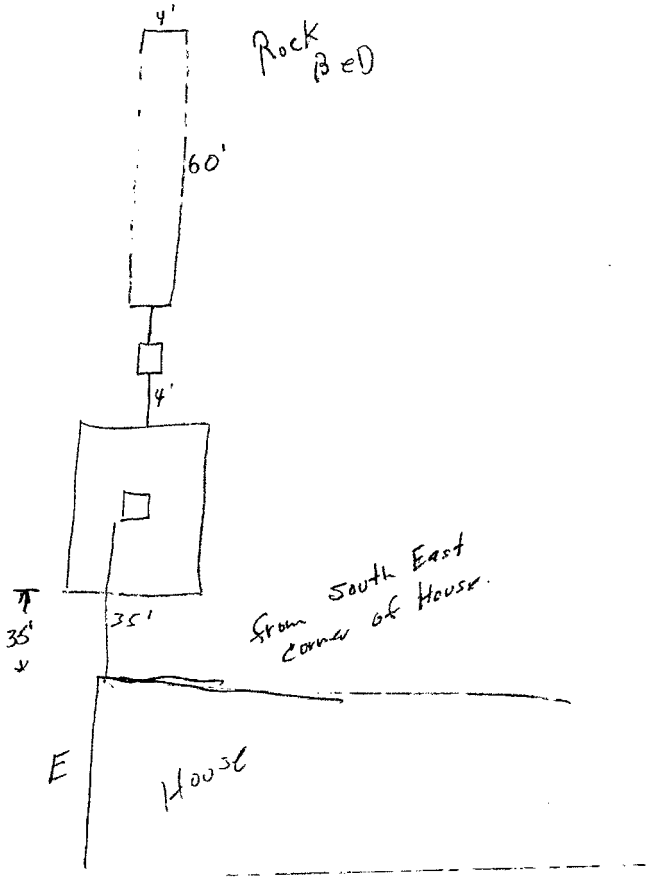
Address: 20984 264th St. Manchester, Ia 52057

Phone #: 563-922-2318

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, the county recorder and to:

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

The septic system at 2663 210th St. Earlville, Ia 52041, consists of a 1000gal 2 compartment concrete tank in good condition with baffles in place. The top of tank is approximately 16 inches below ground with no risers. The D-box has one line coming out into the secondary treatment field with one ten inch gravaeless pipe. Installer opt to put rock in around the pipe to increase the field.



2663 001 (1700X2185X24b jpeg)

DELAWARE COUNTY
BOARD OF SUPERVISORS (Print or Type) **Permit No.** 94

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: Box 340 Earlville Iowa Section 26 Township Owendale

LOCATION: SE ¼ SW ¼ SE ¼ T 89 - R 4 W

Owner: Norman Wellman Tenant: _____ Plumber: Robinson Plumbing

Lot Size: 350' x 250' 2 Acres Type Commercial: _____ Residential: (No. Bedrooms) 2 Earlville

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

Septic Tank made by Cascade Precast Garbage Grinder _____ Construction Material Concrete Gallons Cap 1000 ~~1250~~

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

Absorption Field: Total length of laterals 200 No. of lateral lines 2 Trenches

This system is new ✓ Existing ____.

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 7-3-90

By _____
INSPECTOR

_____
APPLICANT'S SIGNATURE

SEAL