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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Jamie J. Reth*

Address 1209 N. 16th St (Number and Street or RR) Manchester (City, Town or PO) IA (State) 52057 (Zip)

TRANSFEREE:

Name Chad M. Wulfekuhle*

Address 18706 173rd Ave, Manchester, Iowa 52057 (Number and Street or RR) (City, Town or PO) (State) (Zip)

Address of Property Transferred:

1634 195th St, Manchester, Iowa 52057 (Number and Street or RR) (City, Town or PO) (State) (Zip)

Legal Description of Property: (Attach if necessary)

LOT THREE (3) OF "RIDGEWAY ACRES" A SUBDIVISION OF PART OF THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER (SE1/4-NW1/4) AND PART OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER (NE1/4-SW1/4) OF SECTION 19, TOWNSHIP 89, NORTH, RANGE 5 WEST OF THE FIFTH PRINCIPAL MERIDIAN, DELAWARE COUNTY, IOWA, ACCORDING TO PLAT RECORDED IN BOOK 7 PLATS, PAGE 208

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.

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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:

Well is located in NE Corner of Property near the flag pole.

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.: 319-721-8859

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

Property information

Current owner Jamie Shannon Rett 319-721-9859
Buyer Chad Wulfekuhle Realtor S Kosmon Realty
Mailing address Krista Baldwin 920-9194

Site Address/County 1634 195th st Manchester Eq
Legal Description

No. of bedrooms 3 Last occupied? still Records available

Permit/installation date 6-20-05 Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1500 material Concrete condition good
Tank pumped? yes date 8-12-12 licensed pumper SJ 49
Septic/trash/processing tank: size NA 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 NA size condition

Distribution system: distribution box yes outlets used 4 condition good
Header pipe(s) # of lines Pressure dosed?

Secondary treatment:
length of absorption fields 300 Ft determined by permit
condition of fields good determined by 30 minute test
type of trench material Vire chamber

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 NA Working? _____ disinfection _____ working? _____

Control box NA Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status Newer system good shape

Explain (attach additional pages as needed) (3) line great (2) line slow
Pat speed levelers on the even rate

Comments: tank was pumped 8-13-12 9 mos + 3 yrs
needs to be pumped again in 2 years ac SO

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 Davis Date: 7-6-15
Name (print): Bill Davis Certificate #: 5810
Address: 1497 110th Ave Dunlap
Phone # 563-924-2223

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

B:11 Downs

DELAWARE COUNTY
BOARD OF SUPERVISORS (Print or Type) **Permit No.** 1333

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 1634 195th St Section 19 Township Orleans

LOCATION: NE¼ NE¼ SW¼ Sec 19 T-89-N R.5-W

Owner: Hubbard, Cole Tenant: _____ Plumber: Self

Lot Size: 2.25 acres Type Commercial: _____ Residential: (No. Bedrooms) 3

Fixtures: Stools 4 Lavatories ___ Bath Tubs 3 Showers 3 Sinks 5 Automatic Laundry 1 Sump Pump ___

Septic Tank made by Sturdee Garbage Grinder _____ Construction Material Concrete Gallons Cap 1500

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

Absorption Field: Total length of laterals 300 No. of lateral lines 4-4

This system is new X Existing ___ with Chamber 1-L:Fd From Basement

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

Date Approved 6-20-05

By Dennis Lyon
INSPECTOR

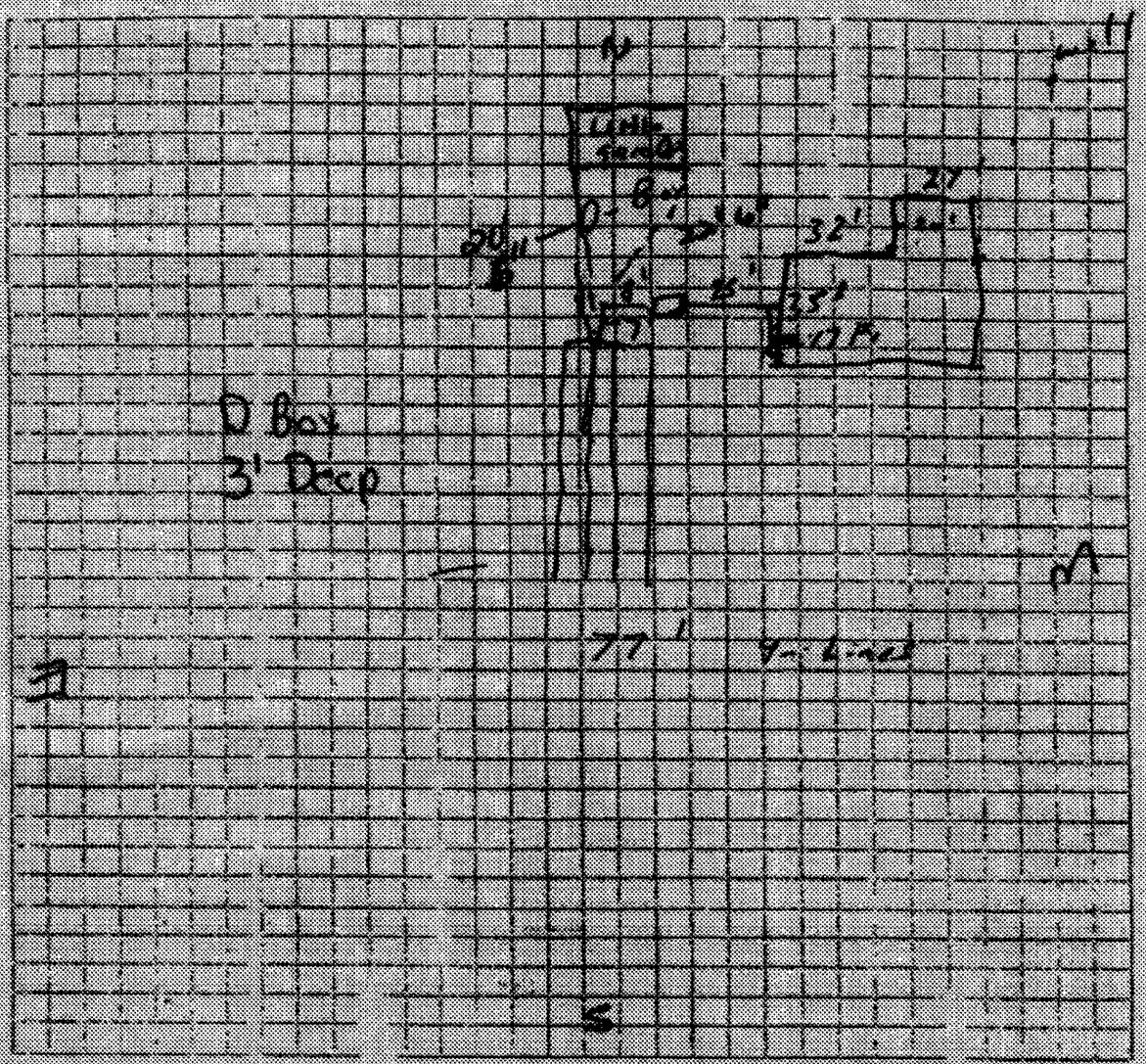
Cole Hubbard
APPLICANT'S SIGNATURE

SEAL

_valuation Map page 2 of 2

Designer Hubbard

List any construction issues:



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



