Book 2017 Page 51

Document 2017 GWH-51 Type 53 001 Pages 10
Date 1/04/2017 Time 3:40:03PM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Wesley D. Schulte and Jamie Schulte

Address 100½ E Main Street, Suite B, Manchester, IA 52057

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

TRANSFEREE:

Name Michael D. Thomason and Linda J. Thomason

Address 215 N Fairview Drive, Manchester, IA 52057

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

Address of Property Transferred:
27045 217th Street, Earlville, IA 52041

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

Legal Description of Property: (Attach if necessary) Lot Thirty (30) of the Subdivision of Lot One (1) of Timbergate Subdivision of part of the South one-half (S1/2) of the Southwest Quarter (SW1/4) and part of the West one-half (W ½) of the Southeast Quarter (SE 1/4) of Section Thirty Six (36), Township Eighty Nine (89) North, Range Four (4) West of the Fifth Principal Meridian, according to plat recorded in Book 4 Plats, Page 39,

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:

20' from SW edge of garage

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

Signature: _____ Telephone No.: (563) 608-1831
(Transferor or Agent)

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type)

Permit No. 1554

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 27045 217th St Section 36 Township Onrid.

LOCATION: SW¼ SW¼ Sec 36 T-87-10 R-4-W

Owner: Tammy Frischkorn Tenant: Plumber: Erickson

Lot Size: 125x150 Type Commercial: Residential: (No. Bedrooms) 3

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

Septic Tank made by Snyder Garbage Grinder Construction Material Concrete Gallons Cap. 1500

42.474455 -91.271674

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

Absorption Field: Total length of laterals 300' No. of lateral lines

EFFluent Filter

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 10-31-07

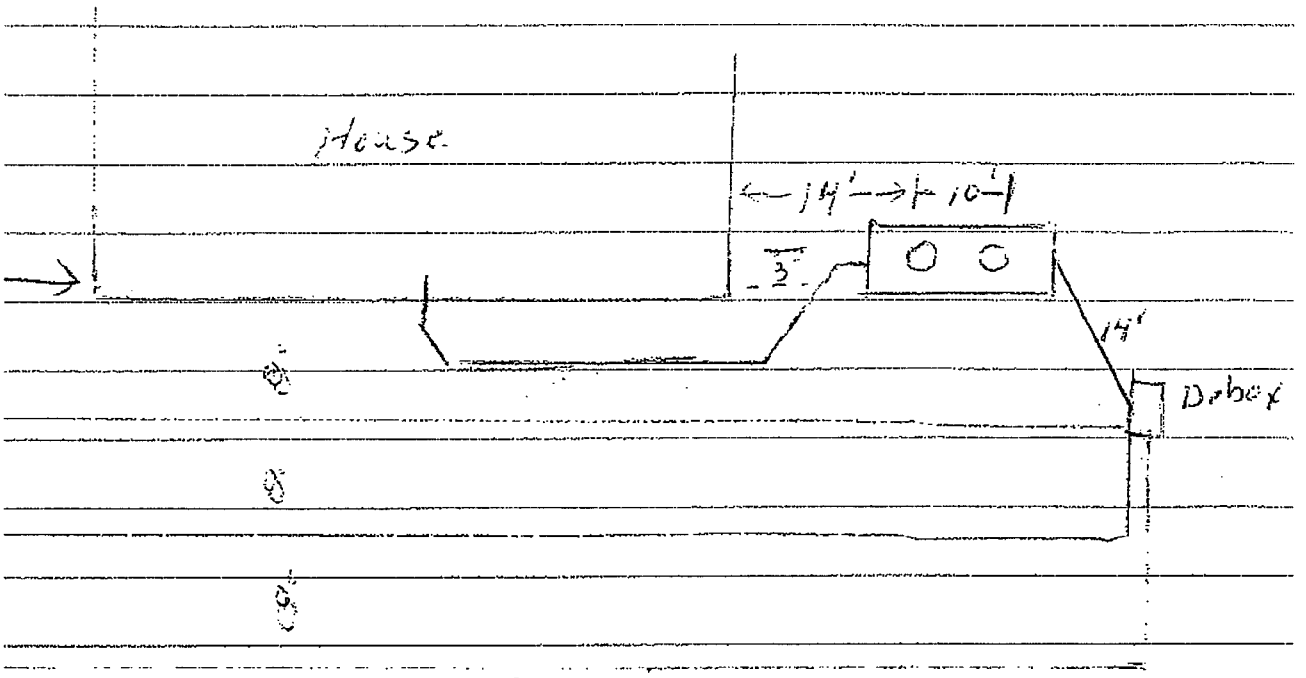
By Dennis Lyon
INSPECTOR

X Tammy Frischkorn
APPLICANT'S SIGNATURE

SEAL

31-01 1554

Tammy Frisch Kerr



2 gal. Tank w/ D-box
& Infiltration Line

Harter Custom Pumping, Inc.

