Book 2015 Page 2641

Document 2015 GWH-2641 Type 53 001 Pages 6
Date 9/30/2015 Time 8:22:44AM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:
Name Rosemary O. Deppe
Address 1941 Honey Creek Rd, Manchester, Iowa 52057
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Michael Dittrick and Angela K. Dittrick
Address 17141 191st Street, Manchester, Iowa 52057
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
1941 Honey Creek Rd, Manchester, Iowa 52057
Number and Street or RR | City, Town or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) Parcel L Part of the SW 1/4-NE 1/4 Sec. 20, T89N, R5W of the Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 2007, Page 1355.

1. **Wells (check one)**
   - ___ There are no known wells situated on this property.
   - X 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)** South of house working well, drilled
   - 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: James Doyle Pat (Transferor or Agent) Telephone No.: (563) 599-8715

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

Property information

Current owner ROSEMARY DEPPE

Buyer _____ Realtor _____

Mailing address /

Site Address/County 1941 HONEY CREEK RD

Legal Description FD# 1402000410/0

No. of bedrooms 3 Last occupied? 6 month Records available NP

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

Septic system information

Septic tank(s): size North 1250 South 1000 material Concrete condition good

Tank pumped? yes date 8-20-15 licensed pumper 358

Septic/trash/processing tank: size 800 material Concrete condition good

Tank pumped? yes date 8-20-15 licensed pumper 358

Aerobic treatment unit (ATU) mfgr — 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 good

Header pipe(s) 3 # of lines _____ Pressure dosed? no

Secondary treatment:

length of absorption fields North 3x60ft determined by Dug up

condition of fields ok determined by Dug up

type of trench material Tile with sock

Size of sand filter — determined by —

Vent pipes above grade? — discharge pipe located? _____

Effluent sample taken? — Results _____

Media filters: type —

Maintenance contract? _____ expiration date _____ service provider _____

Condition —

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

[redacted]

Time of Transfer Inspection Report

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

Control box _____ Timers _____ inspection ports _____

Other components 2 TANKS FOR HH's Home

Overall condition of the private sewage disposal system

Report system status Need to Dig up 2 of the lids to open 2nd D Box

Explain (attach additional pages as needed): _____

Comments: Keep TANK PUMP ever 2-3 YEARS.

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: [signature] Date: 8-26-11
Name (print): Robb Harter Certificate #: 358
Address: 3031 160th Dysart 52040
Phone # 563 542-1010

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office, county Recorder in the county the inspection was conducted and to;

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

****

Homeowners: ROSEMARY DOPPE
1941 Honey Creek Rd
Manchester IA 52057

Age of Property 1984
Occupied
Yes or (No)

Inspection Co: Rob Hardy
3931 160 St Dyersville 52040
Date of Inspection: 8-20-15

Does this evaluation/inspection meet the requirements of state and local agencies? Yes ✓ No ___ N/A ___

Section 1:

Location of the system: East West (North) South
Was Water run into the system for 30 minutes? (Yes) No
Does the septic tank have a visible riser? (Yes) No
Estimated size of tank A/2500 B/1000 Gallons *Basis for estimate*
What is the separation between well and septic?
Does the separation of the well and septic meet local requirements? Yes No N/A

Section2: Disposal Field

Any evidence of malfunction (No) Yes (Please check all applicable observed conditions)
___ Wet Areas ___ Unusual green/lush vegetation
___ Liquid Discharges to surface ___ Discharge pipe of unknown origin
___ Localized surface settling ___ Other (Describe below)

Septic Tank:

Septic tank material ✓ Concrete ___ Fiberglass ___ Other
Liquid Level in tank ✓ Normal ___ Below Normal ___ Above Normal
Access opening in tank ✓ One ___ Two ___ Three ___ None
Number of risers ✓ One ___ Two ___ Three ___ None
Condition of baffles and or sanitary tees:
Inlet baffle or "T" ✓ Present and functional ___ Not functional ___ None present ___ Not Visible
Outlet baffle or "T" ✓ Present and functional ___ Not functional ___ None present ___ Not Visible
Tank was pumped ✓ Yes ___ No (if no please explain below
Is system adequately sized for # of Bedrooms ✓ Yes ___ No # of Bedrooms: ___
Is system adequately sized for # of Bathrooms ✓ Yes ___ No # of Bathrooms: ___
System working Properly ✓ Yes ___ No (if no please explain below)

Additional Comments / Repairs needed:

HAS 2 TANK Both ARE WORKING CONDITION.

