Book 2012 Page 3334
Document 2012 GWH-3334 Type 53 001 Pages 8
Date 10/02/2012 Time 2:54:01PM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Peter C. Buschmann and Jill L. Buschmann

Address 18133 224th Street, Manchester, Iowa 52057

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

TRANSFEREE:

Name Garry M. Dunn and Debra L. Dunn

Address 18495 224th Street, Manchester, Iowa 52057

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

Address of Property Transferred:
18133 224th Street, 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)**
   - 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:

Drilled well in working order located North East of House

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

Signature: x _____ Telephone No.: 563-608-0593
(Transferor or Agent)

Addendum

1. Lots Eleven (11) and Twelve (12) of Oak Way Extension, A Subdivision of part of the Northeast Quarter (NE¼) of the Northeast Quarter (NE¼) of Section Five (5), Township Eighty Eight (88) North, Range Five (5), West of the Fifth Principal Meridian, and part of the Northwest Quarter (NW¼) of Section Four (4), Township Eighty Eight (88) North, Range Five (5), West of the Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 4 Plats, Page 112.

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

Inspection Report

@22330 180th Ave. Manchester, IA

House Description:

Home has 4 bedrooms, 4 stools, 4 sinks, 1- tub, 3 showers and 2 laundries

Condition:

Septic System was installed October 21, 1990 by Dave Schulte Construction
a 1000 Gallon Concrete Septic Tank and approximately 270 Ft. Leach Field
1- Distribution Box and 3 outlets.

We preformed a hydrolic load test 7.5 GPM @ 45 minutes = 340 Gallon of water.
Everything took water good and leach field took water as needed.
Septic System is in good working condition.

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** Sept 26 2012

Pete & Jill Bushman
22330 180th Ave.
Manchester, IA 52057

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

Property information

Current owner Pete Bushman
Buyer _____ Realtor Self
Mailing address 22330 180th Ave Manchester IA

Site Address/County 22330 - 180th Ave Manchester IA
Legal Description Attached

No. of bedrooms 4 Last occupied? Present Records available Yes
Permit/installation date Permit # Date 10-21-90 SBP Separation distances ok/ no? olc

Septic system information

Septic tank(s): size 1000 gal material Concrete condition Fair
Tank pumped? Yes date 9-6-12 licensed pumper S+S
Septic/trash/processing tank: size N/A material N/A condition N/A
Tank pumped? N/A date _____ licensed pumper _____

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 concrete outlets used 3 condition Good
Header pipe(s) — # of lines 3 Pressure dosed? No

Secondary treatment:
length of absorption fields Appox 270' determined by Probe
condition of fields Good determined by Hydrual loading test
type of trench material Rock + Pipe

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: 9-24-12
Name (print): Luke Ogden Certificate #: 6218
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, county Recorder in the county the inspection was conducted and to;

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

P.01
563 927 5561
9 08:41 AM COUNTY SERVICES

DELAWARE COUNTY
BOARD OF SUPERVISORS (Print or Type) **Permit No.** 38 P

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: RR1 Manchester Section 4 Township M.10

LOCATION: NW 1/4 NW 1/4 NW 1/4 Section 4 T8N R5W

Owner: Mack Coretzko Tenant: _____ Plumber: Schmitt Const

Lot Size: 1 3/4 Acre Type Commercial: _____ Residential: (No. Bedrooms) 3

Fixtures: Stools 4 Lavatories 4 Bath Tubs 1 Showers 2 Sinks 1 Automatic Laundry 1 Sump Pump _____

Septic Tank made by Cascade Garbage Grinder _____ Construction Material Concrete Gallons Cap 1000

