Book 2014 Page 2321

Document 2014 GWH-2321 Type 53 001 Pages 7
Date 9/17/2014 Time 3:03:35PM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Kathryn A. Hansen

Address 25936 206th Avenue, Manchester, Iowa 52057

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

TRANSFEREE:

Name Timothy Frake and Mary Frake

Address 524 Cork Drive, Cascade, Iowa 52033

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

Address of Property Transferred:
25936 206th Avenue, Manchester, Iowa 52057

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

Legal Description of Property: (Attach if necessary) A cabin, boat lift and utility shed all located on leased land locally known as 25936 206th Avenue, Lake Delhi, Iowa, and taxes as parcel number 250230101109 and located in Section 23, Township 88 North, Range 5 West of the 5th P.M., in Delaware County, Iowa.

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)**
   - 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:

_____

_____

_____

_____

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

Signature: Teresa Turnis - agent (Transferor or Agent) Telephone No.: (319) 270-7002

542-0191

Time of Transfer Inspection Report

Property Information

Current Owner: Kathy Hansen

Buyer Jim & Mary Frake Realtor: F & M Realty

Mailing Address:

Site Address/County: 25936 206th Ave. Manchester

Legal Description

No. of bedrooms: 6, Total for all cabins on system Last occupied: Cabin (weekends) Records available: yes

Permit/ installation date: 08/12/12 Separation distances (ok/no?): ok

Septic System Information

Septic tank(s): (2) Size: 2250 -3compartment and 2500 2compartment Material: Concrete Condition: good

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 Size

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

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

Condition:

Pump tanks/vaults: Type: concrete Size: 250 Condition: good

Distribution system: Distribution box N/A Outlets used Condition:

Header pipe(s): No. of lines: 1 Pressure dosed?

Secondary Treatment: Peat Filter

Determined by:

Condition of fields: Determined by:

Type of material: PEAT

Size of sand filter: Determined by:

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

Effluent sample taken N/A Results:

Media Filters: Type: PEAT Filter

Maintenance contract? ☒ Y ☐ N Expiration date: 08/29/14 Service provider: Oasis Well &

542-0191

Pump

Condition: _____

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

Time of Transfer Inspection Report

Other components:

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

Control Box: Yes /working Timers: _____ Inspection Ports: _____

Other components: _____

Overall condition of the private sewage disposal system:

Report system status: At the time of inspection everything appeared to be in good working condition.

Explain (attach additional pages as needed): _____

Comments: The system consisted of a 2500 gal. Two compartment Tank and a 2250 three compartment tank with the last compartment being a pump compartment to lift the effluent up into a peat filter system for the secondary system . The alarm in the pump is in good working condition at the time of inspection. All the lids are up to ground level. There is a effluent filter in the last tank that should be cleaned yearly .

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 Date: 08/26/14

Name (print): Jody Antrim Certificate #: 8874

Address: 20984 265th St. Manchester,Ia 52057

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:

42.41408
-91.39118

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) **Permit No.** 2097

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 25910-25886, 206th Ave Section 23 Township Milo

LOCATION: sec 23 T-88-N R.5-W

Owner: Jim Brown +3 Hermas Tenant: _____ Plumber: Kenway

Lot Size: _____ Type Commercial: _____ Residential: (No. Bedrooms) 6

Fixtures: Stools 5 Lavatories ___ Bath Tubs 4 Showers 4 Sinks 8 Automatic Laundry 1 Sump Pump ___

Septic Tank made by Swales Garbage Grinder _____ Construction Material Concrete Gallons Cap. 2 2500, 2500

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

Absorption Field: Total length of laterals 1-1ines No. of lateral lines _____

This system is new X Existing ___. tank open discharge

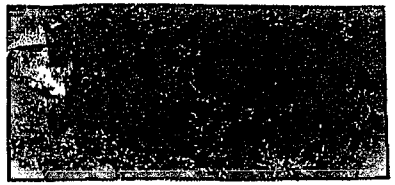
I certify that the above information is correct and that all proposed work will be completed in accordance with the Delaware County Regulations.

Date Approved: 8-14-12

By Dennis Lyons
INSPECTOR

SEAL

x Jim Brown / Owner 8/14
APPLICANT'S SIGNATURE





SEWAGE DISPOSAL SYSTEM

INFORMATION

PERMIT NO: 2097

PLUMBER: Conway

FINAL INSPECTION

APPLICANT: Jim Brown & other

LOCATION

ADDRESS: 25910 - 25844 & 2062 Pc

PERCOLATION TESTS: #1 #2 #3 #4

SEPTIC TANK SIZE: 2500 + 2500

COMPARTMENTS: 4

MANUFACTURER: Swales

DEPTH: 4'

DISTANCE FROM HOUSE: 7100

WELL: @ 60

DISTRIBUTION BOX: DEPTH: NA

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:

