Book 2010 Page 1095
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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 Timothy L. Lewis

Address 1473 Early Stagecoach Rd., Manchester, Iowa 52057

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

**TRANSFEREE:**

Name Chad E. Gaulke

Address 1050 S. 3rd Street, Manchester, Iowa 52057

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

Address of Property Transferred:

1473 Early Stagecoach Rd., Manchester, Iowa 52057

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

Legal Description of Property: (Attach if necessary) Parcel H - Part Of The SW¼ Of The NE¼, And Part Of The NW¼ Of The SE¼ of Sec. 26, T89N, R6W, Of The Fifth P.M. Delaware County, Iowa, according to plat recorded in Book 1999, Page 2983.

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:**

(1) In basement; functional

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

Signature: Sue E Carr (Transferor or Agent) Telephone No.: 563-927-4164

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

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

Property information

Current owner Tim Lewis
Buyer Chad & Jenny Gaulke Realtor None
Mailing address _____

Site Address/County 1473 Early Stage coach Rd Manchester
Legal Description _____

No. of bedrooms 4 Last occupied? still Records available _____

Permit/installation date _____ Separation distances ok/ no? _____

Septic system information

Septic tank(s): size 1000 material concrete condition Fair
Tank pumped? yes date 3-18-2010 licensed pumper St 49
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) X # of lines 2 Pressure dosed? No
1½ Feet in ground / Sandy

Secondary treatment:
length of absorption fields 200 Ft determined by previous owner
condition of fields _____ determined by _____
type of trench material _____

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 Worksheet

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

Control box _____ Timers_____ inspection ports _____

Other components _____

_____

Overall condition of the private sewage disposal system

Report system status Is a old systen has never backed up

Explain (attach additional pages as needed): Sand point in basement / Field about 75 Feet From Sand Point (33 Feet) Water samples always come back good

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 Doms Date: 3-18-2010
Name (print): Bill Doms Certificate #: #8880
Address: 1487 110th Ave Dunlee
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;

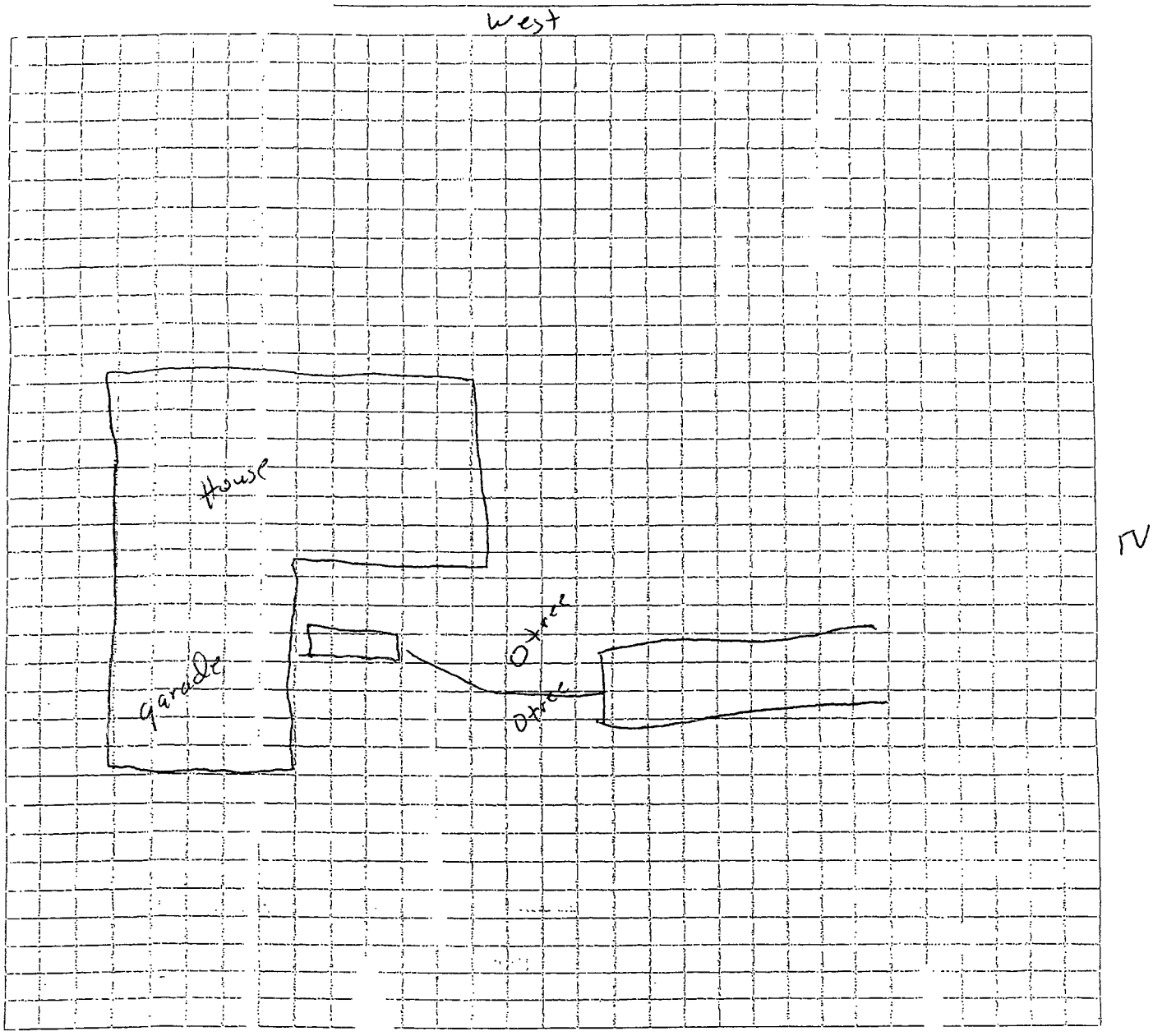
Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

# Site Evaluation Map



Designer _____

List any construction issues: _____




## Mapping Checklist

Map scale: _____ ___ indicate north ___ show slope _____ % direction ___

Locate

___ lot dimensions/property lines
___ dwellings and other improvements
___ existing and/or proposed system(s)
___ replacement area
___ unsuitable area(s)
___ public water supply wells
___ pumping access
___ inner wellhead zone

___ easements
___ phone
___ electric
___ gas
___ elevations
___ borings
___ benchmark
___ perc tests
___ horiz&vert reference pts

___ setbacks
___ building
___ all water wells within 100ft
___ pressure pipe
___ water suction pipe
___ streams, lakes, rivers
___ floodway and fringe

5042

# D&S Portables, Inc.

Clean, Portable Restrooms, Septic Pumping

**Bill Downs**
Owner/Operator

Phone 563-924-2225
Mobile 563-920-9674
Toll Free 877-875-2225

1497 110th Ave
Dundee, IA 52038-8641

CUSTOMER Tim Lewis DATE 3-18-2010

ADDRESS 1473 Early Stage Coach RD Manchester

| LOADS | DESCRIPTION | PRICE | AMOUNT |
|---|---|---|---|
| | Septic pumping | | 175 — |
| | Disposal Ampmosa | | 100 — |
| | Inspection & Reports | | 250 — |
| | | | 525 — |
| | P.O. | | |
| | RECEIVED BY | TAX | |
| | | TOTAL | |