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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:
Name STEVE EASTON BY NANCY SOULLI, POA
Address 19947 247TH STREET, MANCHESTER, IA 52057
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name ALISON NESTEBY
Address 612 NEW STREET, MANCHESTER, IA 52057
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
19947 247TH STREET, 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:

Well is approximately 50' from the NW corner of the house

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

Signature: _____ (Transferor or Agent) Telephone No.: 563-920-4762

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

Addendum

1. LOTS THIRTY SIX (36), THIRTY SEVEN (37), FORTY TWO (42) AND FORTY THREE OF WILLIE'S SECOND SUBDIVISION OF PART OF THE SOUTHEAST QUARTER (SE 1/4) OF THE NORTHEAST QUARTER (NE 1/4) OF SECTION FIFTEEN (15), AND PART OF THE NORTHEAST QUARTER (NE 1/4) OF THE SOUTHEAST QAURTER (SE 1/4) OF SECTION FIFTEEN (15), AND PART OF THE NORTHWEST QUARTER (NE 1/4) OF THE SOUTHWEST QUARTER (SW 1/4) OF SECTION FOURTEEN (14), AND PART OF THE SOUTHWEST QUARTER (SW 1/4) OF THE NORTHWEST QUARTER (NW 1/4) OF SECTION FOURTEEN (14), ALL IN TOWNSHIP EIGHTY EIGHT (88) NORTH, RANGE FIVE (5) WEST OF THE FIFTH PRINCIPAL MERIDIAN, DELAWARE COUNTY, IOWA, ACCORDING TO PLAT RECORDED IN BOOK 4 PLATS, PAGE 106.

542-0191

Time of Transfer Inspection Report

Property Information

Current Owner: Nancy Soulli

Buyer: Allison Nesteby Realtor: Exit Realty

Mailing Address: 612 New St. Manchester, Ia. 52057

Site Address/County: 19947 – 247th St. Manchester, IA 52057

Legal Description

No. of bedrooms: 3 Last occupied: 4mouth ago Records available: yes

Permit/ installation date: 8/19/1999 Separation distances (ok/no?): ok

Septic System Information

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

Tank pumped? ☐ YES Date: 7/11/2017 Licensed pumper: Groth Services

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

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

Aerobic treatment unit (ATU) mfgr Size

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

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

Condition:

Pump tanks/vaults: Type: Size: Condition:

Distribution system: Distribution box yes Outlets used Condition:

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

Secondary Treatment:

Length of absorption fields: 225' Determined by: Map And probe

Condition of fields: Good Determined by: Hyd. test

Type of trench material: Chambers

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:
The system has a 1000 gal.two compartment concrete tank with (2) baffles in place and in good condition at time of inspection. The secondary treatment has 225 'of lateral lines all in good condition. 2 risers were added to bring lids up to ground level or above. .(Chapter 69 of Iowa code). The secondary system passed the Hyd. Test

Report system status: 270gals.of water was used .

Explain (attach additional pages as needed): _____

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 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: 7/12/2017

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

LAWARE COUNTY
OARD OF SUPERVISORS

(Print or Type) Permit No. 818

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 247 "B" Dr

LOCATION: SE 1/4-SE 1/4 SE 1/4 T- 8 N R 5 W Section 15 Township Middle

Owner: Brian Fuller Tenant: Plumber: Dezwaan Plumbing

Lot Size: 165 x 0.52 Type Commercial: Residential: (No. Bedrooms) 3

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

Septic Tank made by Precast Garbage Grinder Construction Material Concrete Gallons Cap. 1000

Percolation Test: 1. 5 2. 3. 4. Made by:

Absorption Field: Total length of laterals 220 No. of lateral lines 3

This system is now - N - 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 8-19-99

By [signature] INSPECTOR

[signature] APPLICANT'S SIGNATURE

SEAL

