Book 2014 Page 2297
Document 2014 GWH-2297 Type 53 001 Pages 9
Date 9/16/2014 Time 2:32:03PM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Christopher B. Henkaline and Laura C. Henkaline

Address 16369 189th Street, Manchester, Iowa 52057

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

TRANSFEREE:

Name James L. Grundmeyer and Janice M. Grundmeyer

Address 1830 Buchanan Delaware Avenue, Masonville, Iowa 50654

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

Address of Property Transferred:
16369 189th Street, Manchester, Iowa 52057

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

Legal Description of Property: (Attach if necessary) 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.

1. **Wells (check one)**
   - ___ 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. front yard east of house
2. **Solid Waste Disposal (check one)**
   - ✓ 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)**
   - ✓ 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.)
   - ___ 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)**
   - ✓ 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.
   - ___ 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:

_____

_____

_____

_____

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.: 414-202-4686

Sept. 2014

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

Septic Inspection
Chris & Laura Henkaline
16369 189th St.
Manchester, IA 52057

On September 4, 2014 a Septic Inspection was performed at the above address.

House Description:

This house is a 4 bedroom, 3 ½ bath, 5 sink, 2 story home. Home has a water softener and floor drain in the laundry room.

Septic Description:

Septic system was installed May 11, 2000 by Dan Schulte consisting of 1 – 1500 gallon 2 compartment septic tank with 500' leach field, 2' wire, rock and pipe. Distribution box is concrete with PVC liner, 2 – 4" PVC baffles, no septic filter or speed levelers. A check valve has been installed on the incoming line to septic tank in the first compartment.

Septic Condition:

On September 4, 2014 a hydraulic load test was performed at 6.5 GPM for 90 minutes, total of 585 gallons of water. Distribution box is 42" to top and leach field is approximately 46" to top and 59" to the bottom. Septic field accepted water from the hydraulic load test. Septic tank was pumped on September 4, 2014 by D & S Portables.

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** 9/4/14

Owner: Chris & Laura Henkaline 16369 189th St. Manchester, IA 52057

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

Property information

Current owner Chris + Laura Henkeline
Buyer _____ Realtor Teresa Tarnis F&M Realty
Mailing address 16369 169th Manchester

Site Address/County 16369 169th st. Manchester IA
Legal Description Attached

No. of bedrooms 4/ permit # 885 Last occupied? 60 days Records available Yes
Permit/installation date 5/11/2000 Separation distances ok/ no? ok

Septic system information

Septic tank(s): size 1500 material Concrete condition Good
Tank pumped? Yes date 9/4/2014 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) No # of lines N/A Pressure dosed? No

Secondary treatment:
length of absorption fields 500' determined by Permit
condition of fields Fair determined by Hydraulic load test
type of trench material 2' 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 Worksheet

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 _____

_____

Overall condition of the private sewage disposal system

Report system status Attached

Explain (attach additional pages as needed): _____

_____

Comments: Attached

_____

_____

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: 9/4/14
Name (print): Luke Ogden Certificate #: 6715
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 in the county the inspection was conducted and to;

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

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.

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) Permit No. 885

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 16369 189th West of Hill Creek Rd Section 18 Township Delaware

LOCATION: SW 1/4 NW 1/4 SW 1/4 T-8 N R 5 W Manchester

Owner: Dan Schultz Sub Div Tenant: _____ Plumber: Schultz

Lot Size: .86 Acre Type Commercial: _____ Residential: (No. Bedrooms) 4

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

Septic Tank made by Swalos Garbage Grinder Jaeuble Construction Material Concrete Gallons Cap. 1500

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

Absorption Field: Total length of laterals 500' Linear Ft. No. of lateral lines 5

This system is new ✓ Existing _____ w/ 5' leads

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 5-11-00

By Lawrence Rubber
INSPECTOR

Dan L Schultz
APPLICANT'S SIGNATURE

SEAL

SEWAGE DISPOSAL SYSTEM

INFORMATION

PERMIT NO: 885

PLANNER: Self

FINAL INSPECTION

APPLICANT: Dawson/Fe

LOCATION SW 1/4 SW 1/4 SW 1/4 T-89N R5W

ADDRESS: 1895th St 1/2 E 17 North Rd

PERCOLATION TESTS: #1 _____ #2 _____ #3 _____ #4 _____

SEPTIC TANK SIZE: _____ COMPARTMENTS: 2

MANUFACTURER: Swales DEPTH: 14"

DISTANCE FROM HOUSE: 12' WELL: 100' +

DISTRIBUTION BOX: DEPTH: _____ LEVEL: _____

DISTANCE FROM HOUSE: _____ WELL: _____

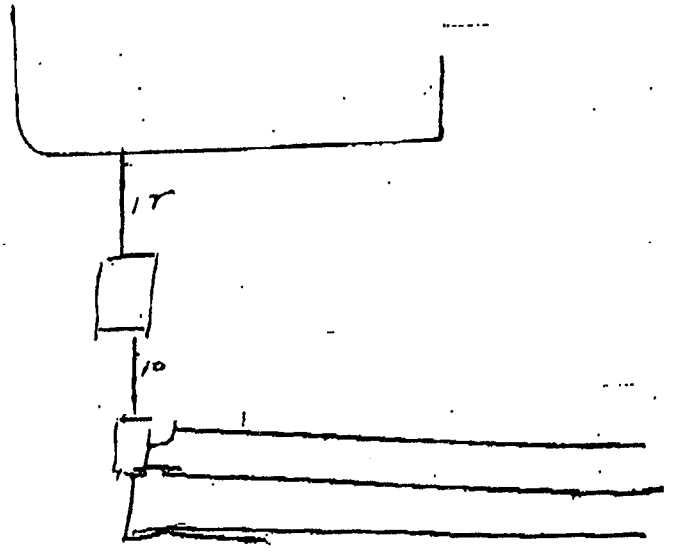
TRENCH #1 LENGTH: _____ WIDTH: _____ DEPTH: _____

TRENCH#2 LENGTH: _____ WIDTH: _____ DEPTH: _____

TRENCH#3 LENGTH: _____ WIDTH: _____ DEPTH: _____

TRENCH#4 LENGTH: _____ WIDTH: _____ DEPTH: _____

WELL



APPROVED ( ) REJECT ( ) INSPECTED BY:

189th st.

Mike Sebeney
16369 189th st.
Manchester IA.

