Book 2017 Page 1113
Document 2017 GWH-1113 Type 53 001 Pages 12
Date 4/26/2017 Time 11:17:40AM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:

Name	Janice M. Dunphy			
Address	PO Box 277	LeClaire	Iowa	52753
	Number and Street or RR	City, Town or PO	State	Zip

TRANSFEREE:

Name	Aren J Intlekofer and Ashley R Intlekofer			
Address	1900 Walnut Street	Cedar Falls	Iowa	50613
	Number and Street or RR	City, Town or PO	State	Zip

Address of Property Transferred:

2263 185th Avenue, Manchester, Iowa 52057			
Number and Street or RR	City, Town or PO	State	Zip

Legal Description of Property: (Attach if necessary)

~~Lot Three (3) of K and J Pin Oak Subdivision of part of the NorthEast Quarter (NE1/4) of~~ the See Exhibit A ~~SouthWest Quarter (SW1/4) of Section Four (4), Township Eighty-Eight (88) North, Range Five (5) West~~

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:

Shared well 40 ft behind residence to south.

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

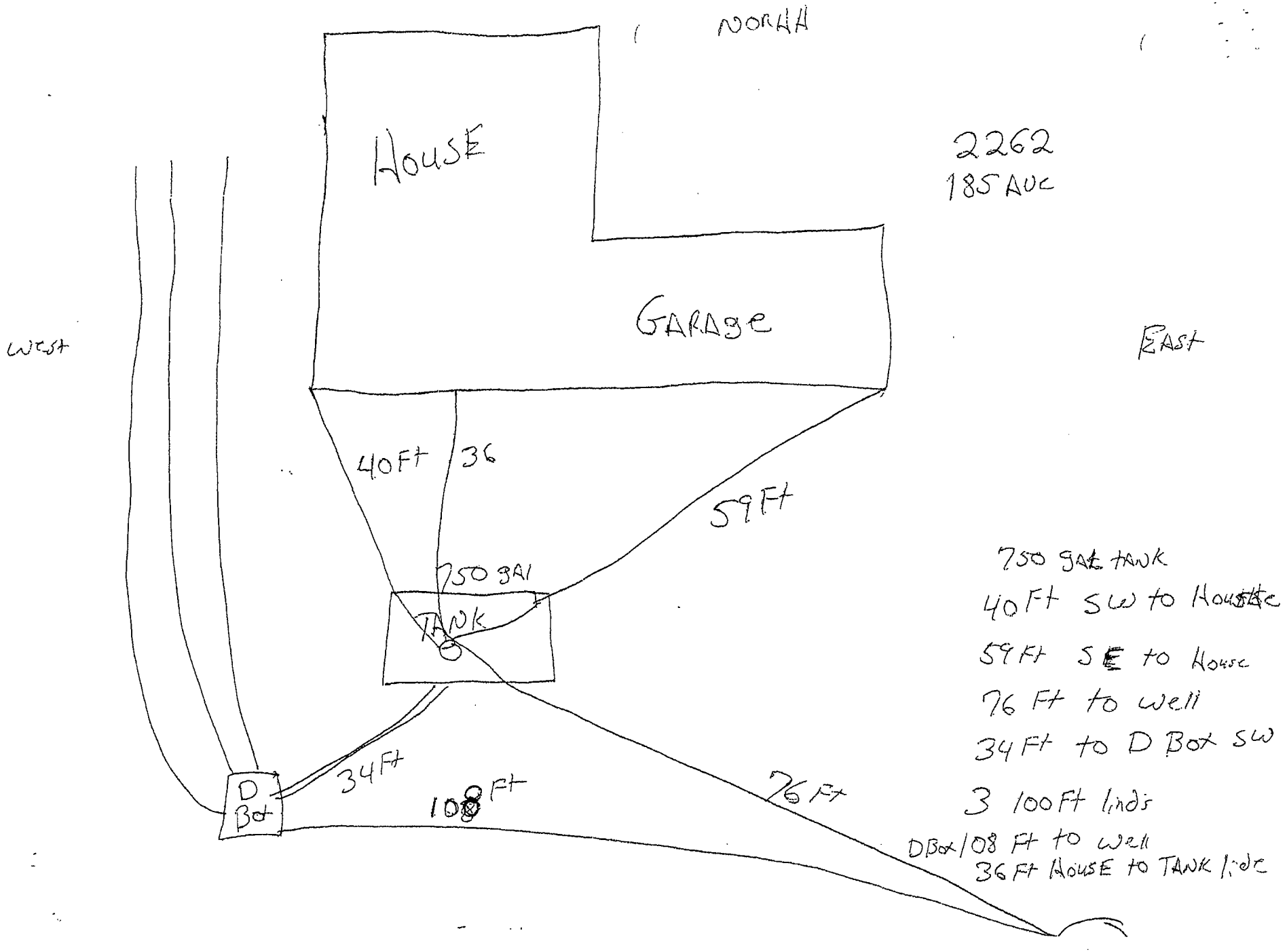
Signature: Bruce M. Dunphy (Transferor or Agent) Telephone No.: 319 538-5973

