Book 2017 Page 3016
Document 2017 GWH-3016 Type 53 001 Pages 8
Date 11/01/2017 Time 11:04:01AM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Todd D. Gordon and Kathleen L. Gordon

Address 1723 NW 30th Street, Ankeny, IA 50023

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

TRANSFEREE:

Name John A. Sullivan and Clarissa J. Sullivan

Address 2740 25th Avenue, Marion, IA 52302

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

Address of Property Transferred:
19843 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 is no well on this property
   - ✓ 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: Jean D Gordon and Kathleen S Gordon
By Jeanne D Gordon POA (Transferor or Agent) Telephone No.: (563) 929-0744

Addendum

1. Lots Forty One (41) and Seventy Six (76) of Willie's Second Subdivision of Part of the Southeast Quarter (SE ¼) of the Northeast Quarter (NE ¼) of Section Fifteen (15), and Part of the Northeast Quarter (NE ¼) of the Southeast Quarter (SE ¼) of Section Fifteen (15), and Part of the Northwest Quarter (NW ¼) of the Southwest Quarter (SW ¼) of Section Fourteen (14), and Part of the Southwest Quarter (SW ¼) of the Northwest Quarter (NW ¼) 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, and Retracement Survey recorded in Book 2008, Page 180

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

Property information
Current Owner Todd Gordon
Buyer _____ Realtor _____
Mailing Address _____

Site Address/County 19843 247th St Manchester

No. of Bedrooms 3 Last Occupied? n/A Disposal? Y / N Softener? Y / N H_2O Supply? well

Records Available yes Permit/Installation Date 6-14-06 Installer Dave Const

Septic System Information
Septic Tank(s): Size 1000 Material Plastic Condition OK
Tank Pumped? Yes Date 8-24-17 Licensed Pumper 358
Septic/Trash/Processing Tank: Size 100 Material 300 Condition good
Tank pumped? yes Date 8-24-17 Licensed Pumper 358

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

Pump Ttanks/Vaults: Type ~ Size _____ Condition _____

Distribution System: Distribution Box yes Outlets Used 3 Condition good
Header Pipe(s) — Number of Lines 3
Pressure Dosed? —

Secondary Treatment
Length of Absorption Fields 3 X 30 Determined by Prob
Condition of Fields ok Determined by Prob
Type of Trench Material Chamber

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 submitted _____

Time of Transfer Inspection Worksheet

Other Components

Alarms _____ Working? _____ Disinfection _____ Working? _____

Control Box _____ Timers _____ Inspection Ports _____

Other Components Keep tank pump every 3-5 years.

Overall condition of the private sewage disposal system

Acceptable? X Unacceptable? _____

Explain (attach additional pages as needed): _____

Comments: D Box is 27" Deep

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: 8-24-17

Name (print): Robb Harter Certficate #: 358

Address: 3031 160th Street Dyersville, Iowa 52040

Phone # 563-542-1010

Harter Custom Pumping, Inc & Septic Service

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

****

Homeowners: Todd Gordon

Age of Property 2000
Occupied
Yes or (No)
Week end Home

Inspection Co: Robb Harter
3031 160 St Dyersville 5204
Date of Inspection: 8-24-17

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? OVER 150 Ft
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:

