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Date 1/20/2015 Time 8:46:51AM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Laura Ann Ausborn

Address 18698 166th Avenue, Manchester, Iowa 52057

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

TRANSFEREE:

Name Jered J. Rave and Angela S. Rave

Address 921 N. Franklin Street, Manchester, Iowa 52057

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

Address of Property Transferred:
18698 166th Avenue, Manchester, Iowa 52057

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

Legal Description of Property: (Attach if necessary) Parcel M in the NW¼ SE¼ and SW¼ SE¼ Section 18 - T89N - R5W Delaware County, Iowa, according to plat recorded in Book 2011, Page 3097

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. North West of the house working, drilled well
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: _____ Telephone No.: (563) 608-3893
(Transferor or Agent)

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

Property information
Current Owner LAURA AUSDOM
Buyer _____ Realtor _____
Mailing Address 18698 166 Ave MANCHESTER IA 52057
Site Address/County 140180201410 FD#

No. of Bedrooms 3 Last Occupied? NOW Disposal? (Y) / N Softener? (Y) N H_2O Supply? WELL

Records Available Yes Permit/Installation Date 7-5-01 Installer _____

Septic System Information
Septic Tank(s): Size 1250 Material CONCRETE Condition GOOD
Tank Pumped? Yes Date 12-22-14 Licensed Pumper 358
Septic/Trash/Processing Tank: Size 1250 Material CONCRETE Condition GOOD
Tank pumped? Yes Date 12-22-14 Licensed Pumper 358

Aerobic treatment unit (ATU) MFGR — Size _____
Tank Pumped? — Date — Licensed Pumper _____
Maintenance Contract? — Expiration Date _____ Service Provider _____
Condition —

Pump Ttanks/Vaults: Type — Size _____ Condition _____

Distribution System: Distribution Box Yes Outlets Used 3 Condition GOOD
Header Pipe(s) NO Number of Lines 3
Pressure Dosed? NO

Secondary Treatment
Length of Absorption Fields 3X100 Determined by DIG UP
Condition of Fields GOOD Determined by _____
Type of Trench Material ROCKS 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 submitted _____

Time of Transfer Inspection Worksheet

Other Components

Alarms _____ Working? _____ Disinfection _____ Working? _____

Control Box _____ Timers _____ Inspection Ports _____

Other Components _____

_____

Overall condition of the private sewage disposal system

Acceptable? X Unacceptable? _____

Explain (attach additional pages as needed): All in good working condition

_____

_____

_____

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.

Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.

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: Robb Hale Date: 12-22-14
Name (print): Robb Hale Certficate #: 358
Address: 5031 160th St Dyersville IA 52040
Phone # 563-542-1010

****

Homeowners: LAURA Ausbon
78698 166 Ave
Manchester IA
52057

Age of Property 7-5-01
Occupied
(Yes) or No

Inspection Co: Rob Harker
3031 160 St Dyersville

Date of Inspection: 12-22-14

Does this evaluation/inspection meet the requirements of state and local agencies? Yes ✓ 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? 165 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 ✓ Concrete ___ Fiberglass ___ Other
Liquid Level in tank ✓ Normal ___ Below Normal ___ Above Normal
Access opening in tank ✓ One ✓ Two ___ Three ___ None
Number of risers ___ One ✓ Two ___ Three ___ None
Condition of baffles and or sanitary tees:
Inlet baffle or "T" ✓ Present and functional ___ Not functional ___ None present ___ Not Visible
Outlet baffle or "T" ✓ Present and functional ___ Not functional ___ None present ___ Not Visible
Tank was pumped ✓ Yes ___ No (if no please explain below
Is system adequately sized for # of Bedrooms ✓ Yes ___ No # of Bedrooms: ___
Is system adequately sized for # of Bathrooms ✓ Yes ___ No # of Bathrooms: ___
System working Properly ✓ Yes ___ No (if no please explain below)

Additional Comments / Repairs needed:

1,250 Gal 5" Deep

Keep Tank even 3-5 Years

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: Rob Harker Date: 12-22-14

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) **Permit No.** 979

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 18698 166th Ave Manchester Section 18 Township Delaware

LOCATION: _____

Owner: Jason Kluesner Tenant: _____ Plumber: SELF

Lot Size: 1 ACRE Type Commercial: _____ Residential: (No. Bedrooms) 3

Fixtures: Stools 4 Lavatories 3 Bath Tubs 1 Showers 2 Sinks 1 Automatic Laundry ___ Sump Pump ___

Septic Tank made by _____ Garbage Grinder _____ Construction Material _____ Gallons Cap. 1250

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

Absorption Field: Total length of laterals 240' No. of lateral lines 3

This system is new X 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 7/5/01

By Norma Wilson
INSPECTOR

Jason Kluesner
APPLICANT'S SIGNATURE

SEAL

