Book 2017 Page 2324

Document 2017 GWH-2324 Type 53 001 Pages 13
Date 8/24/2017 Time 12:32:19PM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

## REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

**TRANSFEROR:**

Name Susan M. Schulte, a single person

Address _____

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

**TRANSFEREE:**

Name Holtz Storage LLC

Address 1587 240th St., Manchester, IA 52057

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

Address of Property Transferred:
1911 Honey Creek Road, Manchester, IA 52057

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

Legal Description of Property: (Attach if necessary) See 1 in Addendum

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:**

_____

_____

_____

_____

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

Signature: Susan M Schulte (Transferor or Agent) Telephone No.: 563-920-6665

Susan M. Schulte, a single person

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

# Addendum

1. That part of the Northeast Quarter (NE ¼) of the Northeast Quarter (NE ¼) of Section Twenty (20), Township Eighty Nine (89) North, Range Five (5), West of the Fifth P.M., described as commencing at the Northwest corner of the Northeast Quarter (NE ¼) of the Northeast Quarter (NE ¼) of said Section Twenty (20), thence East four hundred eighty eight and nine-tenths (488.9) feet along the North line of the Northeast Quarter (NE ¼) of the Northeast Quarter (NE ¼) of said Section Twenty (20) to the centerline of the County Road, thence South 29° 17' West two hundred seventy one (271) feet along the centerline of the County Road to the point of beginning, thence continuing Southwesterly along the centerline of the County Road to the point where it intersects the West line of the Northeast Quarter (NE ¼) of the Northeast Quarter (NE ¼) of said Section Twenty (20), thence South along the said West line to the Southwest corner of the Northeast Quarter (NE ¼) of the Northeast Quarter (NE ¼) of said Section Twenty (20), thence East along the South line of the Northeast Quarter (NE ¼) of the Northeast Quarter (NE ¼) of said Section Twenty (20) to the Southeast corner thereof, thence North along the East line of the Northeast Quarter (NE ¼) of the Northeast Quarter (NE ¼) of said Section Twenty (20) to the Northeast corner thereof, thence West along the North line of the Northeast Quarter (NE ¼) of the Northeast Quarter (NE ¼) of said Section Twenty (20) to a point that is seven hundred forty nine and three-tenths (749.3) feet East of the Northwest corner of the Northeast Quarter (NE ¼) of the Northeast Quarter (NE ¼) of said Section Twenty (20), thence South 25° 44' West four hundred one and two-tenths (401.2) feet, thence North 60° 16' West two hundred fifty two (252) feet to the point of beginning in the centerline of the County Road, including all lots in Schulte's Subdivision Of Part Of The NE ¼ of Section 20, Township 89 North, Range 5 West of the 5th P.M., Delaware County, Iowa, according to plat recorded in Book 2 Plats, Page 121, except Lots One (1), Two (2), Three (3), Four (4), Five (5), Six (6), Twelve (12), Thirteen (13) and the Southwesterly one-half (SW ½) of Lot Seven (7); also that part of the Northwest Quarter (NW ¼) of the Northeast Quarter (NE ¼) and of the Northeast Quarter (NE ¼) of the Northeast Quarter (NE ¼) of said Section Twenty (20), described as beginning at the Northeast corner of said Northwest Quarter (NW ¼) of the Northeast Quarter (NE ¼), thence West along the North line of said Northwest Quarter (NW ¼) of the Northeast Quarter (NE ¼) a distance of two hundred ninety seven (297) feet, thence South six hundred eighty six and four-tenths (686.4) feet, thence East two hundred ninety seven (297) feet to the East line of said Northwest Quarter (NW ¼) of the Northeast Quarter (NE ¼), thence continuing East to the centerline of the County Road, thence Northeasterly along the centerline of the County Road to the North line of said Northeast Quarter (NE ¼) of the Northeast Quarter (NE ¼), thence West along said North line a distance of four hundred eighty eight and nine-tenths (488.9) feet to the point of beginning.

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

Property information
Current Owner Sue schulte
Buyer Phil + Abby Holtz Realtor Self.
Mailing Address 1911 Honey Creek Rd. Manchester Iowa

Site Address/County 1908 Honey Creek Rd Manchester Iowa

No. of Bedrooms 1 Last Occupied? Present Disposal? Y (N) Softener? Y (N) $H_2O$ Supply? Well

Records Available Yes Permit/Installation Date _____ Installer Dave Schulte Const.