FILE WITH RECORDER

DNR Form 542-0960 July 18th 2012 cmz

Exhibit A

Lot Three (3) of K and J Pin Oak Subdivision of part of the NorthEast Quarter (NE1/4) of the SouthWest Quarter (SW1/4) of Section Four (4), Township Eighty-Eight (88) North, Range Five (5) West of the Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 3 Plats, Page 44


NORTH
HOUSE
GARAGE
2262
185 AUC
WEST
EAST
40Ft
36
59Ft
750 GAL
TANK
34Ft
108 Ft
76 Ft
D Box
750 GAL TANK
40Ft SW to House
59Ft SE to House
76 Ft to well
34Ft to D Box SW
3 100Ft lines
DBox/108 Ft to well
36 Ft HOUSE to TANK line

Harter Custom Pumping, Inc & Septic Service

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

****

Homeowners: Wayne Duffy
2263 185th
Manchester

Age of Property 1975
Occupied
(Yes) or No

Inspection Co: Robb Harter

Date of Inspection: 3-7-17

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 1000 Gallons *Basis for estimate*
What is the separation between well and septic? 67
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:

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: 3-7-17

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

Property information

Current owner Janice Dunphy

Buyer _____ Realtor _____

Mailing address 2263 185th Ave Manchester

Site Address/County _____

Legal Description FD # 2400400300

No. of bedrooms 3 Last occupied? now Records available N/A

Permit/installation date N/A Separation distances (ok) no? 64ft

Septic system information

Septic tank(s): size 1000 material Concrete condition OK

Tank pumped? Yes date 3-16-17 licensed pumper 358

Septic/trash/processing tank: size 1000 material Concrete condition OK

Tank pumped? Yes date 3-16-17 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 OK

Header pipe(s) — # of lines — Pressure dosed? No

Secondary treatment:

length of absorption fields 3x65 determined by Probe

condition of fields OK determined by Dug out

type of trench material Tire & Sand

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 Tree Roots in tank they Need Remove.

Overall condition of the private sewage disposal system

Acceptable? ✓ Unacceptable? _____

Explain (attach additional pages as needed): All in working condition.

Comments: Keep Pump every 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.

