Book 2017 Page 1193

Document 2017 GWH-1193 Type 53 001 Pages 9
Date 5/02/2017 Time 12:04:57PM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name David L. Fox Brenda M. Fox

Address 714 LYNN KAYLEE, WATERLOO, IA 50701
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:

Name Craig A. Koester Peggy Koester

Address W25243 Kribbs Rd Trempealeau WI 54661
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
24600 198th Ave Manchester IA 52057
Number and Street or RR | City, Town, or P.O. | State | Zip

Legal Description of Property: (Attach if necessary)

see attached

1. **Wells (check one)**
   - [X] 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)**
   - [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)

☒ 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:

_____

_____

_____

_____

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

Signature: David L Jay (Transferor or Agent) Telephone No.: (319) 239-9493

FILE WITH RECORDER **DNR form 542-0960 (July 18, 2012)**

Lot Seven (7) of Cozy Cove Subdivision a Subdivision of Lot One (1) Through Lot Seven (7) of Willie's Second Subdivision, Being Part Of The SE ¼ Of The NE ¼ Of Section 15, And Part Of The NE ¼ Of The SE ¼ Of Section 15, And Part Of The NW ¼ Of The NW ¼ Of Section 14, (T88N), (R5W) Of The Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 7 Plats, Page 156

542-0191

Time of Transfer Inspection Report

Property Information

Current Owner: David and Brenda Fox

Buyer: Craig and Peggy Koester Realtor: Hedges Realty

Mailing Address: 24600 -196th Ave. Manchester Ia. 52057

Site Address/County: 24600- 196th Ave Manchester, Ia. 52057

Legal Description

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

Permit/ installation date: 5/12/2010 Separation distances (ok/no?): ok

Septic System Information

Septic tank(s): Size: 1500 Material: concrete Condition: good

Tank pumped? ☐ YES Date: 6/25/2015 Licensed pumper: Scott Harbach

Septic/Trash/Processing tank: Size: Material: Condition:

Tank pumped? ☐ Y ☐ N Date: Licensed pumper:

Packed media filter system mfgr Orenco (Advantex) Size Single pod

Tank pumped? ☐ YES Date: 6/25/2015 Licensed pumper: Scott Harbach

Maintenance contract? ☐ NO Expiration date: Service provider: NONE

Condition: At the start of the inspection the home owner said no maintenance agreement had been on the system. The home owner had me do the maintenance on the system before inspection. I cleaned filters and replace the lower float that was not working. Everything is in good condition at time of inspection.

Pump tanks/vaults: Type: Size: Condition:

Distribution system: Distribution box manifold Outlets used Condition: OK

Header pipe(s): No. of lines: 3 Pressure dosed?

Secondary Treatment:

Length of absorption fields: 10x20 bed Determined by: Map and probe

Condition of fields: Ok Determined by: HYD. Test

Type of trench material: Rock and pipe

Size of sand filter: Determined by:

Vent pipes above grade? ☐ Y ☐ N Discharge pipe located? ☐ Y ☐ N

Effluent sample taken no Results:

Media Filters: Type: advantex

Maintenance contract? ☐ NO Expiration date: Service provider: None

Condition: Performed maintenance at time of inspection

NPDES General Permit No. 4: Required? ☐ NO Permitted? ☐ Y ☐ N NOI provided: _____

Time of Transfer Inspection Report

Other components:

Alarms: ☐ YES Working: ☐ YES Disinfection: ☐ NO Working: ☐ Y ☐ N

Control Box: yes Timers: _____ Inspection Ports: no

Other components: _____

Overall condition of the private sewage disposal system:

Report system status: All in working condition at time of inspection.

Explain (attach additional pages as needed): _____

Comments: The is a phone line in the control box but is not hooked up , this would be a good idea to do this so your provider can monitor your system better.

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: Jody Antrim Date: 4/13/2017

Name (print): Jody Antrim Certificate #: 8874

Address: 20984 – 265th St. Manchester, Ia. 52057

Phone #: 563.920.9388

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office and to:

Iowa DNR
Private Sewage Disposal Program
502 E 9th St
Des Moines IA 50319

Z: 01401350 42.43404 -91.40694 Basin 24608

DELAWARE COUNTY BOARD OF SUPERVISORS (Print or Type) **Permit No.** 1793

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 24600 198th Ave **Section** 15 **Township** M.10

LOCATION: NE 1/4 Sec 15 T-88-N R-5-W

Owner: Dave Fox **Tenant:** _____ **Plumber:** Hasbrouck

Lot Size: 95 x 200 **Type Commercial:** _____ **Residential: (No. Bedrooms)** 3

Fixtures: Stools 3 **Lavatories** _____ **Bath Tubs** 2 **Showers** 2 **Sinks** 4 **Automatic Laundry** 1 **Sump Pump** _____

