Book 2014 Page 2106
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Date 8/27/2014 Time 8:23:51AM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Dwayne E. Donels

Address 25899 206th Avenue, Manchester, Iowa 52057

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

TRANSFEREE:

Name Keith G. Rahe and Jacque K. Rahe, husband and wife, as joint tenants with full rights of survivorship

Address 30254 Golf Course Road, Dyersville, Iowa 52040

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

Address of Property Transferred:
25899 206th Avenue, Manchester, Iowa 52057

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

Legal Description of Property: (Attach if necessary) Cottage on leased land located in Section 23, Township 88 North, Range 5 West of the Fifth P.M. known as 25899 206th Ave., Manchester, IA 52057 Parcel ID#000250230100309

1. **Wells (check one)**
   - X 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.
   - 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)**
   - 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.)
   - X 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.
   - [ ] 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.
   - [X] 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:

• SEWER AGREEMENTS WITH 3RD PARTY (2)

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) Dwayne E. Donels Telephone No.: (563) 920-0816

FILE WITH RECORDER **DNR form 542-0960 (July 18, 2012)**

Addendum

1. Keith G. Rahe and Jacque K. Rahe, husband and wife, as joint tenants with full rights of survivorship

542-0191

Time of Transfer Inspection Report

Property Information

Current Owner: Dwayne Donels

Buyer Keith & Jacki Rahe Realtor: none

Mailing Address: 30254 Golf Course Rd. Dyersville, Ia

Site Address/County: 25899 206th Ave. Manchester Ia, 52057

Legal Description

No. of bedrooms: 3 Last occupied: current Records available: yes

Permit/ installation date: 11/22/06 Separation distances (ok/no?): ok

Septic System Information

Septic tank(s): Size: material: Condition:

Tank pumped? ☐ Y ☐ N Date: Licensed pumper:

Septic/Trash/Processing tank: Size: Material: Condition:

Tank pumped? ☐ Y ☐ N Date: Licensed pumper:

Aerobic treatment unit (ATU) mfgr Norweco Size 1500 gal.

Tank pumped? ☒ Y ☐ N Date: 08/08/14 Licensed pumper: Welu Pumping

Maintenance contract? ☒ Y ☐ N Expiration date: April of 2015 Service provider: JDC WORKS

Condition: Everything was good at the time of inspection.

Pump tanks/vaults: Type: Size: Condition:

Distribution system: Distribution box yes Outlets used 3 Condition: good

Header pipe(s): No. of lines: 3 Pressure dosed?

Secondary Treatment:

Length of absorption fields: 10'x 30' Bed Determined by: map

Condition of fields: good Determined by: HYD. TEST

Type of trench material: Domes

Size of sand filter: Determined by:

Vent pipes above grade? ☐ Y ☐ N Discharge pipe located? ☐ Y ☐ N

Effluent sample taken Results:

Media Filters: Type:

Maintenance contract? ☐ Y ☐ N Expiration date: Service provider:

Condition:

NPDES General Permit No. 4: Required? ☐ Y ☐ N Permitted? ☐ Y ☐ N NOI provided:

542-0191

Time of Transfer Inspection Report

Other components:

Alarms: ☒ Y ☐ N Working ☒ Y ☐ N Disinfection: ☐ Y ☒ N Working: ☐ Y ☐ N

Control Box: /working,yes Timer: yes Inspection Ports: _____

Other components: _____

Overall condition of the private sewage disposal system: At the time of inspection everything appeared to be in good condition

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: ~~Jody Antrim~~ Jody Antrim Date: 08/08/14

Name (print): Jody Antrim Certificate #: 8874

Address: 20984 265th St.

Phone #: 563-920-9388

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, the county recorder and to:

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

W

Duane Donald
25899 206th AVE.
Manchester, Ia.
52057

Bay

S

ADS
ARC 36

15 Biodiffuser

D-Box

20"

Back

6'

8'

Supply Pipe
Septic Tank

House

E

DELAWARE COUNTY
BOARD OF SUPERVISORS (Print or Type) **Permit No.** 1484

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 25899 700th Ave Section 23 Township Mi6

LOCATION: SW¼ SW¼ SE¼ sec 23 T-95-N R-5-W

Owner: Duane Daniels Tenant: _____ Plumber: Ankrom

Lot Size: 150x150 Type Commercial: _____ Residential: (No. Bedrooms) 2

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

Septic Tank made by Smolik Garbage Grinder _____ Construction Material concrete Gallons Cap. 1500

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

Absorption Field: Total length of laterals 10x30 No. of lateral lines _____

This system is new X Existing ___. Rollowing Norwood

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 11-22-06

By Dennis Lyon
INSPECTOR

Jody Clinton
APPLICANT'S SIGNATURE

SEAL

CHEMRIGHT LABORATORIES, INC.
117 N. Main St. - Maquoketa, IA 52060 - IA Lab# 379 - Phone 563-652-4226 - Fax 563-652-6137

TESTING REPORT

Dennis Lyons
Delaware County Health Department
Courthouse, 301 East Main
Manchester, IA 52057

Report Date: 08/15/14
Report Number: 13786
Sample Received: 08/14/14
Order Number: 12838

Sample ID	Parameter	Sample Matrix	Analysis Time	Method	Analyst	Codes		Result	Units
Duane Donells (bathroom) 25899 206th Ave. Manchester, IA									
140814-W-7983	Coliform (e-coli) MPN	Water	08/14/14 11:26	9223B-QT	SG	ND	<	1.0	cfu/100 ml
140814-W-7983	Coliform (total) MPN	Water	08/14/14 11:26	9223B-QT	SG	ND	<	1.0	cfu/100 ml
140814-W-7983	Nitrate-N	Water	08/14/14 15:28	300.0	SG			8.2	ppm

Code	Description
ND	Non-Detect. The value given is the detection limit.

No coliform bacteria was detected.
The infant health advisory limit for nitrate-N is 10 ppm.

Susan E. Gossman, Operations Manager — 08/15/2014
Technical Review — Date

CEDAR RAPIDS, IOWA
June 28, 1996

I Dennis Ball and Judy Ball agreed to the purchase of 1/3 of the well on the Ball property. Purchase price was $600.00 and paid in full by Dwayne Donels and Yvonne DeWald. Dwayne Donels and Yvonne DeWald agreed to pay $35.00 a year for the electric. If Dwayne Donels and Yvonne DeWald sell their cabin the well rights go with the sell of their cabin. If Dennis Ball and Judy Ball sell their cabin Yvonne DeWald and Dwayne Donels still have rights to the well on the Ball's property.

Signatures: Judy A. Ball Date: 10-13-96
Dennis S Ball Date: 10-13-96
Dwayne Donels Date: 10-13-96
Yvonne DeWald Date: 10-13-96

Sewer Agreement

Donels/ Ball

We, Dwayne & Yvonne Donels do agree to let Dennis & Judy Ball, at a time of their choosing, connect to and use our septic system at their expense. There is a charge for changing and cleaning the filters multiple times a year that would also be shared. In the event that repair or replacement would need to be done, in the future, would also be share equally.

In the event that either property is sold the new owner must agree to and sign this agreement.

Dwayne Donels

Dennis Ball

Yvonne Donels

Judy Ball

June 1, 2012