Book 2010 Page 3527

Document 2010 GWH-3527 Type 53 001 Pages 7
Date 11/08/2010 Time 2:13:50PM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:
Name Donald J. Sullivan and Carla M. Sullivan

Address 2064 180th St., Manchester, IA 52057
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Alan C. Hermsen and Debra A. Hermsen

Address 27101 217th Street, Earlville, IA 52041
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
2064 180th St., Manchester, IA 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.
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)

- ☐ All buildings on this property are served by a public or semi-public sewage disposal system.
- ☐ This transaction does not involve the transfer of any building.
- ☑ There is a building served by private sewage disposal system on this property or a building without any lawful sewage disposal system. 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 building served by 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.
- ☐ There is a building served by private sewage disposal system on this property. The buyer has executed a binding acknowledgment with the county board of health to install a new private sewage disposal system on this property within an agreed upon time period. A copy of the binding acknowledgment is provided with this form.
- ☐ There is a building served by 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. [Exemption #9]
- ☐ This property is exempt from the private sewage disposal inspection requirements pursuant to the following exemption [Note: for exemption #9 use prior check box]: _____.
- ☐ 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: Donald J. Sullivan Carissa M. Sullivan Telephone No.: (563) 927-6748
(Transferor or Agent)

FILE WITH RECORDER **DNR form 542-0960 (Sept. 1, 2010)**

Addendum

1. That part of the Northwest Quarter (NW 1/4) of the Northeast Quarter (NE 1/4) of Section Fourteen (14), Township Eighty Nine (89) North, Range Five (5), West of the Fifth P.M., described as commencing at a point four hundred seventy five (475) feet East of the Northwest corner of said Northwest Quarter (NW 1/4) of the Northeast Quarter (NE 1/4), and running thence South two hundred sixteen (216) feet, thence East three hundred twenty five (325) feet, thence North two hundred sixteen (216) feet, thence West three hundred twenty five (325) feet to the point of beginning, and also the East two hundred one (201) feet of the West one thousand one (1001) feet of the North two hundred sixteen (216) feet of the Northwest Quarter (NW 1/4) of the Northeast Quarter (NE 1/4) of said Section Fourteen (14).

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

Property information

Current owner D.J. & Carla Sullivan
Buyer _____ Realtor Self
Mailing address 1915 210th st. Manchester IA.

Site Address/County 2064 180th st. Manchester IA
Legal Description _____

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

Permit/installation date 3-28-1996 Separation distances ok/ no? ok (Permit # 457

Septic system information

Septic tank(s): size 1250 material Concrete condition Good
Tank pumped? Yes date 10-11-10 licensed pumper St. 49
Septic/trash/processing tank: size N/A material N/A condition N/A
Tank pumped? N/A date N/A. licensed pumper N/A

Aerobic treatment unit (ATU) mfgr N/A size N/A
Tank pumped? N/A date N/A. licensed pumper N/A
Maintenance contract? N/A expiration date N/A service provider N/A
Condition N/A

Pump tanks/vaults: type Concrete size 1000 condition Good

Distribution system: distribution box Concrete outlets used 4 condition _____
Header pipe(s) 4 # of lines 4 Pressure dosed? NO

Secondary treatment:
length of absorption fields 270' determined by Permit
condition of fields U-k determined by U.k
type of trench material Rock + Pipe 19" Rock

Size of sand filter N/A determined by N/A
Vent pipes above grade? N/A discharge pipe located? N/A
Effluent sample taken? N/A Results N. A.

Media filters: type N/A
Maintenance contract? N/A expiration date N/A service provider N/A
Condition N/A

NPDES General Permit No. 4: required? _____ permitted? _____ NOI provided _____

Time of Transfer Inspection Worksheet

Other components:
Alarms N/A Working? N/A disinfection N/A working? N/A

Control box N/A. Timers N/A. inspection ports N/A.

Other components wiring is wire nuts looks O.K- lid were electrical is coming up needs to be sealed up better.

Overall condition of the private sewage disposal system

Report system status Hydralic test was done 10gpm @ 35 min septic flowed Good & Tanks were in good shape, complete system is in good working 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.