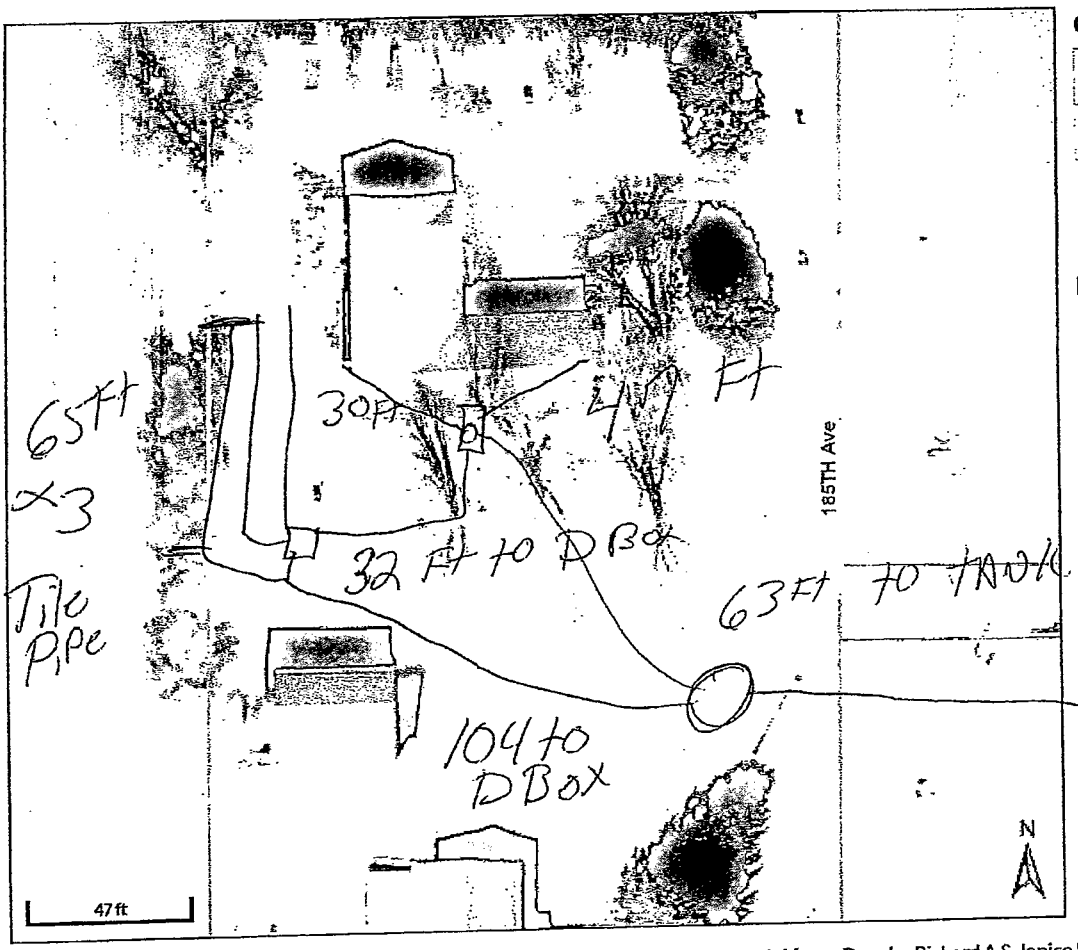
Using this worksheet, write a narrative report of the inspection results.

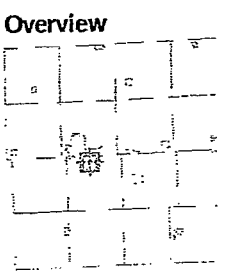
Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.

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: 3-7-17
Name (print): Robb Hunter Certficate #: 358
Address: 3031 160th St Dyersville, Iowa 52040
Phone # 563-542-1010

Beacon™ Delaware County, IA





Legend

- Corporate Limits
- Political Township

Parcels

- <all other values>
- Yes

Roads

Parcel ID	240040400300	**Alternate ID**	n/a	**Owner Address**	Dunphy,Richard A & Janice M
Sec/Twp/Rng	4-88-5	**Class**	R		2263 185th Ave
Property Address	2263 185TH AVE MANCHESTER	**Acreage**	n/a		Manchester, IA 52057
District	MILO				
Brief Tax Description	LOT 3 K & J PIN OAK SUBDIV NE SW				

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Date created: 3/1/2017
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Developed by
The Schneider Corporation

Harter Custom Pumping, Inc & Septic Service

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

****

Homeowners: Lance Dunphy
2263 185th
Manchester

Age of Property 1975
Occupied
Yes or No

Inspection Co: Robb Harter

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

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Inspected by : Robb Harter Date: 3-7-17

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

Property information

Current owner JANICE DUNPHY
Buyer _____ Realtor _____
Mailing address 2263 185th Ave MANCHESTER

Site Address/County _____
Legal Description FD # 24004000300

No. of bedrooms 3 Last occupied? NOW Records available N/A

Permit/installation date N/A Separation distances (ok) no? 64FT

Septic system information

Septic tank(s): size 1000 material CONCR condition OK
Tank pumped? YES date 3/6-17 licensed pumper 358
Septic/trash/processing tank: size 1000 material CONCR condition OK
Tank pumped? YES date 3/6-17 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 OK
Header pipe(s) — # of lines — Pressure dosed? NO

Secondary treatment:
length of absorption fields 3X65 determined by PROB
condition of fields OK determined by DUG OUT
type of trench material TIRE & SCOOP

