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Document 2015 GWH-1539 Type 53 001 Pages 9
Date 6/17/2015 Time 10:50:03AM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Dellene I. Stubenrauch

Address 503 Pruitt St, Ardmore OK 73401

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

TRANSFEREE:

Name Tyler Cumberland

Address 11973 400th Street, Strawberry Point IA 52076

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

Address of Property Transferred:

1192 400th Street, Strawberry Point IA 52076

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

Legal Description of Property: (Attach if necessary) See 1 in Addendum

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.
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:

1. Well located app. 25' SE of House.

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.: 563-576-8501

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

Addendum

1. That part of the Northeast Fractional Quarter of the Northeast Quarter of Section 5, Township 90 North, Range 6, West of the 5th P.M., described as commencing at a point 344.5 feet West of the Northeast corner of said Northeast Quarter, and running thence South 495.0 feet, thence West 143.3 feet, thence North 495.0 feet, thence East 143.3 feet to the point of beginning,;
   AND
   Lot 4 of Fleming's First Subdivision of part of the Northeast Fractional Quarter of the Northeast Quarter of Section 5 and part of the Northwest Fractional Quarter of the Northwest Quarter of Section 4, Township 90 North, Range 6, West of the 5th P.M., according to Survey and Plat recorded in Book 3 Plats, Page 62, Delaware County, Iowa.

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

Property information

Current owner Leon Borcherding
Buyer Ty Cumberland Realtor
Mailing address 503 Pruitt St. Ardmore OK 7341

Site Address/County 1192 400th St Strawberry.
Legal Description

No. of bedrooms 3 Last occupied? unknown Records available Yes
Permit/installation date 5/11/10 permit # 1790 Separation distances ok/ no? ok

Septic system information

Septic tank(s): size 1000 Single Stage material concrete condition Fair
Tank pumped? Yes date 5/1/15 licensed pumper S.T. 45
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 Concrete size 500 condition Very Good

Distribution system: distribution box Yes outlets used 5 condition Very Good
Header pipe(s) No # of lines N/A Pressure dosed?

Secondary treatment:
length of absorption fields 35' x 4 determined by Map
condition of fields Very good determined by Hydulic load test
type of trench material Sand & gravel

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 Yes Working? Yes 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 Separate sheet.

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: _____ Date: 4/30/15
Name (print): Luke Ogden Certificate #: 6715
Address: 17120 185th St. Manchester
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

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

Septic Inspection
Leon Borcherding
1192 400th St.
Strawberry Point, IA 52076

On April 30, 2015 a Septic Inspection was performed at the above address.

House Description:
The house has two bathrooms and three bedrooms and is approximately 1200 sq. feet, located on 10 acres.

Septic Description:
Septic System was upgraded on May 11, 2010. Used existing 1250 gallon tank and put in new 500 gallon pump tank with a 25 x 35 rock and sand bed with discharge pipe to the ditch. Discharge was dry even after hydraulic load test was completed. One 7 hole distribution box and an alarm are in working order. New septic bed appears to be excavated approximately 12 inches into virgin ground and raised above grade with sand and rock.

Septic Condition:
A hydraulic load test was performed on leach bed at 6.5 GPM for 70 minutes for a total of 455 gallons of water. System accepted water very well. Septic System is in good working order.

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.