Keep Pump Over 3-5 Years

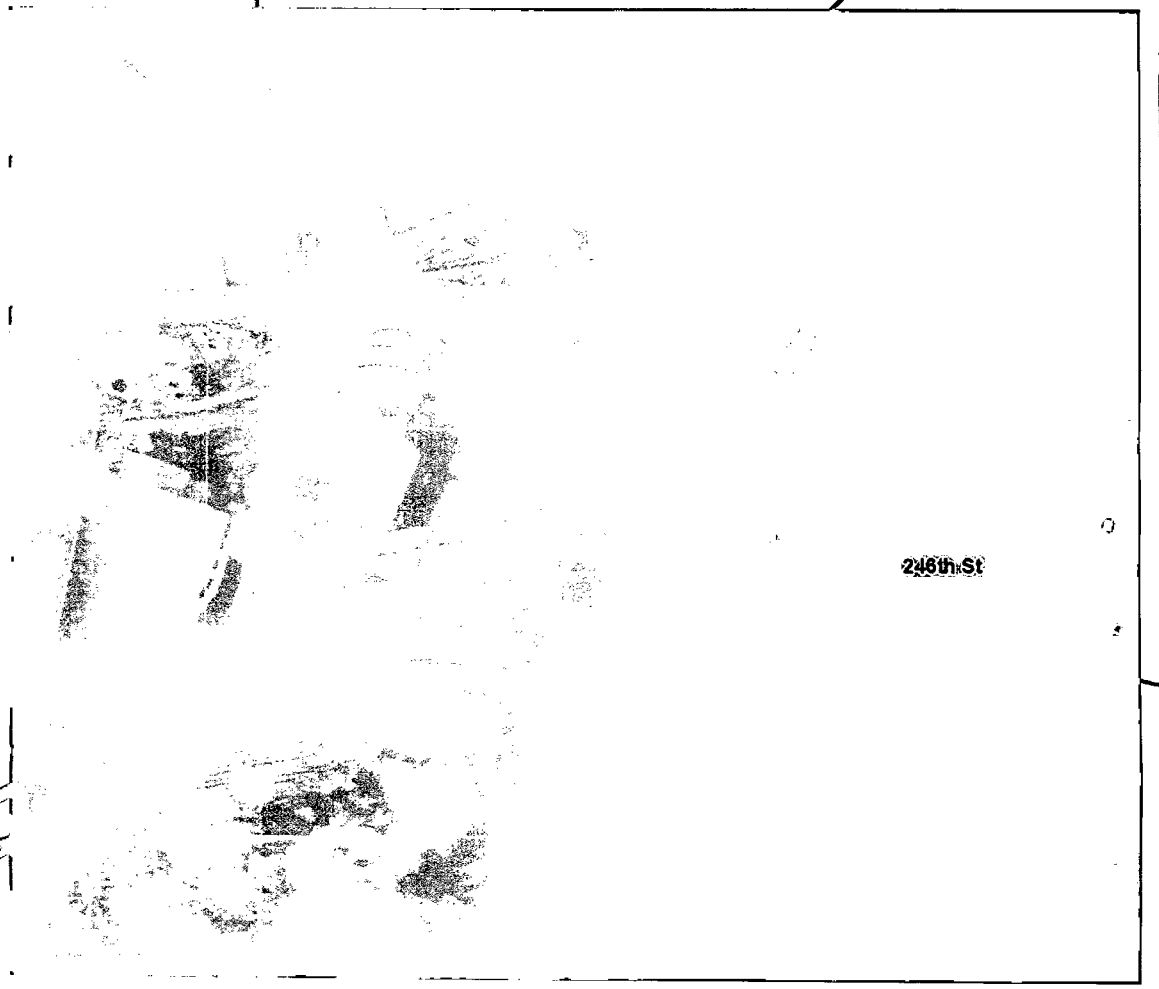
Septic systems are subterranean, it is impossible to determine their overall condition. No prediction can be made as to when or if a system might fail.
This report comments on the workability of the system on the day of the inspection only, and is in no way intended to be a warranty.
Workability can 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 : [signature] Date: 8-24-17

26 Ft

Beacon™ Delaware County, IA

1000 gal tanks

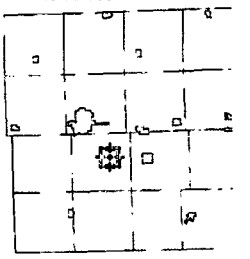


15 Ft

well

250 Ft

Overview



Legend

- Corporate Limits
- Political Township

Parcels

- BLL
- Parcel

Roads

Parcel ID	250140103700	**Alternate ID**	n/a	**Owner Address**	Gordon, Todd D & Kathleen L
Sec/Twp/Rng	14-88-5	**Class**	R		1723 NW 30th St
Property Address	19843 247TH ST MANCHESTER	**Acreage**	n/a		Ankeny, IA 50023-2280
District	MILO MAQ. VALLEY FD 12				
Brief Tax Description	LT 41 & 76 WILLIES 2ND SUB PT SEC'S 14 & 15 (Note: Not to be used on legal documents)				

Date created: 8/27/2017
Last Data Uploaded: 8/25/2017 9:35:01 PM

Developed by The Schneider Corporation

D Box is 8Ft from tank

D Box is 27" Deep

3 lines

Well is over 200Ft from tank.

DELAWARE COUNTY
BOARD OF SUPERVISORS (Print or Type) **Permit No.** 893

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 19843 243rd St Manchester Section 25 Township Mt. Ida

LOCATION: NW 1/4 SW 1/4 NW 1/4 T-85 N R-7 W

Owner: Tim Dwyer Tenant: _____ Plumber: Dave Cook

Lot Size: 2.5 x 210 Type Commercial: _____ Residential: (No. Bedrooms) 3

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

Septic Tank made by _____ Garbage Grinder _____ Construction Material Plastic Gallons Cap. 1000

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

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

This system is new ✓ Existing _____ 20 x 40 Leach Field.

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 6-14-00

By _____ INSPECTOR

SEAL

Tim L. Dwyer APPLICANT'S SIGNATURE