@0

8-16-2012

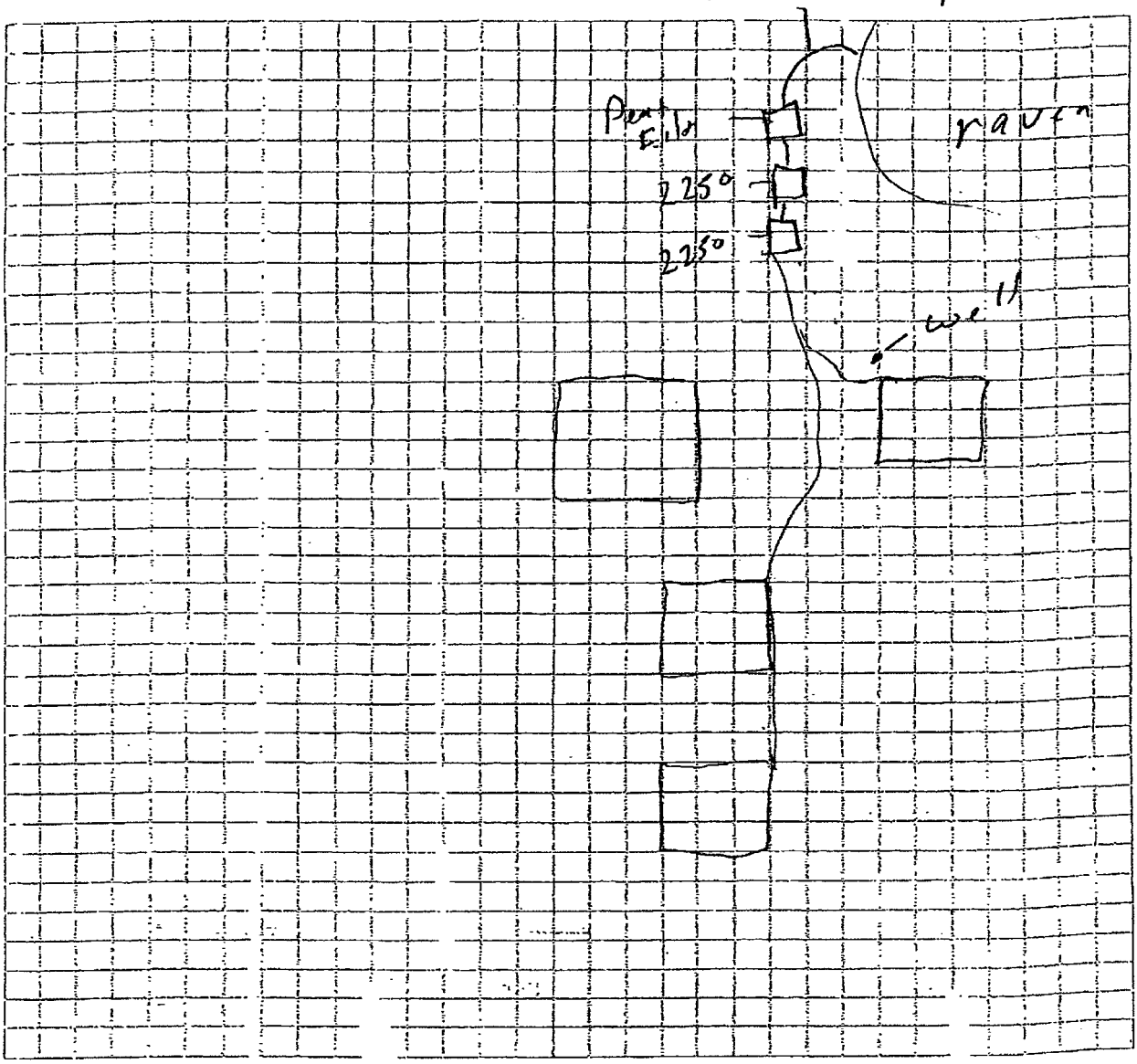
APPROVED X REJECT ( ) INSPECTED BY: Dennis Lyon

Evaluation Map *page 2 of 2*

Designer _____

any construction Issues: _____

_____ rock and pipe going to open ditch



Mapping Checklist

Map scale: _____ _____ ___ indicate north ___ show slope _____ % direction ____

Locate

___ lot dimensions/property lines
___ dwellings and other improvements
___ existing and/or proposed system(s)
___ replacement area
___ unsuitable area(s)
___ public water supply wells
___ pumping access
___ inner wellhead zone

___ easements
- ___ phone
- ___ electric
- ___ gas

___ elevations
- ___ borings
- ___ benchmark
- ___ perc tests
- ___ horiz&vert reference pts

___ setbacks
- ___ building
- ___ all water wells within 100ft
- ___ pressure pipe
- ___ water suction pipe
- ___ streams, lakes, rivers
- ___ floodway and fringe