Book 2013 Page 2620
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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 Alan C. / Debra A. Hermsen

Address 2064 180th Street, Manchester, Iowa 52057

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

**TRANSFEREE:**

Name Nicholas L. Soules / Bobbie J. Brooks

Address 420 Main Street, Aurora, Iowa 50607

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

Address of Property Transferred:
2064 180th Street, Manchester, Iowa 52057

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

Legal Description of Property: (Attach if necessary) 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 Section Fourteen (14), a 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., in Delaware County, Iowa

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 approximately 130' NW 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 Alan C. Hermsen (Transferor or Agent) Telephone No.: (563) 927-2345

Alan C. Hermsen

## GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

**a. Solid Waste Disposal (check one)**

___ There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.

_X_ There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.

**b.. Hazardous Wastes (check one)**

_X_ There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.

___ There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.

Further descriptive information:

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Signature: X Alan C. Hermsen (Transferor or Agent) Telephone No.: (563) 927-2345

Alan C. Hermsen

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

Property information

Current owner Al -Deb Hermsen
Buyer _____ Realtor Goerdt
Mailing address 2064 180th Street Manchester, Ia 52057

Site Address/County 2064 180th Street Manchester, Ia 52057 /Delaware
Legal Description _____

No. of bedrooms 3 Last occupied? Now Records available yes

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

Septic system information

Septic tank(s): size 1250 material Concrete condition Good
Tank pumped? Yes date 6-22-12 licensed pumper ~~Sam~~ 358
Septic/trash/processing tank: size 950 material _____ condition _____
Tank pumped? Yes date 6-22-12 licensed pumper 358

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 Yes outlets used 3 condition Good
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields 3x100 determined by Prob
condition of fields Good determined by Dig up
type of trench material Rock & Pipe

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 Report

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

Control box _____ Timers _____ inspection ports _____

Other components TANK HAS LIFT PUMP AND HAS ALARMS

Overall condition of the private sewage disposal system

Report system status ALL IN GOOD WORKING CONDITION

Explain (attach additional pages as needed): _____

Comments: D BOX IS 18" DEEP, KEEP TANK PUMP EVEN 2.5-4 YEARS.

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: 6-22-12
Name (print): Harter Custom Pumping, Robb Harter Certificate #: 358
Address: 3031 160th St Dyersville IA 52040
Phone # 563 542 1010

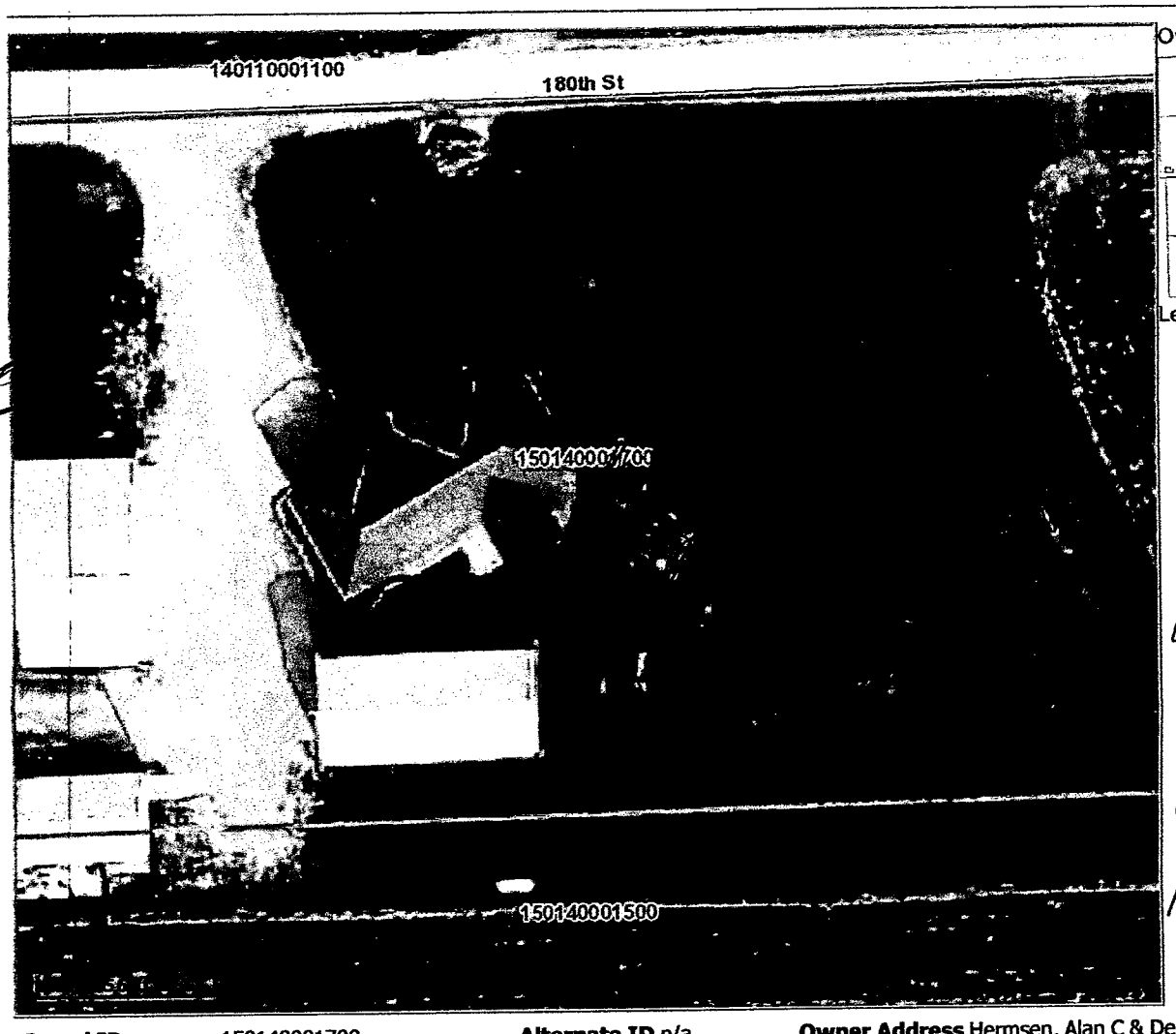
Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office, county Recorder in the county the inspection was conducted and to;