Septic Tank made by Ken Swalls **Garbage Grindor** _____ **Construction Material** Concrete **Gallons Cap.** 1500

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

Absorption Field: Total length of laterals Advantex **No. of lateral lines** _____

This system is new X **Existing** _____. 10:15 B.I

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 5-12-2010

By Dennis Lyon
INSPECTOR

* Adam Harland
APPLICANT'S SIGNATURE

SEAL

INFORMATION
PERMIT NO:
PLUMBER:
PERCOLATION
SEPTIC TANK
MANUFACTURE
DISTANCE FI
DISTRIBUTIC
DISTANCE FR
TRENCH #1
TRENCH#2 L
TRENCH#3 L
TRENCH#LEN

5-19-10

INSPECTED BY: Dennis Lyon

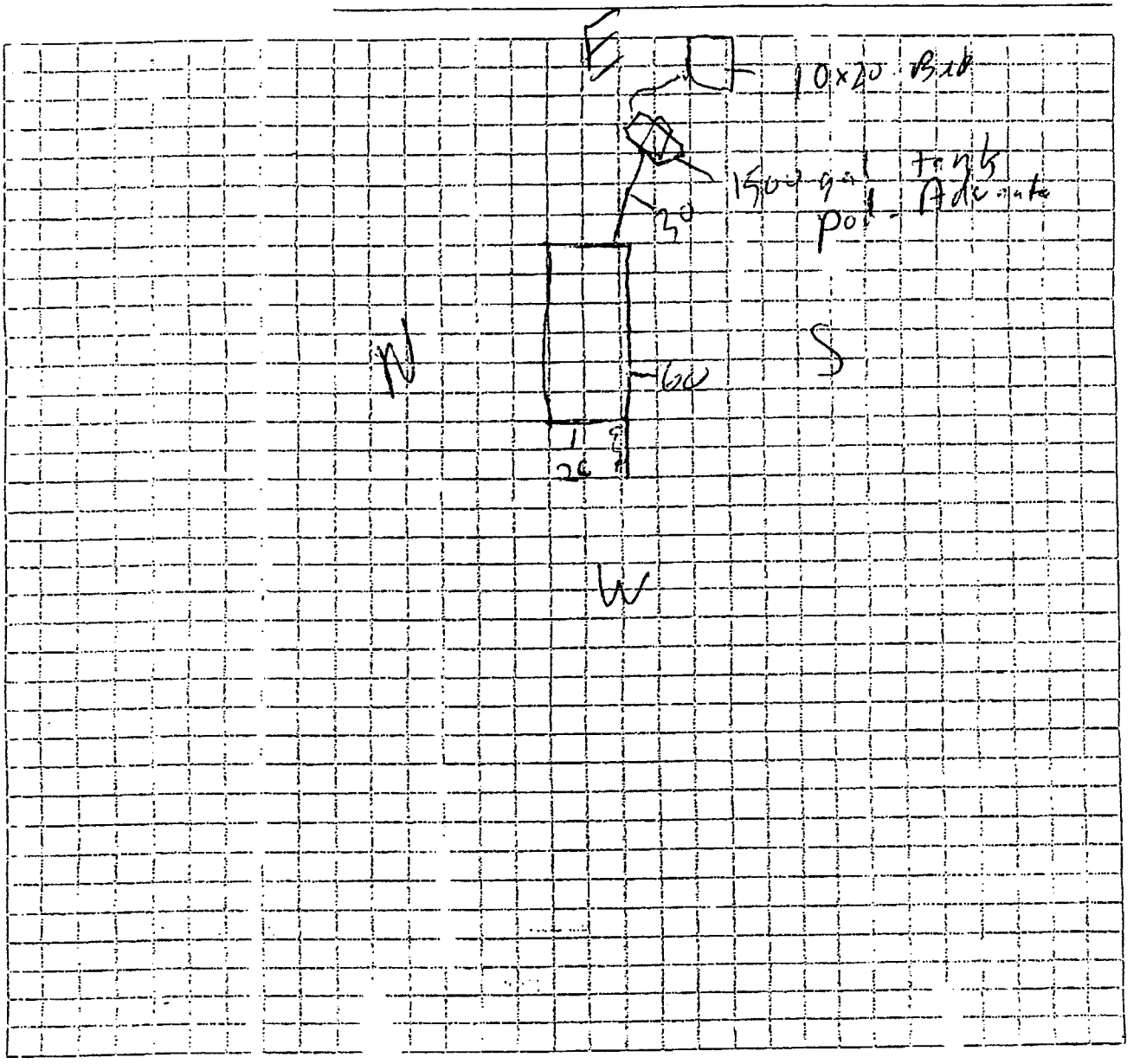
REJECT ( )

APPROVED (X)

Site Evaluation Map

Designer _____

List any construction issues: _____



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