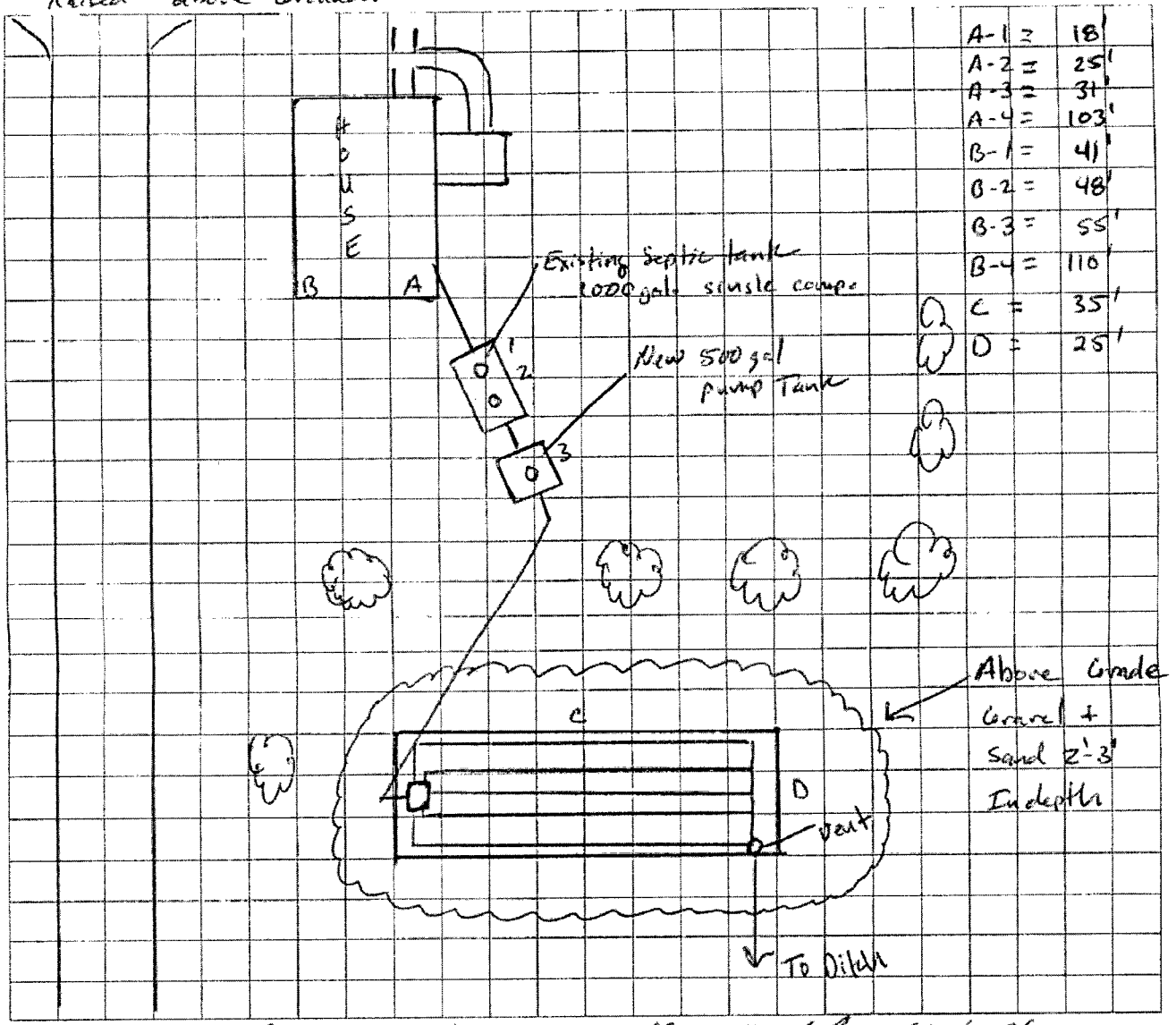
Certified by Luke Ogden #6715

Luke Ogden T.O. Date 4/30/15

Owner: Leon Borcherding 1192 400th St. Strawberry Point, IA 52076

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

OWNER: Leon Borchardring **DATE:** 4/30/15
SITE ADDRESS: 1192 400th St. **TOWN/COUNTY:** Strawberry Pt. / Delaware
GPS: Long: -91.568036 Lat: 42.643558
TANK SIZE: 1000 / 500 Plastic **OR** (Concrete) **D-BOX:** (1) or 9 **OUTLETS USED:** 5
SECONDARY TREATMENT: 25' Wide x 35' long Bed. Sand in Bottom + Rock on Top with leach Pipe. Then Drain Pipe to Dry Ditch Raised above Ground.



NOTES: 1000 gallon tank is approx 1978 model Single Stage - New leach Bed + Pump tank was installed 5/11/10

There is a pipe after it sand runs to open discharge

DELAWARE COUNTY

BOARD OF SUPERVISORS

PERMIT NO. 1790

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS 1192 900th St SECTION 5 TOWNSHIP Richland

LOCATION QT NE QT NE SEC 5 T 90 N R 6 W Parcel# 080050062200

Owner Richard Stubenrauch Plumber Brown

Lot size 10 acres Type Commercial _____ Residential (No. Bedrooms) 3

Fixtures: Stools 2 Bath tubs ____ Showers 2 Sinks 3 Automatic Laundry 1 Lift Pump 1

Septic tank made by Precast Septic Tank Construction Material Cmtk Gallon Cap. 500 1000 gal. Single - Lift Garbage disposal ____

Absorption Field: Total length of Laterals _____ No. of lateral lines _____ Size of leach bed 25 x 3

Trench Material rock + pipe (Sand) Secondary Treatment Type mound

This system is new construction ____ Existing X Lat. 42.64333 Long. -91.56700

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

Date Approved 5-11-10

_____

APPLICANT'S SIGNATURE

By Dennis Lyons

INSPECTOR

Stahlenbach