3031 160th Street
Dyersville, Iowa 52040

Invoice

Date	Invoice #
11/8/2016	1360

Bill To
Wesley Schulte 100 1/2 East Main St. suite B Manchester, Iowa 52057

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
	Inspection Delaware Co	250.00	250.00T
	27045 217th St		
	Pump Septic Tank	195.00	195.00T
	Use of Excavator	100.00	100.00
	Delaware County Combined	7.00%	31.15

Total $576.15

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

Property information
Current Owner Wesley Schulte
Buyer _____ Realtor _____
Mailing Address _____

Site Address/County 2745 217th St Earlville - Delaware Co

No. of Bedrooms 3 Last Occupied? _____ Disposal? Y / N Softener? Y / N H_2O Supply? ____

Records Available NO Permit/Installation Date _____ Installer _____

Septic System Information
Septic Tank(s): Size 1250 Material Concrete Condition Good
Tank Pumped? yes Date 12-14-16 Licensed Pumper 358
Septic/Trash/Processing Tank: Size _____ Material _____ Condition Good
Tank pumped? yes Date 12-14-16 Licensed Pumper 358

Aerobic treatment unit (ATU) MFGR — Size _____
Tank Pumped? — Date _____ Licensed Pumper _____
Maintenance Contract? — Expiration Date _____ Service Provider _____
Condition —

Pump Ttanks/Vaults: Type — Size _____ Condition _____

Distribution System: Distribution Box Yes Outlets Used 4 Condition Good
Header Pipe(s) No Number of Lines 4
Pressure Dosed? —

Secondary Treatment
Length of Absorption Fields 4 x 75 Determined by Prob
Condition of Fields Good Determined by Prob
Type of Trench Material Chamber

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 submitted _____

Harter Custom Pumping, Inc & Septic Service

Robb Harter * Owner/ Operator
3031 160th Street Dyersville, IA 52040 * 563-875-8730 or 563-542-1010

****

Homeowners: Wesley Schulte, 27045 217th St, Farmville, Ia 52041

Age of Property 2008

Occupied Yes or (No)

Inspection Co: Harter Custom Pumping, 3031 160th St Dyersville, Ia 52040

Date of Inspection: 12-14-16

Does this evaluation/inspection meet the requirements of state and local agencies? Yes X 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 1250 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 X Concrete Fiberglass Other

Liquid Level in tank X Normal Below Normal Above Normal

Access opening in tank One X Two Three None

Number of risers One X Two Three None

Condition of baffles and or sanitary tees:

Inlet baffle or "T" X Present and functional Not functional None present Not Visible

Outlet baffle or "T" X Present and functional Not functional None present Not Visible

Tank was pumped X 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 X Yes No (if no please explain below)

Additional Comments / Repairs needed:

