Book 2009 Page 4085

Document 2009 GWH-4085 Type 53 001 Pages 2
Date 10/29/2009 Time 12:46:40PM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Randall G. Waterman and Kathleen A. Waterman

Address 104 East Butler Street, Apt #1, Manchester, Iowa 52057
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:

Name Travis A. Olson and Kala M. Olson

Address 840 East Howard Street, Manchester, Iowa 52057
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
1541 165th Street, Manchester, Iowa 52057
Number and Street or RR | City, Town, or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) See attached Exhibit "A"

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:

Well located 20' on NW side of house, between house and garage

active = yes

type = drilled

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.: 563-927-4410

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

EXHIBIT "A"

Lot One (1) in the Southeast Quarter (SE 1/4) of the Northwest Quarter (NW 1/4) of Section One (1), Township Eighty Nine (89) North, Range Six (6), West of the Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 5 Plats, Page 149; also Parcel D Of The Southeast Quarter (SE 1/4) Of The Northwest Quarter (NW 1/4), Section One (1), Township Eighty-Nine North (T89N), Range Six West (R6W) , Of The Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 1999, Page 3718; also Parcel G Part Of The Southeast Quarter (SE 1/4) Of The Northwest Quarter (NW 1/4) In Section One (1), Township Eighty-Nine North (T89N), Range Six West (R6W) Of The Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 2003, Page 4465

EXHIBIT "A"

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

Property information

Current owner Randy & Kathy Waterman
Buyer _____ Realtor F & G Realty
Mailing address _____

Site Address/County 1541 165th St Manchester IA
Legal Description _____

No. of bedrooms 3 Last occupied? 1's Records available _____

Permit/installation date 1998 Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1250 material concrete condition good
Tank pumped? yes date 10-8 licensed pumper ST 49
Septic/trash/processing tank: size NA material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

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

Pump tanks/vaults: type _____ size _____ condition _____

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

Secondary treatment:
length of absorption fields 60' determined by per permit
condition of fields good determined by _____
type of trench material plastic / rock

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 WA Working? _____ disinfection _____ working? _____

Control box _____ Timers_____ inspection ports _____

Other components _____
_____

Overall condition of the private sewage disposal system

Report system status system in good work 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 Downs Date: 10-11-09
Name (print): Bill Downs Certificate #: 8880
Address: 1492 110th Ap Dunlee IA
Phone # 563-920-9674

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

(Print or Type) **Permit No.** 809

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 1541 160th St Boothwyn Section 1 Township Upper Chichester

LOCATION: 1/4 1/4 1/4 T-39N R6W

Owner: Randy W. Fleeman Tenant: _____ Plumber: Coleman

Lot Size: 1.2 Acres Type Commercial: _____ Residential: (No. Bedrooms) 3

Fixtures: Stools 2 Lavatories 2 Bath Tubs 2 Showers 2 Sinks 1 Automatic Laundry 1 Sump Pump _____

Septic Tank made by Swift Eco Garbage Grinder _____ Construction Material Concrete Gallons Cap: 1000 1250

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

Absorption Field: Total length of laterals 570' No. of lateral lines 3-4

This system is new 1 Existing _____ Replace system

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 7-27-99

By _____
INSPECTOR

Kathleen A. Coleman
APPLICANT'S SIGNATURE

SEAL

