Book 2016 Page 2975
Document 2016 GWH-2975 Type 53 001 Pages 8
Date 10/28/2016 Time 9:42:03AM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Bradley G. Heims

Address 2360 170th Avenue, Manchester, IA 52057

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

TRANSFEREE:

Name Douglas R. Bishop & Denise L. Bishop

Address 1764 240th Street, Manchester, IA 52057

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

Address of Property Transferred:

2360 170th Avenue, Manchester, IA 52057

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

Legal Description of Property: (Attach if necessary) See 1 in Addendum

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)**
   - 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:

Well is located inside house in basement underneath stairs

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) 608-6452

Addendum

1. That part of the Northwest Quarter (NW1/4) of the Southwest Quarter (SW1/4) of Section Eight (8), Township Eighty Eight (88) North, Range Five (5), West of the Fifth Principal Meridian described as commencing at the Southwest corner of said Section Eight (8) and running thence North on the West line of said Section Eight (8) a distance of two thousand one hundred eleven and one-tenth (2111.1) feet to the point of beginning, thence North 87° 54' East two hundred forty and five-tenths (240.5) feet, thence North 2° 06' West two hundred twenty four and nine-tenths (224.9) feet, thence North 77° 45' West two hundred thirty seven and five-tenths (237.5) feet to the West line of said Section Eight (8), thence South on said West line two hundred eighty three and nine-tenths (283.9) feet to the point of beginning.

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

Property information

Current owner Brad Heims 563-608-6452
Buyer _____ Realtor Now
Mailing address _____ Edgewood

Site Address/County 2360 170th Ave Manchester Iowa (Delaware)
Legal Description _____

No. of bedrooms 2 Last occupied? Still Records available Yes

Permit/installation date 5-8-13 Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1250 material Concrete condition Good
Tank pumped? Yes date 10-16-16 licensed pumper Stay
Septic/trash/processing tank: size — material — condition —
Tank pumped? — date — licensed pumper —

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) — # of lines — Pressure dosed? —

Secondary treatment:
length of absorption fields 240' determined by permit
condition of fields good determined by water test
type of trench material —

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 —

Time of Transfer Inspection Worksheet

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

Control box ~ Timers_____ inspection ports _____

Other components _____

_____

Overall condition of the private sewage disposal system

Report system status System newer in good Shape

Explain (attach additional pages as needed): _____

_____

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: 10-16-16
Name (print): Bill Downs Certificate #: 8880
Address: 1467 110th Ave Dundee Iowa
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

T. P. T.

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) **Permit No.** 2151

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 2360 - 170th Ave. **Section** 8 **Township** M-Lo

LOCATION: SE ¼ T-88-N R-5-W

Owner: Pete Munsen **Tenant:** _____ **Plumber:** Oasis

Lot Size: 1.5 Acres **Type Commercial:** _____ **Residential: (No. Bedrooms)** 2

Fixtures: Stools 2 **Lavatories** ___ **Bath Tubs** ___ **Showers** 2 **Sinks** 3 **Automatic Laundry** ___ **Sump Pump** ___ 42.947757 -91.961361

Septic Tank made by _____ **Garbage Grinder** _____ **Construction Material** Concrete **Gallons Cap.** 1250

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

Absorption Field: Total length of laterals 240 Ft **No. of lateral lines** 3 lines 80'

This system is new Y **Existing** ___ 42.947742 -91.961520 rock - Pine

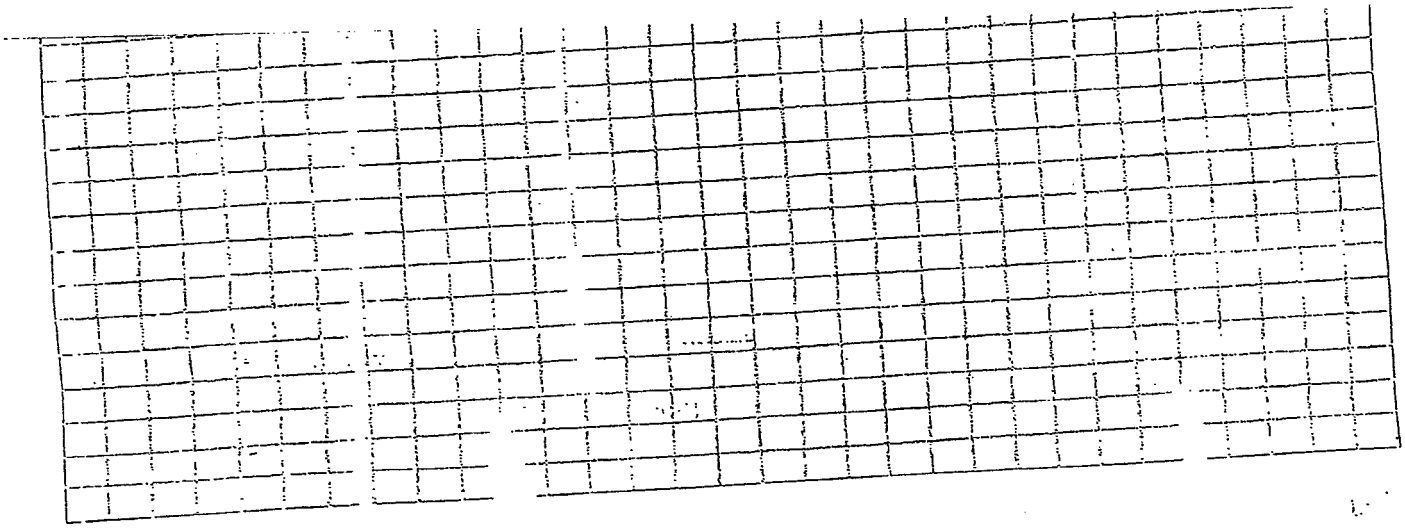
I certify that the above information is correct and that all proposed work will be completed in accordance with the Delaware County Regulations.