Septic System Information
Septic Tank(s): Size 1250 Material Concrete Condition Good
Tank Pumped? Yes Date 7/12/17 Licensed Pumper St. 49
Septic/Trash/Processing Tank: Size N/A Material N/A Condition N/A
Tank pumped? N/A Date N/A Licensed Pumper N/A

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

Pump Ttanks/Vaults: Type No Size N/A Condition N/A

Distribution System: Distribution Box Yes Outlets Used 3 Condition Good
Header Pipe(s) — Number of Lines 3
Pressure Dosed? No

Secondary Treatment
Length of Absorption Fields 1-100' 2-50' Determined by Permit & Map -
Condition of Fields Good Determined by Hydrolic load test
Type of Trench Material Rock + Pipe -

Size of Sand Filter N/A Determined by N/A
Vent Pipes Above Grade? N/A Discharge Pipe Located? N/A
Effluent Sample Taken? N/A Results N/A

Media Filters: Type N/A
Maintenance Contract? N/A Expiration Date N/A Service Provider N/A
Condition N/A

NPDES General Permit No. 4: Required? N/A Permitted? N/A NOI submitted N/A

Time of Transfer Inspection Worksheet

Other Components

Alarms No Working? N/A Disinfection N/A Working? N/A

Control Box No Timers No Inspection Ports No

Other Components _____

_____

Overall condition of the private sewage disposal system

Acceptable? Yes Unacceptable? _____

Explain (attach additional pages as needed): Seprate Report.

_____

_____

_____

Comments: _____

_____

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: _____ Date: 7/7/17

Name (print): Luke Ogden Certficate #: 6715

Address: 207 Quaker Hill Dr.

Phone # 563-927-6503

1332 N. Franklin, Manchester, Iowa 52057
563-927-6503 888-666-6503
www.oasiswell.com

Septic Inspection
**Sue Schulte**
**1908 Honey Creek Rd.**
**Manchester, IA 52057**

**On July 7, 2017 a septic inspection was performed at the above address.**

**Description:**
Septic System is for a 60 x 50 shop with a bathroom.

**Septic Description:**
Septic system contains 1 – 1250 gallon 2 compartment concrete septic tank; inlet and outlet baffles are PVC tees. System contains 1 – septic filter, 1 – 7 hole distribution box and 200' leach field.

**Septic Condition:**
Septic tank was pumped on July 11, 2017. A hydraulic load test was completed on July 7, 2017; ran water at 5.5 GPM at 55 minutes for total of 302 gallons of water. System accepted water well.

**Company Disclaimer**
Based on what we were able to observe and our experience with on-site wastewater technology, we submit this sanitary sewage disposal system inspection report based on the present condition of the on-site sewage disposal system. Oasis Pump Service has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future. Because of numerous factors (usage, soil characteristics, previous failures, etc.) which effect the proper operation of a septic system as well as the inability of our Company to supervise or monitor the use or maintenance of the system, this report shall not be constructed as a warranty by our Company that the system will function properly for any particular buyer. Oasis Pump Service **DISCLAIMS ANY WARRANTY**, either expressed or implied, arising from the inspection of the septic system or this report. We are also not ascertaining the impact the system is having on the ground water.

**I have studied the information contained herein and that my assessment is honest, thorough, and, to the best of my ability correct.**

**Certified by Luke Ogden #6715**

Luke Ogden T.O. **Date** 7/7/17

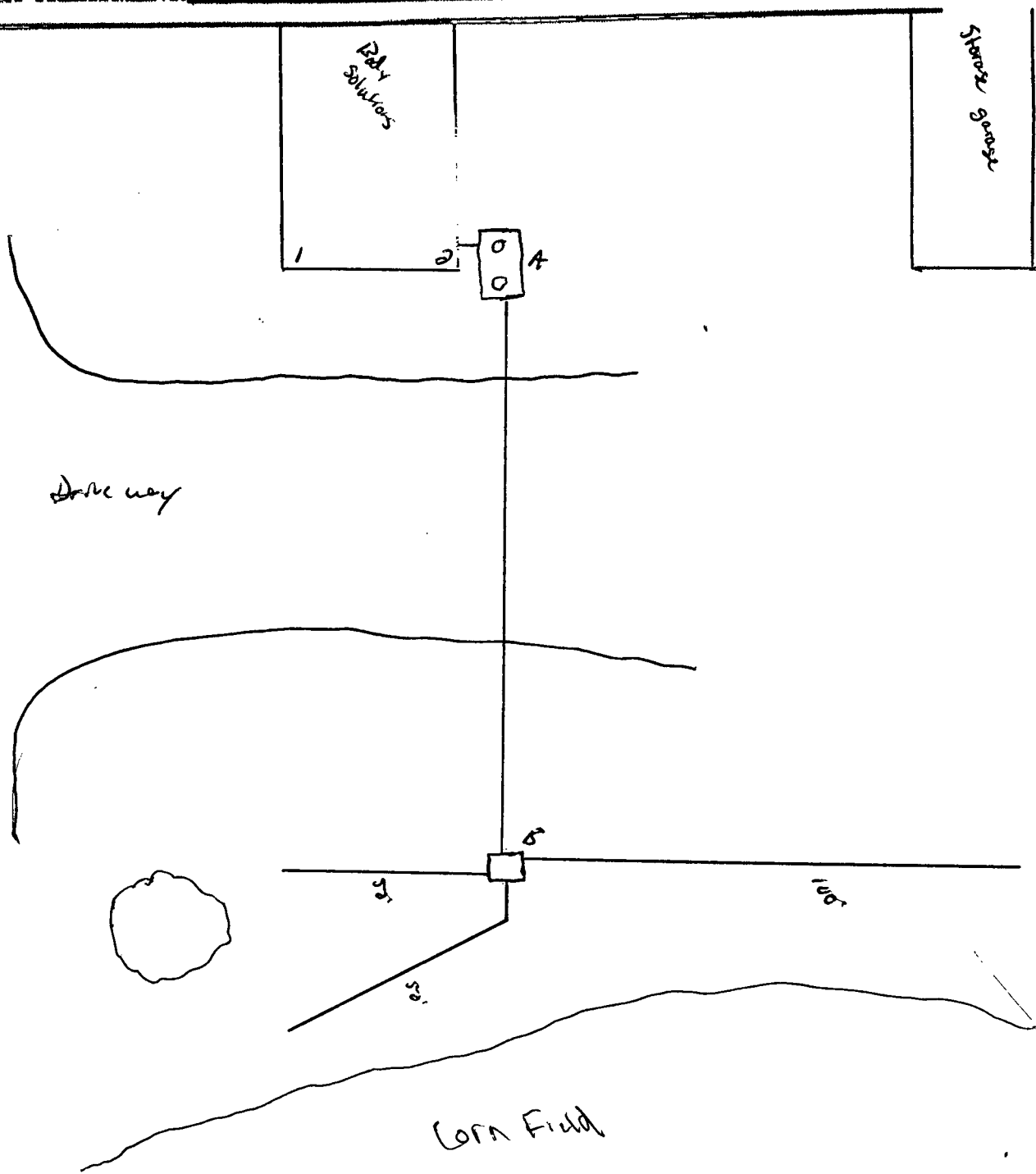
**Owner: 1908 Honey Creek Rd. Manchester, IA 52057**

OASIS
PUMP SERVICE
1998 N. Franklin, Manchester, Iowa 52057
800-257-6690 563-652-6690
www.oasiswell.com

OWNER: Sue Schulls
SITE ADDRESS: 1908 Honey Creek Rd
GPS: Long: -91.454737 Lat: 42.511745
TANK SIZE: 1250 Plastic Concrete
SECONDARY TREATMENT:

DATE: 7-7-17
TOWN/COUNTY: Delaware
D-BOX: 4 or 9 OUTLETS USED: 3

1 → A = 57'
2 → A = 6'
1 → B = 76'
2 → B = 54'



4/5 18

**DELAWARE COUNTY**
**BOARD OF SUPERVISORS** - 9.4<2 11 (Print or Type) **Permit No.** 2100

**APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM**

**ADDRESS:** 1908 Honey Creek Rd Section 20 Township Delaware

**LOCATION:** Sec 20 T-84-N R 5-W

**Owner:** Dave-Sue Schultz **Tenant:** _____ **Plumber:** Self

**Lot Size:** 150 **Type Commercial:** Shop **Residential: (No. Bedrooms)** NA

**Fixtures: Stools** 2 **Lavatories**__ **Bath Tubs**__ **Showers**__ **Sinks** 2 **Automatic Laundry**__ **Sump Pump**__

**Septic Tank made by** Swales **Garbage Grindor** _____ **Construction Material** Concrete **Gallons Cap.** 1250

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

**Absorption Field: Total length of laterals** 210' **No. of lateral lines** 3

**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** 8-20-12

**By** Dennis Lyons
**INSPECTOR**

Dave Schultz
**APPLICANT'S SIGNATURE**

**SEAL**

DISTANCE FROM HOUSE: 55' WELL: _____

TRENCH #1 LENGTH: 100' WIDTH: 2' DEPTH: 30~~30~~"

TRENCH#2 LENGTH: ~~80~~ WIDTH: 2' DEPTH: 30"

TRENCH#3 LENGTH: 50 WIDTH: 2' DEPTH: 36"

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

rock and Pipe

8-21-12

APPROVED (X) REJECT ( ) INSPECTED BY: Dennis Lyons

2100

rent

SEWAGE DISPOSAL SYSTEM

INFORMATION

PERMIT NO: 2100

PLUMBER: Dave Schultz

FINAL INSPECTION

APPLICANT: Dave Schultz

LOCATION

ADDRESS: 1903 Honey Creek K

PERCOLATION TESTS: #1 #2 #3 #4

SEPTIC TANK SIZE: 1250 COMPARTMENTS: 2

MANUFACTURER: Swales DEPTH: 2'

DISTANCE FROM HOUSE: 4' WELL: 7200

DISTRIBUTION BOX: DEPTH: ~~24~~ 18" LEVEL: yes

DISTANCE FROM HOUSE: 55' WELL:

TRENCH #1 LENGTH: 100' WIDTH: 2' DEPTH: 30~~36~~"

TRENCH#2 LENGTH: ~~60~~ WIDTH: 2' DEPTH: 30"

TRENCH#3 LENGTH: 50 WIDTH: 2' DEPTH: 36"

TRENCH#4 LENGTH: WIDTH: DEPTH:

---

rock and Pipe

8-21-12

APPROVED (X) REJECT ( ) INSPECTED BY: Dennis Lyon

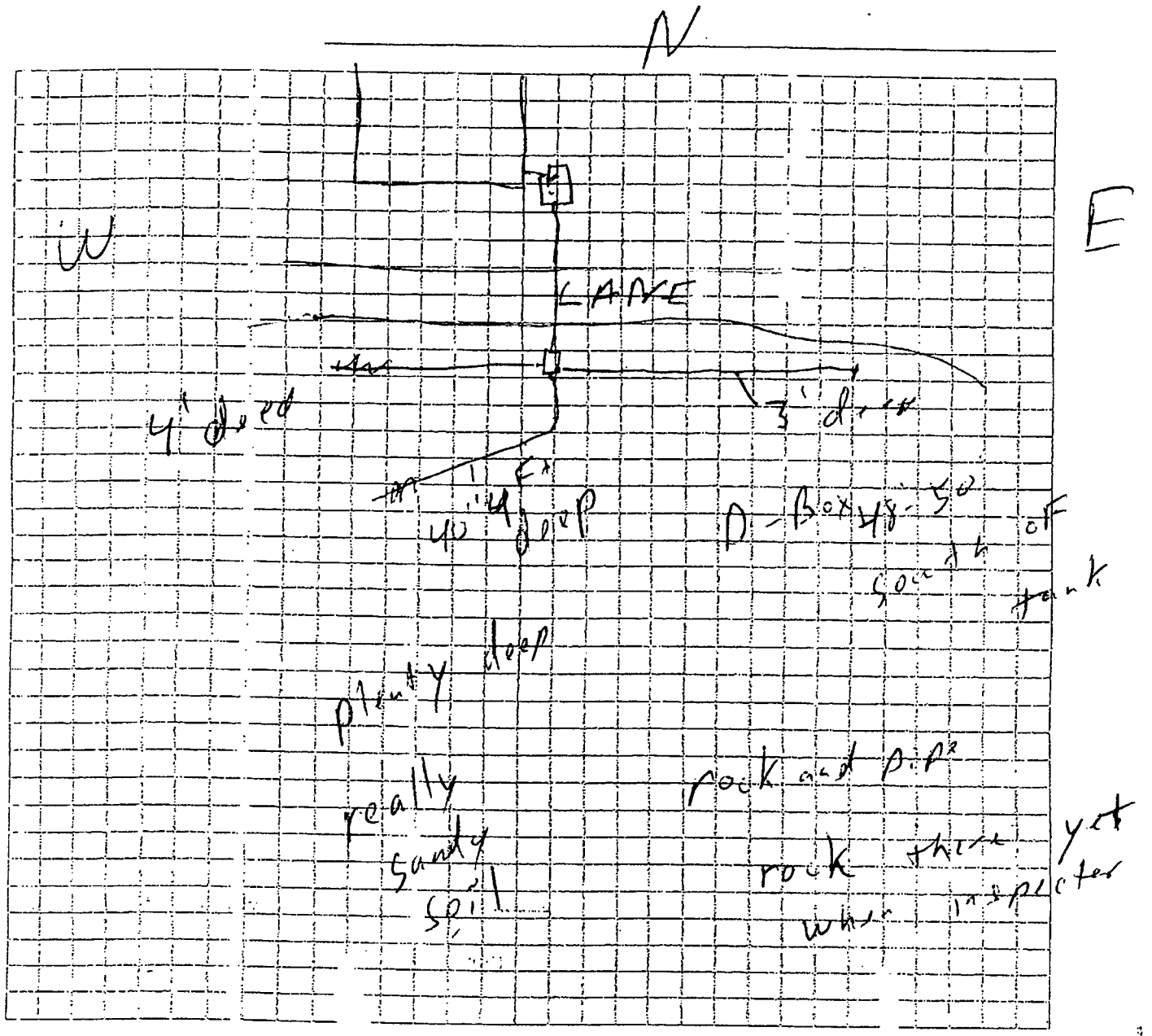
#2100

# Site Evaluation Map

*page 2 of 2*

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





2100

AL SYSTEM

Township Dalton

T-84-N R 5-W

ber: Sec 1F

itial: (No. Bedrooms) NA

Sump Pump

Gallons Cap. 1250

3

d in accordance with the

SIGNATURE

8-21-12

APPROVED (X) REJECT ( ) INSPECTED BY: Dennis Lee

# IOWA DEPARTMENT of NATURAL RESOURCES
# TIME OF TRANSFER INSPECTION WAIVER
# BINDING AGREEMENT for FUTURE INSTALLATION
542-0064

This agreement is entered into this 16th day of August ,20 17 by and between the Delaware County Board of Health and Phil & Abby Holtz

It is understood that Iowa Code 455B.172(11) requires an inspection of the private sewage disposal system on all properties not specifically exempted in Iowa at the time of transfer.

The property located at 1911 Honey Creek Rd Manchester, Iowa is subject to the inspection, and the buyer Phil & Abby Holtz understands there is not an adequate private sewage disposal system serving this property.

It is hereby agreed that the time of transfer inspection will not be required and the buyer agrees that a code compliant private sewage disposal system or connection to a public sewer shall be installed to serve the property and shall be completed no later than 31st day of November , 20 17

Dated the 16th day of August ,20 17 .

Abby Holtz
BUYER

Dennis Lyons
COUNTY BOARD OF HEALTH or
AUTHORIZED REPRESENTATIVE

This instrument was acknowledged before me on August 16 , 20 17

by Dennis Lyons & Abby Holtz

NOTARIAL SEAL IOWA
ANNE RAVE
Commission Number 757587
My Commission Expires
March 25, 2018

Anne Rave
Notary Public

05/2010cmz

**WELLS:**

1. Holtz Residence in cased well 1 foot northeast of house.

~~2. Harper's Haven Campground in cased well 27 feet north of community shed.~~