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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Lucas R. Thomsen and Melanie A. Thomsen

Address 1552 190th Avenue, Manchester, IA 52057

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

TRANSFEREE:

Name David W. Meredith and Kimberly A. Schilb

Address 813 W Marion Street, Manchester, IA 52057

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

Address of Property Transferred:
1552 190th Avenue, Manchester, IA 52057

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

Legal Description of Property: (Attach if necessary) Parcel A, Part of the NW ¼- SW ¼ Sec. 34, T90N, R5W of the Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 1999, Page 4184

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 - Functional well located approx 20' in front of house (South Side)

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) 608-9977

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

Property information

Current owner Luke Thomsen (563-212-1854)
Buyer _____ Realtor None
Mailing address 1552 190th St Manchester

Site Address/County 1552 190th Ave Manchester
Legal Description _____

No. of bedrooms 3 Last occupied? still Records available yes

Permit/installation date 8-4-11 Separation distances ok/ no? ok

Septic system information

Septic tank(s): size 1250 material concrete condition good
Tank pumped? yes date 8-22-16 licensed pumper STS
Septic/trash/processing tank: size _____ 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 6 condition good
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields 20' by 50' bed determined by per permit
condition of fields _____ determined by _____
type of trench material _____

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 WA Working? _____ disinfection _____ working? _____

Control box WA 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): Filter in outlet tank needs cleaned 2 times a year

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: Bill Downs Date: 8-27-16
Name (print): Bill Downs Certificate #: 8880
Address: 1497 160th Ave Dunlap
Phone # 563-924-2225

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

P

42.56459

AWARE COUNTY
RD OF SUPERVISORS -91.42986 (Print or Type) Permit No. 1980

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 1552- 190th Ave Section 34 Township Honey Creek

LOCATION: Sec 34 T-90-N R-5-W

Owner: Marty Kelzer Tenant: _____ Plumber: Oasis

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

Fixtures: Stools 2 Lavatories _____ Bath Tubs 2 Showers 2 Sinks 4 Automatic Laundry 1 Sump Pump _____ 1250

Septic Tank made by Swales Garbage Grinder _____ Construction Material concrete Gallons Cap. 1250

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

Absorption Field: Total length of laterals 20x50 Bed No. of lateral lines _____

This system is new X Existing _____.

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

Date Approved 8-4-11

By Dennis Lyon
INSPECTOR

Joel Klauser
APPLICANT'S SIGNATURE

SEAL

8/10/11

