Book 2012 Page 2891

Document 2012 GWH-2891 Type 53 001 Pages 7
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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 Michael J. Sebeny and Penny D. Sebeny
Address 16375 - 189th Street, Manchester, Iowa 52057
Number and Street or RR | City, Town or P.O. | State | Zip

**TRANSFEREE:**
Name Christopher B. Henkaline and Laura C. Henkaline
Address 1722 120th Avenue, Dundee, Iowa 52038
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
~~16375 - 189th Street, Manchester, Iowa 52057~~ 16369 - 189th St., Manchester, IA 52057
Number and Street or RR | City, Town or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) Lot 12 of North Ridge Subdivision in the Southeast Quarter of the Southwest Quarter of Section 18, Township 89 North, Range 5, West of the 5th Principal Meridian, according to plat recorded in Book 7 Plats, Page 65.

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)**
   - X 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)**
   - 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 which has or is required by law to have a sewage disposal system.
   - 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 approximately 75 feet southeast of house.
Well is shared.

Septic inspection report and permit number is attached.

**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.: 563-927-6962

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)

OASIS PUMP SERVICE
1332 N. Franklin, Manchester, Iowa 52057
563-927-6503 888-666-6503
www.oasiswell.com

August 27, 2012

# Septic Inspection Report

Mike Sebeny
#885 @ 16369 189th St.
Manchester, IA 52057

**Home Description:**

4 bedroom residence, 3 ½ Baths, 5 sinks, water softner, floor drain, laundry

**Condition:**

Septic System was installed 5/11/2000 with a 1500 Gallon Concrete 2 Compartment Tank and 500 Ft. Rock & Pipe.

**Comments:**

We preformed a hydraulic loading test of 7.0 GPM @ 50 minutes and passed. Distribution box and liner are 4 1/2-5 1/2" feet in depth. D-Box is 7 hole PVC and lines are infiltrator. Rock and Pipe System was pumped 10/09 and inspected at the same time.

**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. Oasis Pump Service 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 numerous factors (usage, soil characteristics, previous failures, etc.) 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 constructed as a warranty by our Company that the system will function properly for any particular buyer. Oasis Pump Service **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 Luke Ogden #6715**

Luke Ogden **Date** 8-27-12

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

Property information

Current owner Mike Sebenoy
Buyer _____ Realtor _____
Mailing address 16369 189th st Manchester IA. 52057

Site Address/County 16369 189th st. Manchester IA.
Legal Description _____

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

Permit/installation date 685 5-11-2000 Separation distances ok/ no? ok

Septic system information

Septic tank(s): size 1500 material Concrete condition Good
Tank pumped? No date 10/09 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 N/A size N/A condition N/A

Distribution system: distribution box Yes outlets used 4 condition Good
Header pipe(s) N/A # of lines 4 Pressure dosed? N/A

Secondary treatment:
length of absorption fields 500' w 2" Rock determined by Permit
condition of fields Fair/Good determined by _____
type of trench material 2" 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? N/A permitted? N/A NOI provided N/A

## Time of Transfer Inspection Report

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 N/A

Overall condition of the private sewage disposal system

Report system status _____

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.