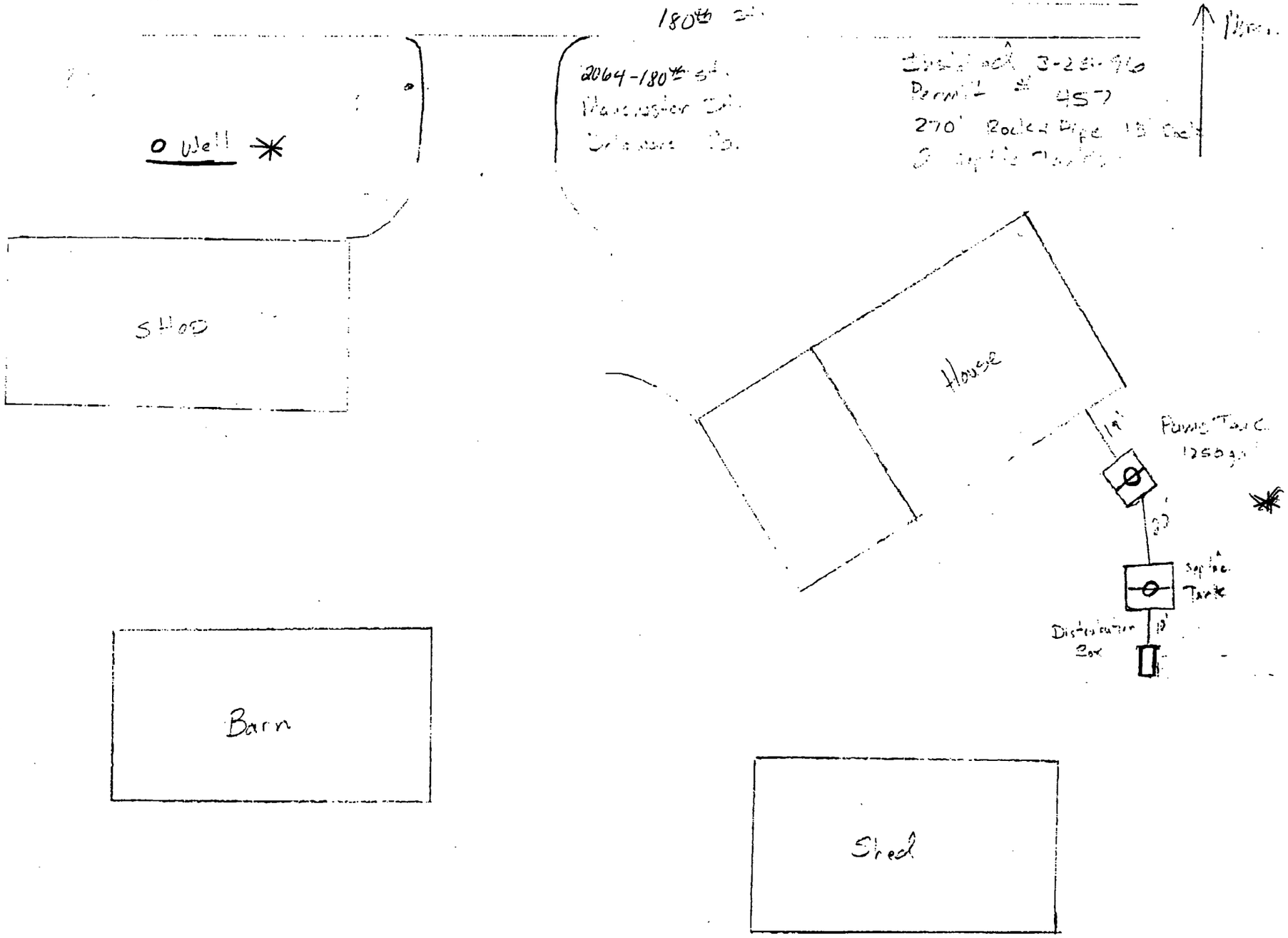
Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

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: _____ Date: 10-11-10
Name (print): Luke J. Ogden Certificate #: 6715
Address: 17120 185th st.
Phone # 563-927-6503

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



DJS AUTO
563-927-2342
p.12

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) **Permit No.** 457

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: RR 2 Hopechester Section 14 Township Delaware

LOCATION: 1/4 1/4 1/4 T-85N R5W

Owner: D. J. Sullivan Tenant: _____ Plumber: Sheet

Lot Size: 2.6 Acres Type Commercial: _____ Residential: (No. Bedrooms) 3

Fixtures: Stools 3 Lavatories 3 Bath Tubs 2 Showers 2 Sinks 1 Automatic Laundry 1 Sump Pump _____

Septic Tank made by Swales Garbage Grinder _____ Construction Material _____ Gallons Cap. 1250

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

Absorption Field: Total length of laterals 270' w 18" rock No. of lateral lines 3

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 3-28-96

By _____
INSPECTOR

Dana Sullivan
APPLICANT'S SIGNATURE

SEAL

No Map - Lake I think

Dick Clemons actually did work

DJS AUTO
563-927-2342
p.13