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

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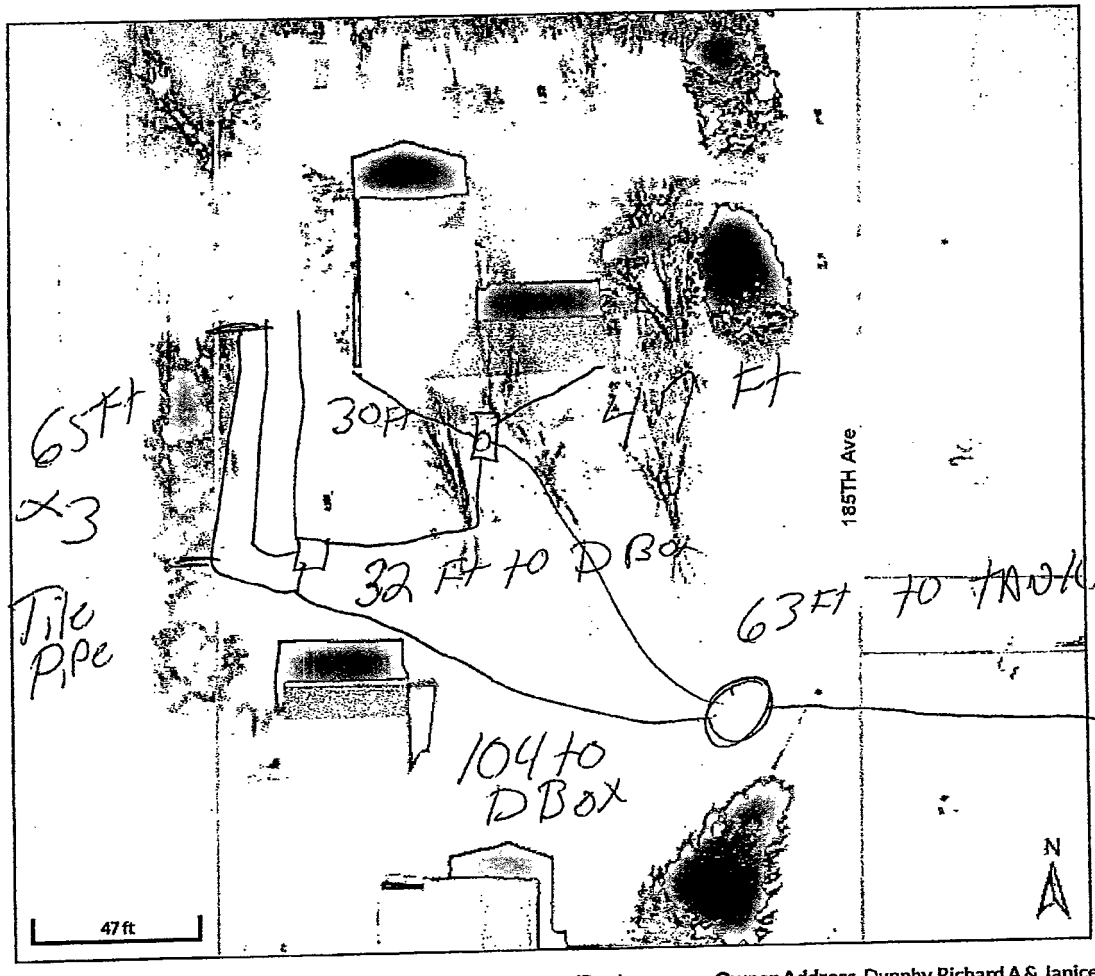
Signature of Certified Inspector: [signature] Date: 3-7-17

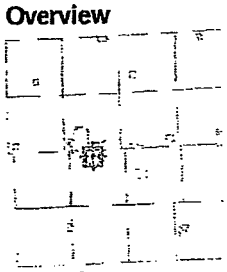
Name (print): Robb Hunter Certificate #: 358

Address: 3031 160th St Dyersville, Iowa 52040

Phone # 563-542-1010

Beacon™ Delaware County, IA





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- Corporate Limits
- Political Township

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- <all other values>
- Yes

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Brief Tax Description	LOT 3 K & J PIN OAK SUBDIV NE SW				

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