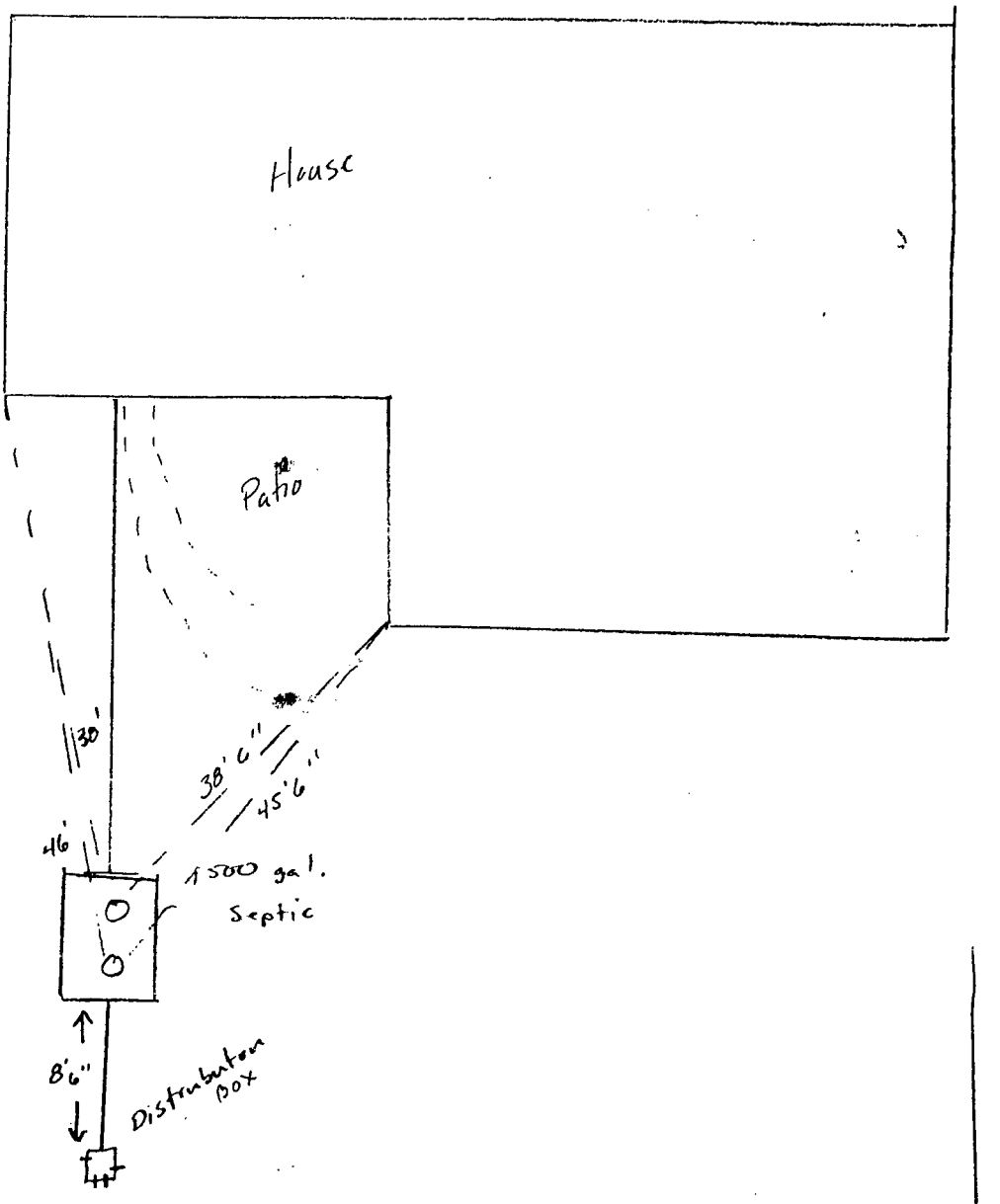
Signature of Certified inspector: _____ Date: 8-21-12
Name (print): Luke Ogden Certificate #: 6715
Address: 17120 185th St. Manchester IA
Phone # 563-927-4803

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

189th st.

Mike Sebeney
16369 189th st.
Manchester IA.



# ABSTRACT RECEIPT

RECEIVED THE ABSTRACT OF TITLE FROM F&M Iowa Realty
ON THE FOLLOWING:

CONTINUATION OF AN ABSTRACT OF TITLE TO: Lot Twelve (12) of North Ridge Subdivision in the Southeast Quarter of the Southwest Quarter of Section 18, Township 89 North, Range 5 West of the 5th Principal Meridian, according to plat recorded in Book 7 Plats, Page 65, from the 25th day of May, 2000, at 8:00 o'clock A.M. to the 20th day of August, 2012, at 8:00 o'clock A.M.

NAME: Sebeny/Henkaline

ADDRESS: 16369 189th St., Manchester, IA

DATE: _____ RECEIVED BY: _____

OF: _____