Book 2015 Page 2430

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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:
Name R. Jeffrey Ulferts and Angela A. Ulferts

Address 1406 Goldfinch Ct NE (Number and Street or RR) Swisher (City, Town or P.O.) IA (State) 52338 (Zip)

TRANSFEREE:
Name Chris McNamara and Jill McNamara

Address 1444 Terrace Ln (Number and Street or RR) West Liberty (City, Town or P.O.) IA (State) 52776 (Zip)

Address of Property Transferred:
20302 260th St (Number and Street or RR) Manchester (City, Town, or P.O.) IA (State) 52057 (Zip)

Legal Description of Property: (Attach if necessary) Cabin on LL of Earl Schmidt Camp
Parcel 250-26-01-019-09
Section 26, Township 88, Range 5

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)**
   - [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:

10 feet from middle of north side of cabin

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) 848-7403

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



542-0191

Time of Transfer Inspection Report

Property Information

Current Owner Jeff & Angela Ulferts

Buyer: Chris Mac Namara Realtor: owner

Mailing Address: 1406 Goldfinch Ct. NE, Swiser, Ia 52338

Site Address/County: 20302 260th St. Manchester Ia. 52057

Legal Description

No. of bedrooms: 1 Last occupied: 5 years Records available: yes

Permit/ installation date: 7/2010 Separation distances (ok/no?): ok

Septic System Information

Septic tank(s): Size: 2000 gal Material: concrete Condition: ok

Tank pumped? ☒ Y ☐ N Date: 8/21/2015 Licensed pumper: Welu pumping Service

Septic/Trash/Processing tank: Size: Material: Condition:

Tank pumped? ☐ Y ☐ N Date: Licensed pumper:

Aerobic treatment unit (ATU) mfgr Size

Tank pumped? ☐ Y ☐ N Date: Licensed pumper:

Maintenance contract? ☐ Y ☐ N Expiration date: Service provider:

Condition:

Pump tanks/vaults: Type: concrete Size: 280 Gal. Condition: ok

Distribution system: Distribution box yes Outlets used 5 Condition: OK

Header pipe(s): 1 No. of lines: Pressure dosed? no

Secondary Treatment:

Length of absorption fields: 50' X 20' Determined by: Permit & probe

Condition of fields: OK Determined by: Permit & probe

Type of trench material: rock @ pipe

Size of sand filter: Determined by:

Vent pipes above grade? ☐ Y ☐ N Discharge pipe located? ☐ Y ☐ N

Effluent sample taken Results:

Media Filters: Type:

Maintenance contract? ☐ Y ☐ N Expiration date: Service provider:

Condition:

NPDES General Permit No. 4: Required? ☐ Y ☐ N Permitted? ☐ Y ☐ N NOI provided:

542-0191

Time of Transfer Inspection Report

Other components:

Alarms: ☐ Y ☒ N Working: ☐ Y ☐ N Disinfection: ☐ Y ☒ N Working: ☐ Y ☐ N

Control Box: _____ Timers: _____ Inspection Ports: _____

Other components: _____

Overall condition of the private sewage disposal system:

Report system status: _____

Explain (attach additional pages as needed): _____

Comments: At time of inspection ther was high water in all three compartments . Lift pump not working . one riser has been pushed out of place. Plugin for the lift pump is located about three inches above ground and no alarm on pump station. Plug in fixed on 8/18/2015 pump is working ok. This system is shared by two other cabins with the electric power to the lift pump coming from cabin #20302

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: Jody Antrim Date: 08/21/15

Name (print): Jody Antrim Certificate #: 8874

Address: 20984 265th St. Manchester Ia. 52057

Phone #: 563/920/9388

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, the county recorder and to:

Iowa DNR Onsite Wastewater Program
502 E 9th St
Des Moines IA 50319

20302 – 260th St. Manchester IA.
20292
20282

Not to scale

