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Document 2012 GWH-2343 Type 53 001 Pages 8
Date 7/18/2012 Time 12:56:56PM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:
Name LuAnn Carpenter and Eugene Carpenter

Address 2150 205th Avenue, Manchester, Iowa 52057
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Michael J. Hermsen

Address 1603 300th Street, Ryan, Iowa 52330
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
2150 205th Avenue, 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.
   - X 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.
   - X 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)**
   - X 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)**
   - X 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)**
   - __ 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.
   - X 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:

Well is located Straight North of the Garage

Septic is located Straigh East of the back door of the house

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

Signature: Eugene Carpenter (Transferor or Agent) Telephone No.: (563) 920 0573

Addendum

1. That part of the Northwest Quarter (NW¼) of the Southeast Quarter (SE¼) of Section Thirty Five (35), Township Eighty Nine (89) North, Range Five (5), West of the Fifth Principal Meridian described as commencing fifty (50.0) feet East of the Northwest corner of said Northwest Quarter (NW¼) of the Southeast Quarter (SE¼) and running thence East on the North line of said Northwest Quarter (NW¼) of the Southeast Quarter (SE¼) a distance of two hundred (200.0) feet, thence South one hundred eighty (180.0) feet, thence West two hundred (200.0) feet, thence North one hundred eighty (180.0) feet to the place of beginning.

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

Property information

Current owner **Eugene Carpenter**
Buyer **Michael Hermsen** Realtor **F&M Realty/ Teresa Turnis**
Mailing address **2150 205th Avenue, Manchester, IA 52057**

Site Address/County **2150 205th Avenue, Manchester, IA 52057 / Delaware Co.**
Legal Description _____

No. of bedrooms **1** Last occupied? **current** Records available **no**
Permit/installation date **N/A** Separation distances ok/ no? **ok**

Septic system information

Septic tank(s): size **1,000** material **concrete** condition **good**
Tank pumped? **yes** date **6/06/2012** licensed pumper **Groth Services LLC**
There is no kitchen garbage disposal unit
There is no water softener

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

Pump tanks/vaults: type **N/A** size _____ condition _____
Distribution system: distribution box **None** outlets used **2 Tee's** condition **good**
Header pipe(s) **1** # of lines **3** Pressure dosed? **no**

Secondary treatment:
length of absorption fields **3 - 60' lines (180')** determined by **Televised & located electronically**
condition of fields **good** determined by **hydraulic load test**
type of trench material **gravel**

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

Media filters: type **N/A**
Maintenance contract? **no** expiration date _____ service provider _____
Condition _____

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

Voice and Fax 563-927-5823 Toll Free 800-790-5823 Cell 563-920-9219 Cell 563-920-5324

Time of Transfer Inspection Report

Other components:
Alarms **none** Working? _____ disinfection _____ working? _____

Control box _____ Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system _____

Report system status **Septic system and soil absorption system is functioning without any backups in the house and no sewage is surfacing in yard.**

Explain (attach additional pages as needed) **see attached narrative report**

Comments: **The soil absorption system did pass the hydraulic load test, 200 gallons that was required for this 2 bedroom home. This septic system does meet the Time of Transfer inspection criteria.**

Site status at conclusion of Time of Transfer inspection:

1 Verify that controls are set on the appropriate mode.
2 Power is on to all components.
3 Revisit all components to verify lids are secure.
4 Gather all tools for removal from the site.
5 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: **6/06/2012**
Name (print): **Roger Groth** Certificate #: **8813**
Address: **1690 165th Street, Manchester, IA 52057**
Phone # **563-927-5823**

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

GROTH SERVICES

NARRATIVE INSPECTION REPORT

6-06-2012

Eugene Carpenter
2150 205th Avenue
Manchester, IA 52057

HOME DESCRPTION:

Single story one bedroom home. one bath, Full Basement . No water softener, and no garbage disposal.

Distance from tank to deep well is greater than 50'
Distance from secondary treatment to well is greater than 100'

CONDITION:

Concrete tank is in fair condition and normal operating level. Tank has surface access risers on middle plug. Inlet and Outlet baffle are ok. Tested water flow from water hose at 5 gallons a minute and performed a 40 minute hydraulic load test at the septic tank outlet.

I inserted the sewer cam into the outlet pipe to find and map out the soil absorption system. There is no distribution box. Just one header pipe with 2 inline tee's to make a 3 trench system at approximately 60' each, total of 180'.

This three line leech system (180') did accept the hydraulic load test without backup or ponding.

This septic system does meet the Time of Transfer inspection criteria in it having secondary treatment.

Company Disclaimer

Based on what we were able to observe and our experience with on-site wastewater technology, we submit this sanitary sewage disposal system inspection report based on the present condition of the on-site sewage disposal system. Groth Services has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future. Because of the numerous factors (usage, soil characteristics, previous failures, ect.) which effect the proper operation of a septic system as well as the inability of our Company to supervise or monitor the use or maintenance of the system, this report shall not be construed as a warranty by our Company that the system will function properly for any particular buyer. Groth Services DISCLAIMS ANY WARRANTY, either expressed or implied, arising from the inspection of the septic system or this report. We are also not ascertaining the impact the system is having on the ground water.

I have studied the information contained herein and that my assessment is honest, thorough, and, to the best of my ability correct.

Certified by Roger Groth # 8813

_____ **DATE** 6-6-2012

This report may not be copied without written approval from Groth Services.

GROTH SERVICES

TIME OF TRANSFER INSPECTION MAP

DATE 6-6-2012 SELLER Eugene Carpenter BUYER _____

ADDRESS 2150 205th Ave CITY Manchester

