Book 2015 Page 1528

Document 2015 GWH-1528 Type 53 001 Pages 6
Date 6/16/2015 Time 2:55:05PM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Michael R. Falconer

Address 16300 189th Street, Manchester, Iowa 52057

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

TRANSFEREE:

Name Mitch A. Devlin

Address 213 West Wood Drive, Strawberry Point, Iowa 52076

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

Address of Property Transferred:
16300 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 Two (2) of North Ridge Subdivision located in the SE¼ of the SW¼ of Section 18, Twp 89 North, Range 5 West of the 5th P.M., Delaware County, Iowa, according to plat recorded in Book 7 Plats, Page 65.

1. Wells (check one)

X There are no known wells situated on this property. ~~shared well to west neighbor~~

___ 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: Michael N. Falcone Telephone No.: 563-920-4717
(Transferor or Agent)

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

Property information

Current owner Mike Falcnor 563-920-4717
Buyer Mitch DeVlein Realtor Barb Sailor 920-5024
Mailing address GNB Realty 104 N Tama St Manchester Iowa

Site Address/County 16300 189th St Manchester Iowa
Legal Description

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

Permit/installation date 10-7-93 Separation distances ok/ no? ok

Septic system information

Septic tank(s): size 1000 material Concrete condition good
Tank pumped? yes date 1-4-13 licensed pumper St 49
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

Aerobic treatment unit (ATU) mfgr NA 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 Fair
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields 220 Ft determined by permit
condition of fields Fair determined by water test
type of trench material _____

Size of sand filter NA determined by _____
Vent pipes above grade? _____ discharge pipe located? _____
Effluent sample taken? _____ Results _____

Media filters: type NA
Maintenance contract? _____ expiration date _____ service provider _____
Condition _____

NPDES General Permit No. 4: required? _____ permitted? _____ NOI provided _____

Time of Transfer Inspection Worksheet

Other components:
Alarms WT Working? _____ disinfection _____ working? _____

Control box _____ Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status D Box 5 Ft to top Lip Bad put new on

Explain (attach additional pages as needed): _____

Comments: 30 minute water test (1) line (Not much) (1) line (Slow) (1) line good

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: Bill Downs Date: 5-18-15
Name (print): Bill Downs Certificate #: 8880
Address: 1487 110th Ave Denver IA
Phone # 563-924-2225

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

542-0191

3-2009

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type)

Permit No. 359A

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: RR 3 Manchester In Section 18 Township Delaware

LOCATION: 1/4 1/4 1/4 T-8 9 W D-5 W

Owner: Dan Schaffe Tenant: _____ Plumber: Schaffe Bros

Lot Size: 140 x 240 Type Commercial: _____ Residential: (No. Bedrooms) 3

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

Septic Tank made by Swales Garbage Grinder _____ Construction Material Concrete Gallons Cap. 1000

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

Absorption Field: Total length of laterals 250 10" No. of lateral lines 3-4

This system is new ✓ 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 10-7-93

By _____
INSPECTOR

Dan A Schaffe
APPLICANT'S SIGNATURE

SEAL

SEWAGE DISPOSAL SYSTEM

INFORMATION

FINAL INSPECTION

PERMIT NO: 2594

APPLICANT: M. Schultz

PLUMBER: Schultz Const

LOCATION New Addition

ADDRESS:

PERCOLATION TESTS: #1 #2 #3 #4

SEPTIC TANK SIZE:

COMPARTMENTS:

MANUFACTURER: Swales

DEPTH:

DISTANCE FROM HOUSE: 12'

WELL:

DISTRIBUTION BOX: DEPTH: 34"

LEVEL:

DISTANCE FROM HOUSE: 38

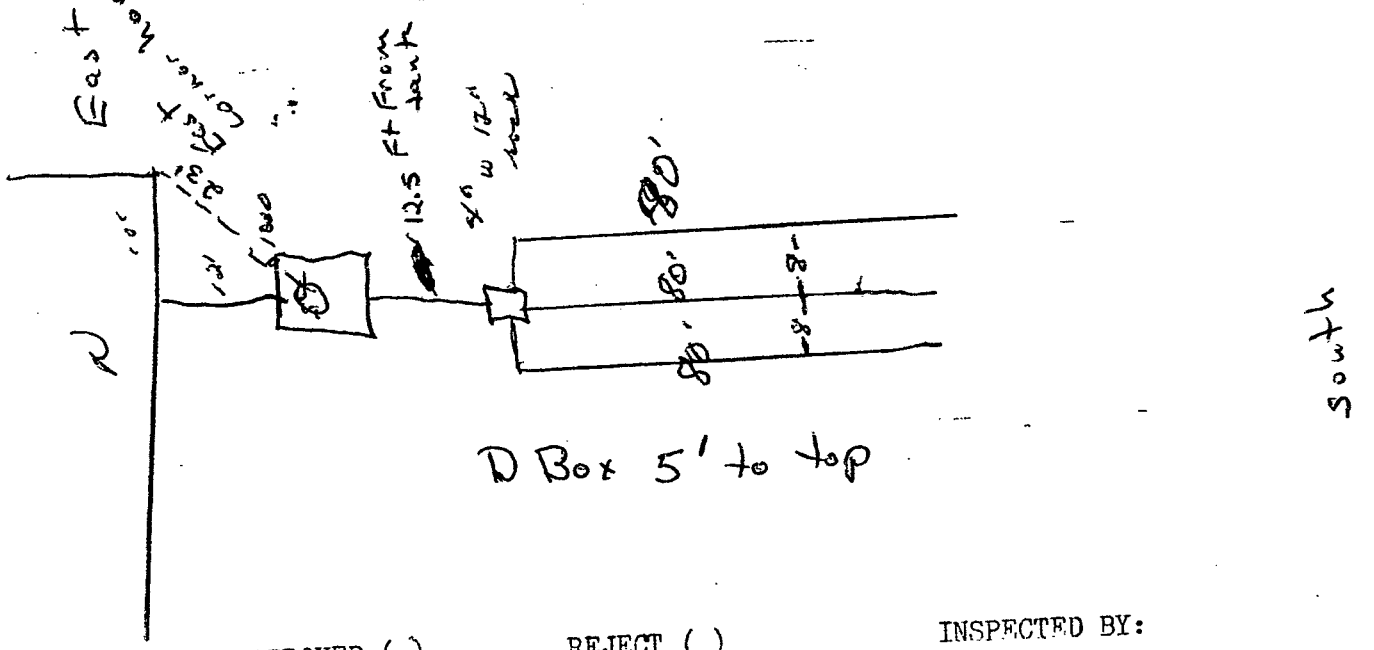
WELL: 120'

TRENCH #1 LENGTH: WIDTH: 18" DEPTH: 34

TRENCH#2 LENGTH: WIDTH: 18" DEPTH: 36

TRENCH#3 LENGTH: WIDTH: 18' DEPTH: 36

TRENCH#4 LENGTH: WIDTH: DEPTH:



APPROVED ( ) REJECT ( ) INSPECTED BY: