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Document 2017 GWH-1463 Type 53 001 Pages 7
Date 5/24/2017 Time 12:23:00PM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Edmund J. Winfield, Jr. & Pamela Mason Winfield

Address 900 Springhill Drive (Number and Street or RR) Burnsville, (City, Town or P.O.) MN (State) 55306 (Zip)

TRANSFEREE:

Name Teddy W. Steger + Amy L. Steger

Address 6813 Cottage Ridge Ct.NE (Number and Street or RR) Cedar Rapids, (City, Town or P.O.) IA (State) 52411 (Zip)

Address of Property Transferred:
20540 260th St. (Number and Street or RR) Manchester (City, Town, or P.O.) IA (State) 52057 (Zip)

Legal Description of Property: (Attach if necessary) Legal: Section: 026; Twp: 088; Rng: 005; Block:; Lot:; Deeded Acres: 0.000
Cabin on LL of Earl Schmidt Camp as Desc:
SW Cor SW SE (250-26-01-028-00)

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:

Time of Transfer Inspection Report attached

Map of well location attached

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

Signature: Edmund J Wingfield Jr. (Transferor or Agent) Telephone No.: (651) 271-2122

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

542-0191

Time of Transfer Inspection Report

Property Information

Current Owner: Ed Winfield

Buyer: _____ Realtor: ?

Mailing Address: 900 Springhill Dr. Burnsville, MN. 55306

Site Address/County: 20540 -260th St. Manchester IA, 52057

Legal Description _____

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

Permit/ installation date: 9/6/2002 Separation distances (ok/no?): ok

Septic System Information

Septic tank(s): Size: 1000 Material: concrete Condition: good

Tank pumped? ☐ YES Date: 4/5/2017 Licensed pumper: Groth Services

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

Tank pumped? ☐ YES Date: 4/5/2017 Licensed pumper: Groth Services

Aerobic treatment unit (ATU) mfgr _____ Size _____

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

Maintenance contract? ☐ Y ☐ N Expiration date: _____ Service provider: _____

Condition: 1000 Gal. tank and 500 gal. pump tank are in good condition at time of inspection.

Pump tanks/vaults: Type: concrete Size: 500 Condition: good

Distribution system: Distribution box manifold Outlets used _____ Condition: _____

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

Secondary Treatment:

Length of absorption fields: 15'X 25' Bed Determined by: Map and probe

Condition of fields: Good 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 _____ Results: _____

Media Filters: Type: _____

Maintenance contract? ☐ Y ☐ N Expiration date: _____ Service provider: _____

Condition: _____

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

Time of Transfer Inspection Report

Other components:

Alarms: ☐ Y ☐ N Working: ☐ Y ☐ N Disinfection: ☐ Y ☐ N Working: ☐ Y ☐ N

Control Box: _____ Timers: _____ Inspection Ports: _____

Other components: _____

Overall condition of the private sewage disposal system:

Report system status: Tanks and septic field looked to be in good condition at time of inspection. Baffles are in good condition and there is a effluent screen in the tank that should be sprayed off yearly to avoid backup of system.

Explain (attach additional pages as needed): _____

Comments: There are two cabins on this system

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: 4/12/2017

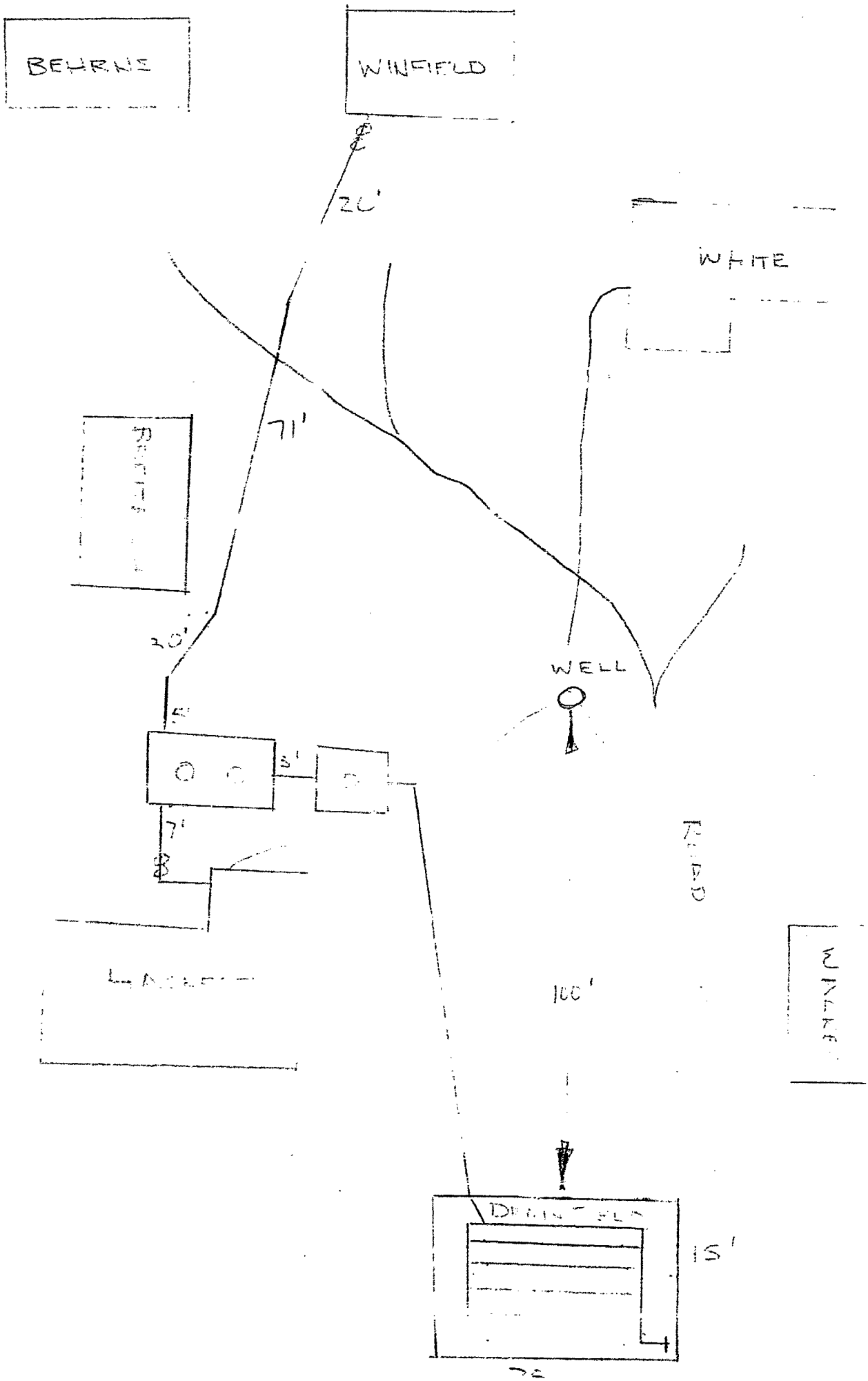
Name (print): Jody Antrim Certificate #: 8874

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


BEHRNE
WINFIELD
20'
WHITE
71'
20'
WELL
100'
15'

f1

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) **Permit No.** 1119

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 20523 20th Ave Section 26 Township M'to

LOCATION: NE¼ NE¼ Sec 26 T-88-N R-5-W

Owner: Stan Hackett Tenant: _____ Plumber: McBarney

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

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

Septic Tank made by Smith Garbage Grinder _____ Construction Material Cement Gallons Capa 1000

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

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

This system is new ✓ 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 9-6-02

By Dennis Lyons
INSPECTOR

_____
APPLICANT'S SIGNATURE

SEAL

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

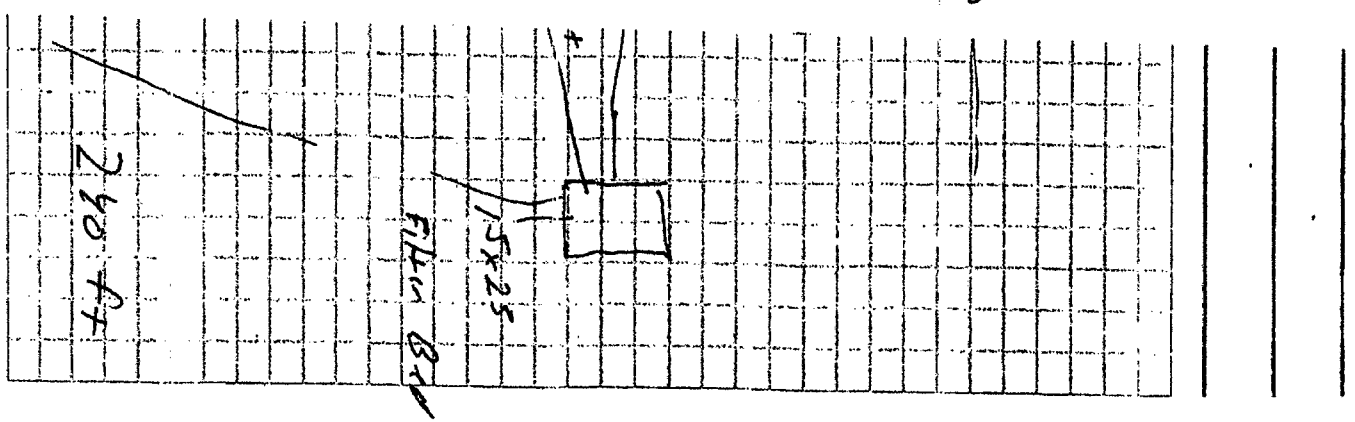
___ easements
- ___ phone
- ___ electric
- ___ gas

___ 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

slope ___ % direction ___

15 x 25 = Bed



Winfield Cabin Well
20540 260th St.
Manchester, IA
52057