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

Absorption Field: Total length of laterals 170 No. of lateral lines 4

This system is new ✓ Existing _____

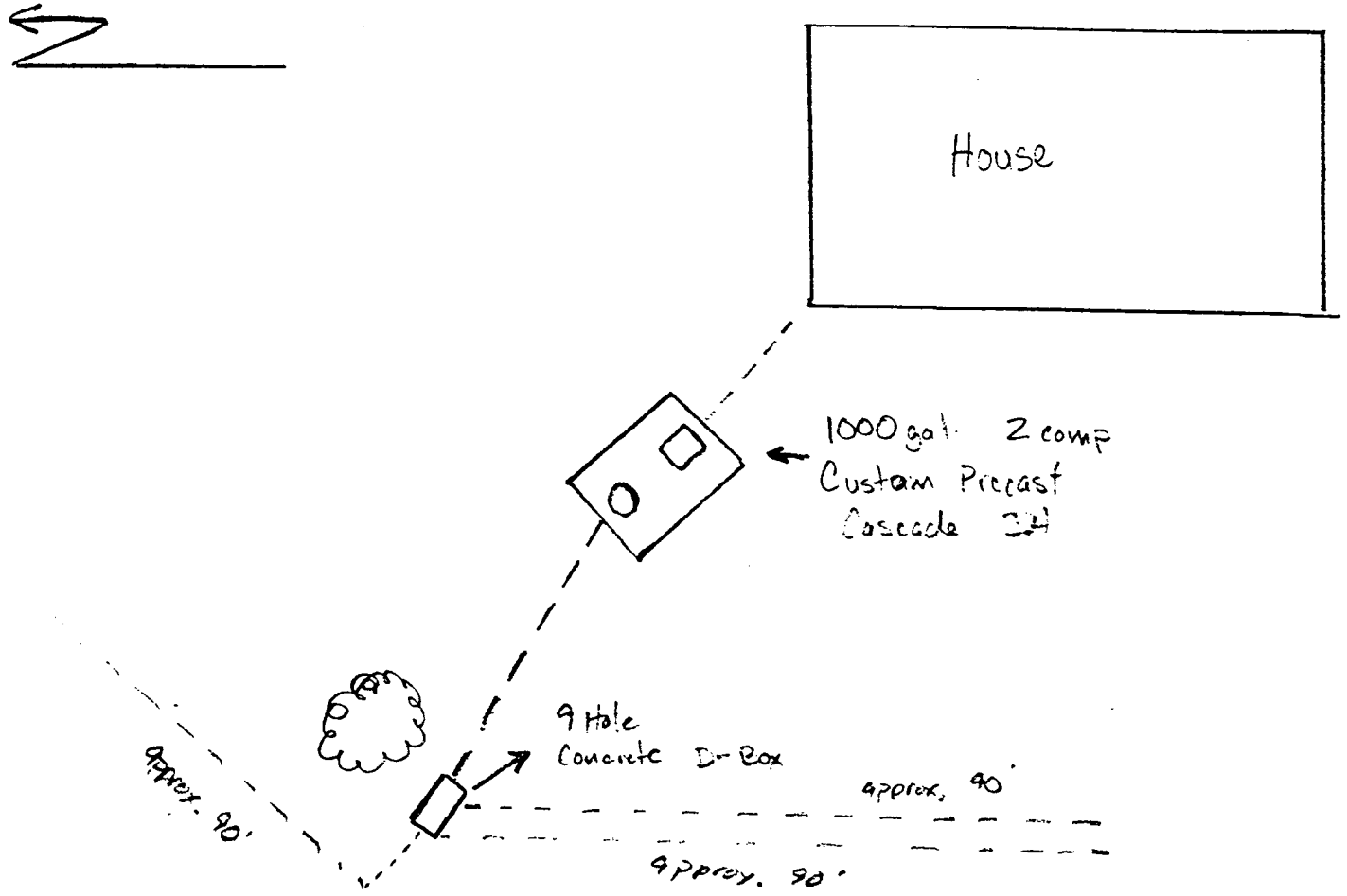
I certify that the above information is correct and that all proposed work will be completed in accordance with the Delaware County Regulations.

Date Approved 10-31-90

By Marianne Pebbles
INSPECTOR

Mark Smith
APPLICANT'S SIGNATURE

SEAL



Distribution Box

NE corner of House To D-Box

NW corner of House To D-Box

Approx. 270'

4" leach pipe & Rock

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