All in good working order

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 : Robb Harter

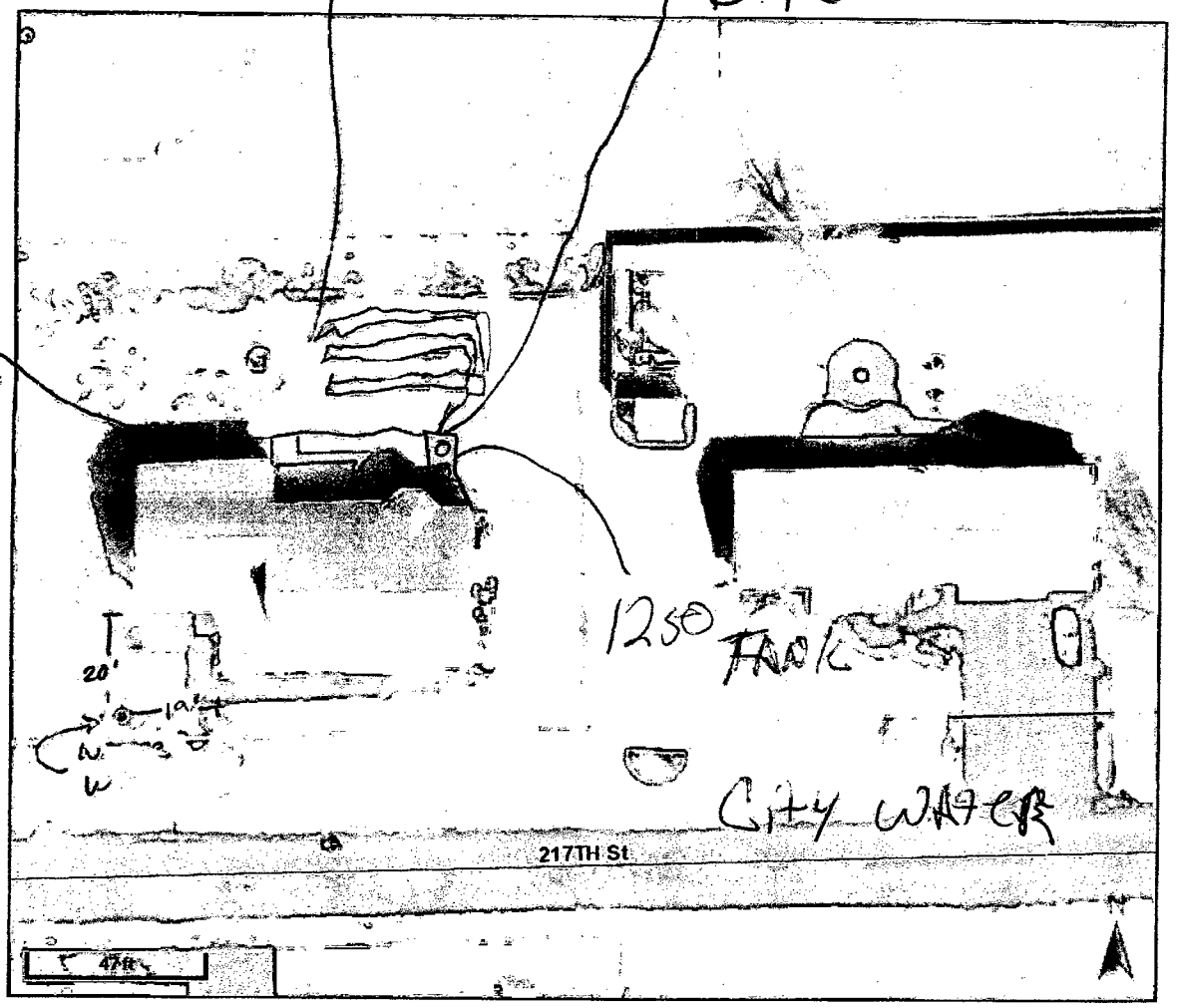
Date: 12-4-16

4x75Ft

Beacon™ Delaware County, IA

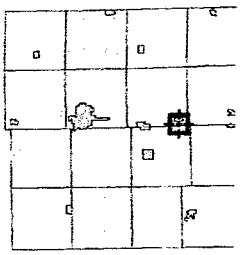
D Box to TANK 15Ft

15Ft to Home



TANK to Home 12Ft

Overview



Legend

- Corporate Limits
- Political Township

Parcels

- <all other values>
- Yes

Roads

Parcel ID	160360100200	**Alternate ID**	n/a	**Owner Address**	Schulte, Wesley D
Sec/Twp/Rng	36-89-4	**Class**	R		100 1/2 E Main St Ste B
Property Address	27045 217TH ST EARLVILLE	**Acreage**	n/a		Manchester, IA 52057
District	ONEIDA TWP.				
Brief Tax Description	TIMBERGATE SUBDIV LOT 30 OF LOT 1 (Note: Not to be used on legal documents)				

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Date created: 12/27/2016
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Developed by
The Schneider Corporation

Time of Transfer Inspection Report

Other components:
Alarms _____ Working? _____ [redacted] disinfection _____ working? _____

Control box _____ Timers [redacted] inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status All in good working condition-

Explain (attach additional pages as needed): _____

Comments: Keep tank pump ever 3-5 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: 12-14-16
Name (print): Robb Harter Certificate #: _____
Address: 3031 160th St Dysart, Ia 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

CHEMRIGHT LABORATORIES, INC.
117 N. Main St. - Maquoketa, IA 52060 - IA Lab# 379 - Phone 563-652-4226 - Fax 563-652-6137

TESTING REPORT

Dennis Lyons
Delaware County Health Department
Courthouse, 301 East Main
Manchester, IA 52057

Report Date: 11/09/16
Report Number: 16778
Sample Received: 11/08/16
Order Number: 15860

Sample ID	Parameter	Sample Matrix	Analysis Time	Method	Analyst	Codes		Result	Units
Wes Schulte (kitchen) 27045 217th St Earlville, IA									
161108-W-2424	Coliform (e-coli) MPN	Water	11/08/16 10:51	9223B-QT	SG/JD	ND	<	1.0	cfu/100 ml
161108-W-2424	Coliform (total) MPN	Water	11/08/16 10:51	9223B-QT	SG/JD	ND	<	1.0	cfu/100 ml
161108-W-2424	Nitrate-N	Water	11/08/16 12:15	300.0	SG/JD			14	ppm

Code	Description
ND	Non-Detect. The value given is the detection limit.

No coliform bacteria was detected.
Nitrate-N level greater than 10 ppm exceeds the infant health advisory.

Susan E. Gossman, Operations Manager — 11/09/2016
Technical Review — Date