Date Approved 5-8-13

By Nancy Lyons
INSPECTOR

_____
APPLICANT'S SIGNATURE

SEAL



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

SEWAGE DISPOSAL SYSTEM

INFORMATION

PERMIT NO: 2151

PLUMBER: Oasis

FINAL INSPECTION

APPLICANT: Pete Monson

LOCATION

ADDRESS: 2360 170th A-

PERCOLATION TESTS: #1 #2 #3 #4

SEPTIC TANK SIZE: 1250 COMPARTMENTS: 2

MANUFACTURER: Swales DEPTH: 3'

DISTANCE FROM HOUSE: WELL:

DISTRIBUTION BOX: DEPTH: LEVEL:

DISTANCE FROM HOUSE: WELL:

TRENCH #1 LENGTH: WIDTH: DEPTH:

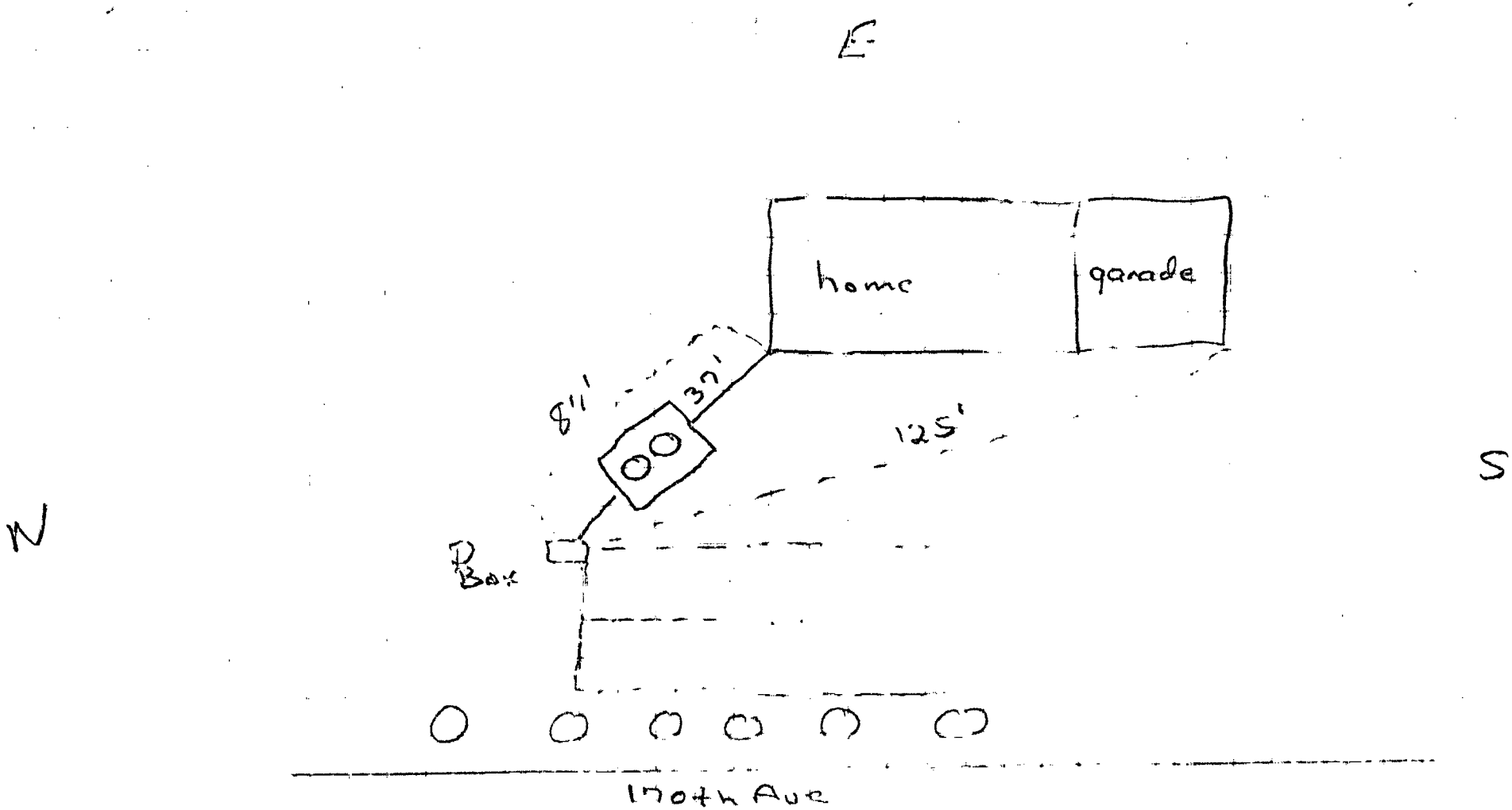
TRENCH#2 LENGTH: WIDTH: DEPTH:

TRENCH#3 LENGTH: WIDTH: DEPTH:

TRENCH#4 LENGTH: WIDTH: DEPTH:

5-8-13

APPROVED ✓ REJECT ( ) INSPECTED BY: Dennis Lass


E
home
garage
8'1'
37'
125'
S
N
Box
170th Ave
W