Book 2009 Page 4120
Document 2009 GWH-4120 Type 53 001 Pages 9
Date 11/02/2009 Time 10:46:17AM
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 A. Marsh and Rosemary Marsh

Address 2290 Jefferson Road, Manchester, Iowa 52057

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

TRANSFEREE:

Name David Eibey and Gretchen Eibey

Address 3042 110th Avenue, Ryan, Iowa 52330

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

Address of Property Transferred:

2290 Jefferson Road, Manchester, Iowa 52057

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

Legal Description of Property: (Attach if necessary) See 1 in Addendum

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. NE of home 12'
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:

_____

_____

_____

_____

_____

_____

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

Signature: Rosemary Marsh (Transferor or Agent) Telephone No.: 563-608-6505

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

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: Rosemary Marsh (Transferor or Agent) Telephone No.: 563-608-6505

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

Addendum

1. That part of the West one-half (W½) of the Southwest Quarter (SW¼) of Section Three (3), Township Eighty Eight (88) North, Range Five (5), West of the Fifth Principal Meridian described as commencing at the Northeast corner of the Southwest Quarter (SW¼) of the Southwest Quarter (SW¼) of said Section Three (3), and running thence South along the East line of said Southwest Quarter (SW¼) of the Southwest Quarter (SW¼) five hundred fifty eight and seven-tenths (558.7) feet to the centerline of the County Road, thence North 39° 48' West along said centerline four hundred eighty eight and seventy nine one-hundredths (488.79) feet, thence North 50° 12' East three hundred forty three and twenty one-hundredths (343.20) feet, thence East forty nine and thirty three one-hundredths (49.33) feet to the East line of said West one-half (W½) of the Southwest Quarter (SW¼), thence South along said East line thirty six and fifty one-hundredths (36.50) feet to the point of beginning, also Lot Seven (7) of Doyle's Second Subdivision Of Part Of The West Half Of The Southwest Quarter Of Section 3, Township 88 North, Range 5 West Of The 5th P.M., Delaware County, Iowa, according to plat recorded in Book 6, Plats, Page 29.

Harter Custom Pumping, Inc & Septic Service

Robb Harter * Owner/ Operator
3031 160th Street Dyersville, IA 52040 * 563-875-8730 or 563-542-1010

****

Homeowners:
Robert MAISH
2290 JEFFSON RD.
MANCHESTER

Age of Property
OVER 30
Occupied
(Yes) or No

Inspection Co:
Robb HARTER

Date of Inspection: 10-1-09

Does this evaluation/inspection meet the requirements of state and local agencies? Yes X No ___ N/A ___

Section 1: NEW

Location of the system: East West (North) South
Was Water run into the system for 30 minutes? (Yes) No
Does the septic tank have a visible riser? (Yes) No
Estimated size of tank Gallons 1250 *Basis for estimate*
What is the separation between well and septic? 100
Does the separation of the well and septic meet local requirements? (Yes) No N/A

Section2: Disposal Field

Any evidence of malfunction (No) Yes (Please check all applicable observed conditions)
___ Wet Areas ___ Unusual green/lush vegetation
___ Liquid Discharges to surface ___ Discharge pipe of unknown origin
___ Localized surface settling ___ Other (Describe below)

Septic Tank

Septic tank material X Concrete ___ Fiberglass ___ Other
Liquid Level in tank X Normal ___ Below Normal ___ Above Normal
Access opening in tank X One ___ Two ___ Three ___ None
Number of risers X One ___ Two ___ Three ___ None
Condition of baffles and or sanitary tees:
Inlet baffle or "T" X Present and functional ___ Not functional ___ None present ___ Not Visible
Outlet baffle or "T" X Present and functional ___ Not functional ___ None present ___ Not Visible
Tank was pumped X Yes ___ No (if no please explain below
Is system adequately sized for # of Bedrooms X Yes ___ No # of Bedrooms 3
Is system adequately sized for # of Bathrooms X Yes ___ No # of Bathrooms: ___
System working Properly X Yes ___ No (if no please explain below)

Additional Comments / Repairs needed:

Septic systems are subterranean, it is impossible to determine their overall condition. No prediction can be made as to when or if a system might fail.
This report comments on the workability of the system on the day of the inspection only, and is in no way intended to be a warranty.
Workability can be altered by factors such as excessive rainfall, heavy water usage, faulty plumbing, neglect or physical damage to the system. All tanks require pumping maintenance.

Inspected by Robb Harter Date: 10-1-09

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

Property information

Current owner ROBERT ROSEMARY MAISH
Buyer DAVE ELDEY Realtor THERESA TURNIS
Mailing address 2290 JEFFSON AV MANCHESTER IA

Site Address/County _____
Legal Description _____

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

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

Septic system information

Septic tank(s): size 1250 GAL material CONCRETE condition GOOD
Tank pumped? YES date 10-1-09 licensed pumper 99-200206
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 YES determined by D. BOX
condition of fields GOOD determined by _____
type of trench material ROCK PVC

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? X

Control box _____ Timers_____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status All 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.