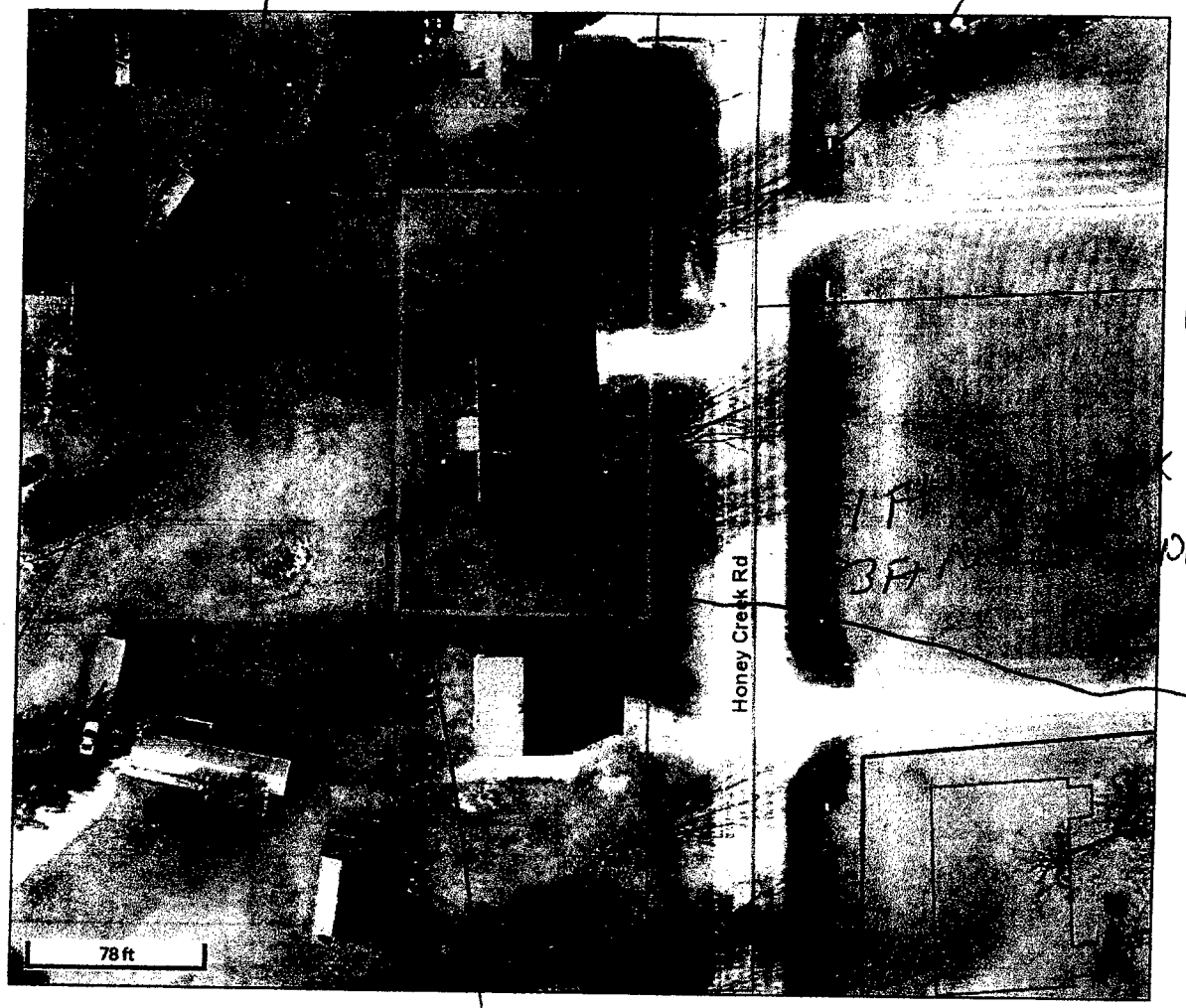
Septic systems are subterranean, it is impossible to determine their overall condition. No prediction can be made as to when or if a system might fail.
This report comments on the workability of the system on the day of the inspection only, and is in no way intended to be a warranty.
Workability can be altered by factors such as excessive rainfall, heavy water usage, faulty plumbing, neglect or physical damage to the system. All tanks require pumping maintenance.

Inspected by : Rob Hardy Date: 8-20-15

TANK A NORTH

17FT NW of Home

Beacon™ Delaware County, IA



well

Parcel ID	140200004010	**Alternate ID**	n/a	**Owner Address**	Deppe, Rosemary O
Sec/Twp/Rng	20-89-5	**Class**	R		1941 Honey Creek Rd
Property Address	1941 HONEY CREEK RD MANCHESTER	**Acreage**	0.43		Manchester, IA 52057
District	DELAWARE				
Brief Tax Description	PARCEL L PT SW NE				

Date created: 8/24/2015
Last Data Upload: 8/24/2015 2:34:15 AM

Developed by
The Schneider Corporation

NORTH TANK D Box IS 18" DEEP WITH 3 Lids

SOUTH TANK D Box IS 8FT DEEP WITH 3 Rock Pipe

SOUTH TANK

well to SOUTH TANK IS 71FT

well to NORTH TANK IS 93FT