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

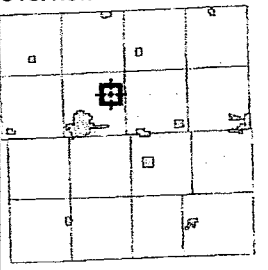
# Delaware County, IA

beacon™

Date Created: 7/20/2013




Overview



Legend

4x100Ft

All tank Have risen on them

A DBox two-

| | | | | | |
|---|---|---|---|---|---|
| **Parcel ID** | 150140001700 | **Alternate ID** | n/a | **Owner Address** | Hermsen, Alan C & Debra A |
| **Sec/Twp/Rng** | 14-89-5 | **Class** | R | | 2064 180th St |
| **Property Address** | 2064 180TH ST MANCHESTER | **Acreage** | 0.85 | | Manchester, IA 52057 |

**District** DELAWARE

**Brief Tax Description** N 216' E 325' W 800' NW NE & E 201' W 1001' N 216' NW NE

(Note: Not to be used on legal documents)

Well to tank 268Ft

Last Data Upload: 7/19/2013 11:28:37 PM

House to Lift Pump tank. 29Ft

Tank A to tank B 22Ft

Home to D Box 64Ft

Schneider developed by The Schneider Corporation www.schneidercorp.com

# Harter Custom Pumping, Inc & Septic Service

Robb Harter * Owner/ Operator
3031 160th Street Dyersville, IA 52040 * 563-875-8730 or 563-542-1010

**********

**Homeowners:**
Al - Deb Hermsen
2064 180th St
Manchester, IA
52057

**Age of Property**
90's
Occupied
(Yes) or No

**Inspection Co:**
Harter Custom Pumping, Inc
3031 160th St Dyersville IA
**Date of Inspection:**

Does this evaluation/inspection meet the requirements of state and local agencies? Yes X No ___ N/A ___

**Section 1:**

Location of the system: (East) West North South
Was Water run into the system for 30 minutes? (Yes) No
Does the septic tank have a visible riser? (Yes) No
Estimated size of tank 1250 Gallons *Basis for estimate*
What is the separation between well and septic? over 100 FT
Does the separation of the well and septic meet local requirements? (Yes) No N/A

**Section2: Disposal Field**

Any evidence of malfunction (No) Yes (Please check all applicable observed conditions)
___ Wet Areas ___ Unusual green/lush vegetation
___ Liquid Discharges to surface ___ Discharge pipe of unknown origin
___ Localized surface settling ___ Other (Describe below)

**Septic Tank:**

Septic tank material X Concrete ___ Fiberglass ___ Other
Liquid Level in tank X Normal ___ Below Normal ___ Above Normal
Access opening in tank ___ One X Two ___ Three ___ None
Number of risers ___ One X Two ___ Three ___ None
Condition of baffles and or sanitary tees:
Inlet baffle or "T" X Present and functional ___ Not functional ___ None present ___ Not Visible
Outlet baffle or "T" X Present and functional ___ Not functional ___ None present ___ Not Visible
Tank was pumped X Yes ___ No (if no please explain below
Is system adequately sized for # of Bedrooms X Yes ___ No # of Bedrooms: ___
Is system adequately sized for # of Bathrooms X Yes ___ No # of Bathrooms: ___
System working Properly X Yes ___ No (if no please explain below)

**Additional Comments / Repairs needed:**

***Septic systems are subterranean, it is impossible to determine their overall condition. No prediction can be made as to when or if a system might fail.***
***This report comments on the workability of the system on the day of the inspection only, and is in no way intended to be a warranty.***
***Workability can be altered by factors such as excessive rainfall, heavy water usage, faulty plumbing, neglect or physical damage to the system. All tanks require pumping maintenance.***

Inspected by: Robb Harter Date: 6-22-12