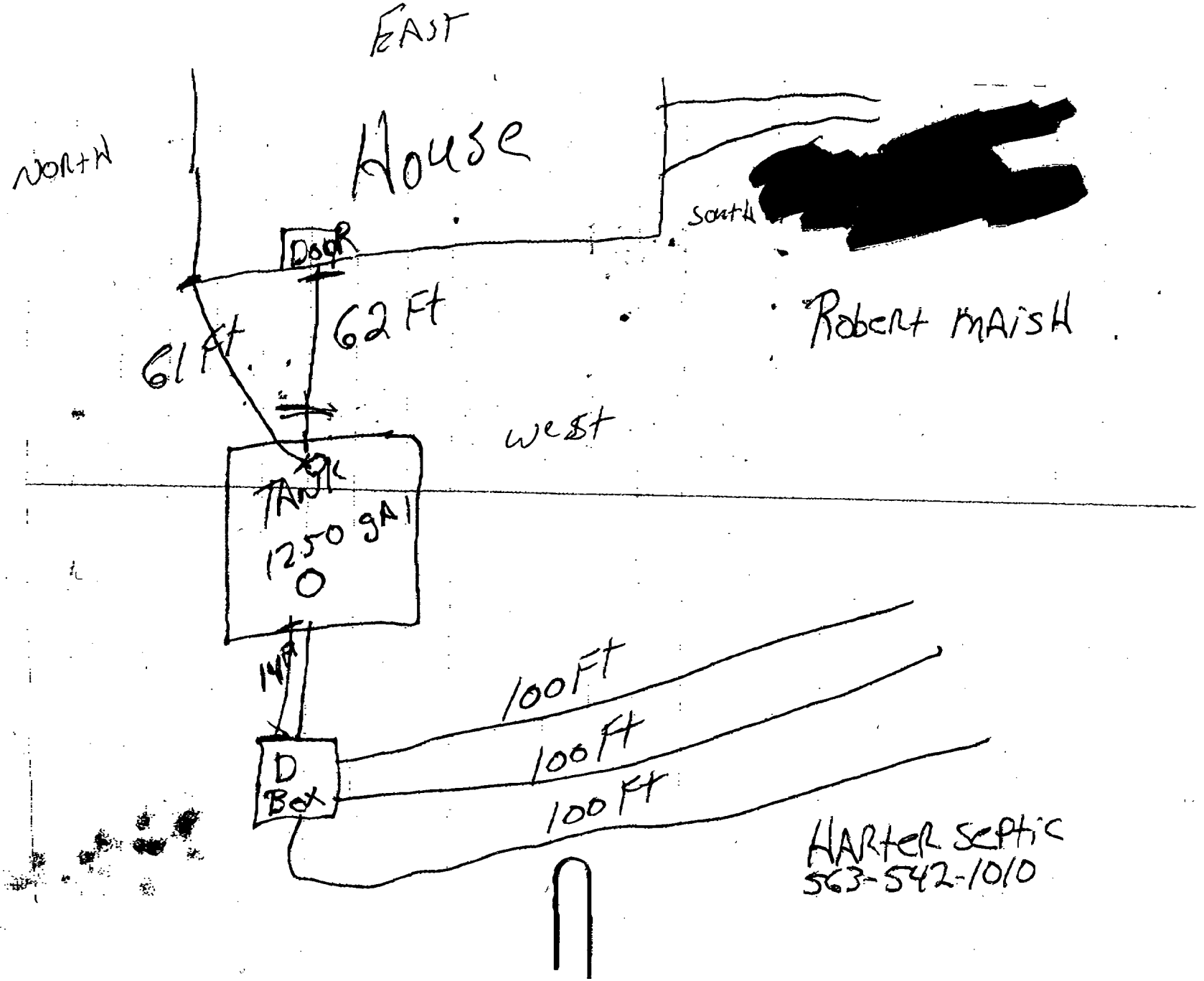
Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

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: Robb Harter Date: 10-1-09
Name (print): Robb Harter Certificate #: 99-200206
Address: 3031 160th St Princeville IA 52040
Phone # 563-542-1010

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


EAST
North
House
South
[redacted]
Door
62 Ft
61 Ft
Robert Marsh
west
Adj
1250 gal
14 Ft
100 Ft
100 Ft
100 Ft
D
Box
HARTER SEPTIC
563-542-1010

Time of Transfer Inspection Report

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

Control box _____ Timers_____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status All in good work condition-

Explain (attach additional pages as needed): _____

Comments: _____

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Name (print): Robb Harter Certificate #: 99-200206
Address: 3031 160th St Dyersville IA 52040
Phone # 563- 542- 1010

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