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Document 2016 GWH-3151 Type 53 001 Pages 5
Date 11/10/2016 Time 2:13:36PM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Merle H and Judy M Backenstest

Address 1573 190th St Manchester IA 52057
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:

Name Michael R and Gail Lehman

Address 6849 Columbus St New Vienna IA 52056
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:

26236 221st Ave Delhi IA 52223
Number and Street or RR | City, Town, or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) attached

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:

_____

_____

_____

_____

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature: Merle Baerbumstedt Telephone No.: (563 927-9202
(Transferor or Agent)

FILE WITH RECORDER

Cabin on Lake Delhi, Iowa located on Lot One (1) of HLC South Addition to Delaware County, Iowa, on leased land. Buyer agrees to assume the lease of sellers from Marcheta R. Cooey. Buyers, by assuming the lease, agree to abide by all terms and conditions of the lease and hold the sellers harmless from any claims or causes of action by landlords regarding any provisions of the lease from and after August 8, 2004. Also included are the following items of personal property:

All furnishings within the premises, boat lift and unattached shed.

Now located at 26236 – 221st Avenue, Delhi, Iowa 52223.

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

Property information

Current owner Merle Boeckenstedt
Buyer Mike Lehmer Realtor Susan Meyer (Exit Realty
Mailing address 6849 Columbus Ct New Vienna, IA

Site Address/County 26236 221 AVE Delaware County
Legal Description Section 30 T89N - R4W Delhi Township

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

Permit/installation date 2001 Separation distances ok/ no? ok

Septic system information

Septic tank(s): size 750. material concrete condition good
Tank pumped? yes date 10-1-14 licensed pumper yes 57
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 x

Pump tanks/vaults: type x size x condition x

Distribution system: distribution box yes outlets used 6 condition good
Header pipe(s) x # of lines x Pressure dosed? _____

Secondary treatment:
length of absorption fields 8'x20' Bed determined by Map
condition of fields good determined by excavating D-Box
type of trench material Rock & Pipe performing hydraulic test

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
Condition x

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

n

Time of Transfer Inspection Worksheet

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

Control box X Timers X inspection ports X

Other components X

Overall condition of the private sewage disposal system

Report system status perform 30 min hydraulic test no rise
Explain (attach additional pages as needed): effulent in D-Box outlet baffle in good shape.
Has above ground pump out access.

Comments: This is a summer use cabin shut down for winter. This tank has been pumped twice since being installed.

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: 10-30-16
Name (print): Scott Harbach Certificate #: 2015
Address: 2443 210th Ave Delhi, Ia. 52223
Phone # _____

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

SEWAGE DISPOSAL SYSTEM 26236
22191 Ave

INFORMATION

PERMIT NO: 511

PLUMBER: S. HARBACH

FINAL INSPECTION

APPLICANT: Floyd Long

LOCATION Sec 20 Delhi NW¼NW¼ T88N R4W
HARTWIG CAMPGROUND

ADDRESS: Rt#2 DELHI IA 52223

PERCOLATION TESTS: #1 _____ #2 _____ #3 _____ #4 _____

SEPTIC TANK SIZE: 750 COMPARTMENTS: 2

MANUFACTURER: CASCADE DEPTH: 2

DISTANCE FROM HOUSE: 10' WELL: 100+

DISTRIBUTION BOX: DEPTH: 2 LEVEL: _____

DISTANCE FROM HOUSE: 15' WELL: _____

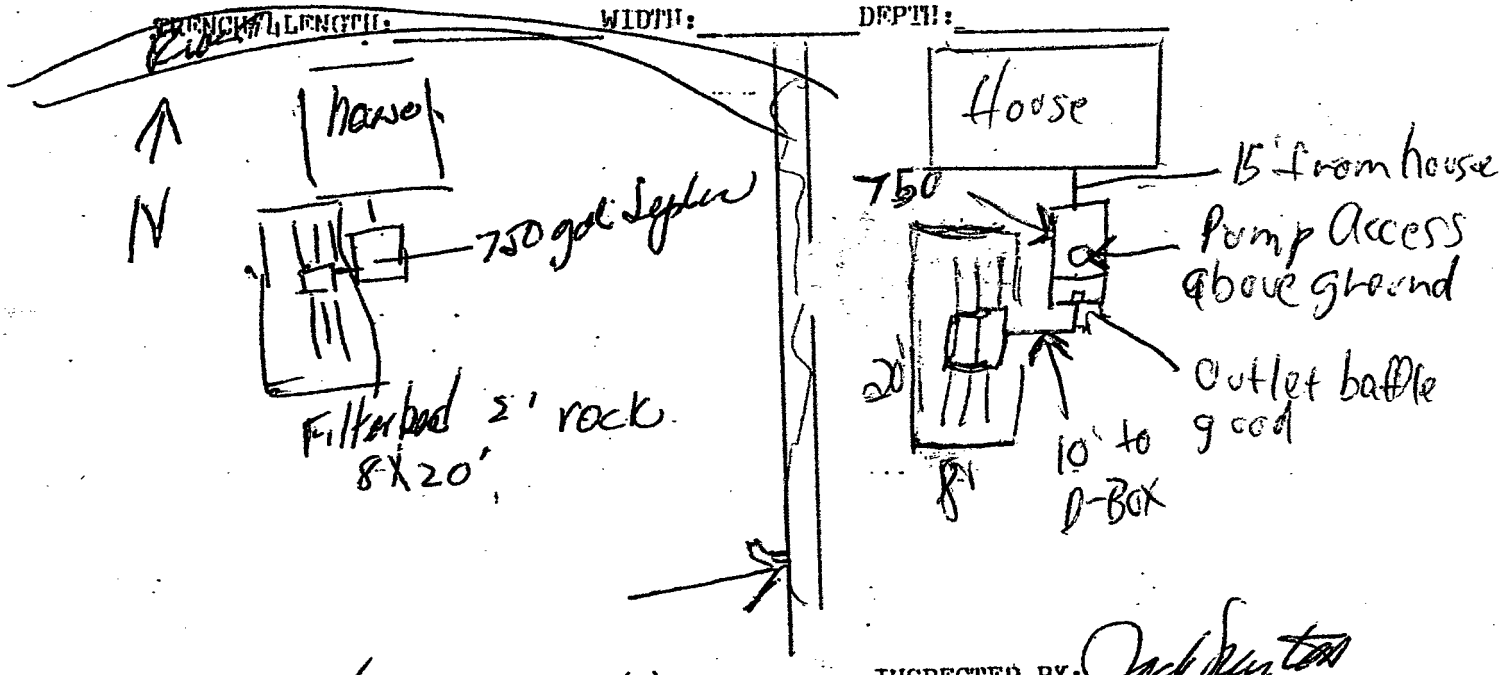
TRENCH #1 LENGTH: _____ WIDTH: _____ DEPTH: _____

TRENCH #2 LENGTH: _____ WIDTH: _____ DEPTH: _____

TRENCH #3 LENGTH: _____ WIDTH: _____ DEPTH: 1

TRENCH #4 LENGTH: _____ WIDTH: _____ DEPTH: _____

This system has 8'x20' filter bed, Dual Compartment 750 concrete tank



APPROVED (✓) REJECT ( ) INSPECTED BY: Jack Hunter

This system was in good working condition the day inspection 10-30-16