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Document 2015 GWH-2157 Type 53 001 Pages 6
Date 8/11/2015 Time 11:54:46AM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Thomas R. McLaughlin

Address	20503 253rd St	Delhi	IA	52223
	Number and Street or RR	City, Town or P.O.	State	Zip

TRANSFEREE:

Name M. Jayne Teal

Address	2203 Oakdale Rd	Coralville	IA	52241
	Number and Street or RR	City, Town or P.O.	State	Zip

Address of Property Transferred:

20503 253rd St	Delhi	IA	52223
Number and Street or RR	City, Town or P.O.	State	Zip

Legal Description of Property: (Attach if necessary)

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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:

Private deep water well located to the Rear (offwater/river side of property) Approximately 12' to the South side 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: _____ Telephone No.: (319) 321 6635
(Transferor or Agent)

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

EXHIBIT "A"

LOTS TWENTY THREE (23) AND TWENTY THREE-A (23A) OF LAKE VIEW FIRST ADDITION TO DELAWARE COUNTY, IOWA, ACCORDING TO PLAT RECORDED IN BOOK 6 PLATS, PAGE 42, SUPERSEDED BY PLAT RECORDED IN BOOK 6 PLATS, PAGE 55.

Time of Transfer Inspection Worksheet

Other components:
Alarms X Working? X disinfection X working? Y

Control box X Timers X inspection ports Y

Other components Y

Overall condition of the private sewage disposal system

Report system status performed 1 hr. hydraulic test there was no rise in effluent in the D-Box

Explain (attach additional pages as needed): Added 12" rizer + lid to access septic filter

Comments: Day of inspection this system was in good working condition
Look to map for other information
This system had been pumped 3 times before inspection

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: Scott Harbach Date: 7-29-2015
Name (print): Scott HARBACH Certificate #: 8815
Address: 2443 210th Ave. Delhi, IA 52223
Phone # 563-920-7622

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

[redacted]

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

- Property information

Current owner Tom McLaughlin
Buyer Jayne Teal Realtor Dennis Wood - Iowa Realty
Mailing address Iowa City, IA

Site Address/County 20503 253rd St. Delhi, IA Delaware Cty.
Legal Description Sec. 23 T-88-N R-5-W Milo Twnship

No. of bedrooms 3 Last occupied? Current Records available NO

Permit/installation date UNKNOWN Separation distances ok/ no? OK

- Septic system information

Septic tank(s): size 1000 g. Dual compartment material Concrete condition GOOD
Tank pumped? yes date 1-16-15 licensed pumper ST 347
Septic/trash/processing tank: size X material X condition X
Tank pumped? X date X licensed pumper X

Aerobic treatment unit (ATU) mfgr X size X
Tank pumped? X date X licensed pumper X
Maintenance contract? X expiration date X service provider X
Condition Y

Pump tanks/vaults: type X size X condition X

Distribution system: distribution box yes outlets used 3 condition GOOD
Header pipe(s) # of lines Pressure dosed?

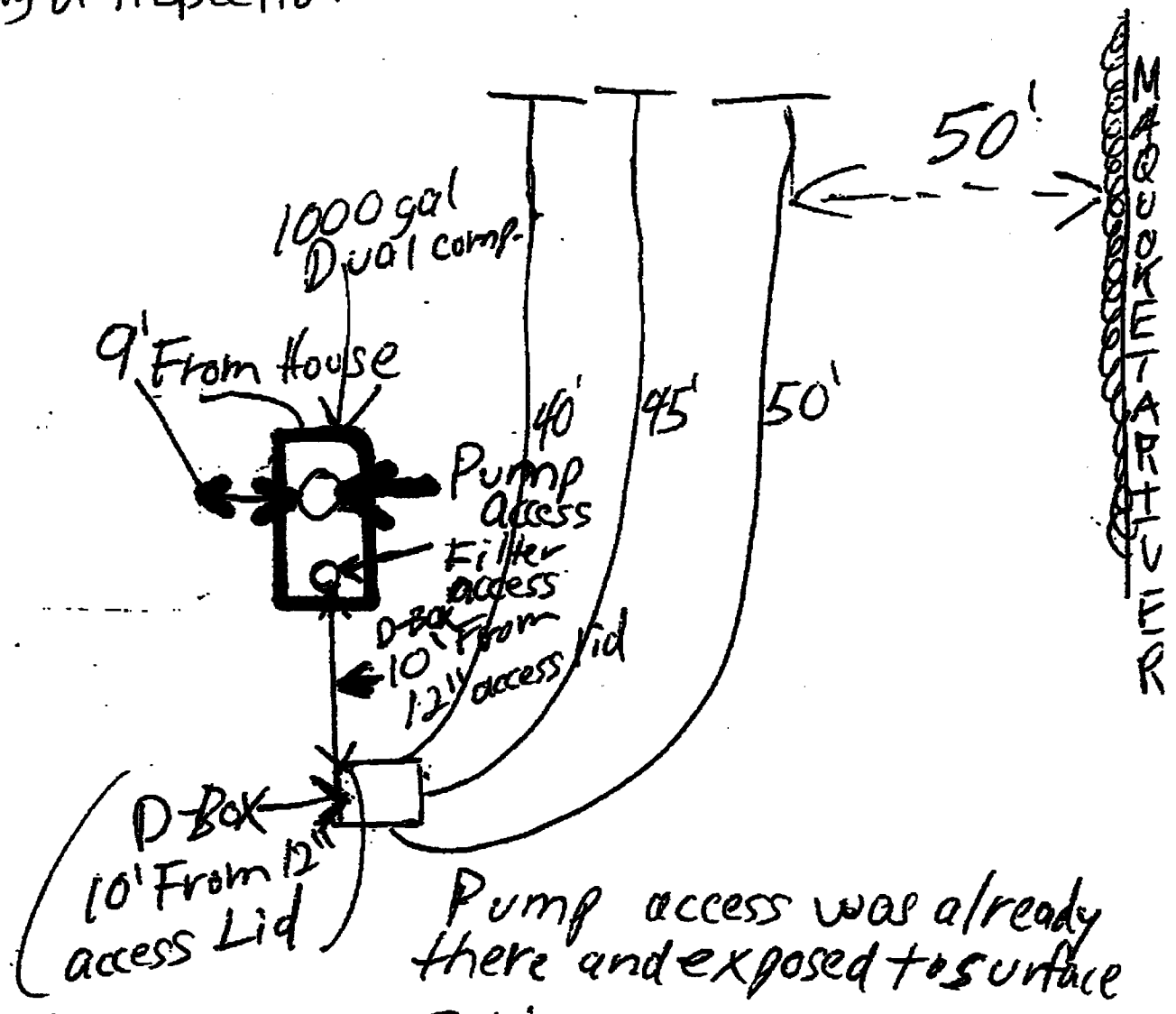
Secondary treatment:
length of absorption fields 40' 45' 50' determined by probing + witching
condition of fields GOOD determined by hydraulic test
type of trench material gravelless pipe - 10"

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

Media filters: type X
Maintenance contract? X expiration date X service provider X
X

Permit No. 4: required? X permitted? X NOI provided X

This day was in good working condition day of inspection



Pump access was already there and exposed to surface, Filter access was added the day of inspection 12' exposed lid with Filter.