Book 2017 Page 3340
Document 2017 GWH-3340 Type 53 001 Pages 9
Date 12/08/2017 Time 10:03:33AM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name David J. Fink and Victoria A. Fink

Address 20249 246th Street, Manchester, IA 52057

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

TRANSFEREE:

Name Jesse L. Kremer and Rebecca J. Kremer

Address 607 Park Drive, Monticello, IA 52310

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

Address of Property Transferred:
20249 246th 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.
   - _X_ 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)**
   - X 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.
   - X 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.

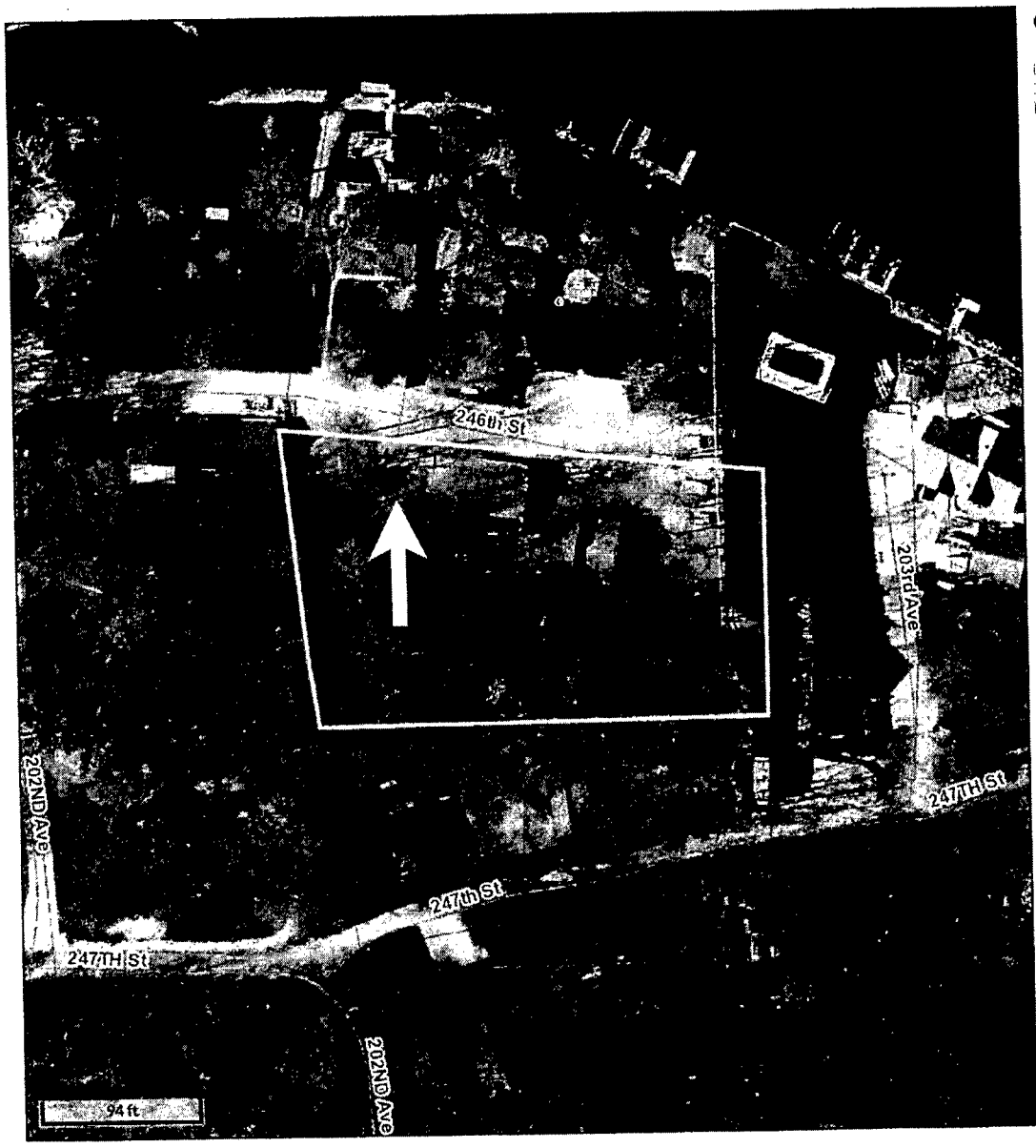
Signature: _____ Telephone No.: (563) 920-9270
(Transferor or Agent)

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

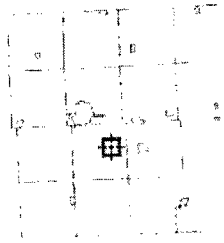
Addendum

1. Lots Twenty Seven (27) and Fifty Five (55) and Fifty Six (56) of Willie's Second Subdivision of Part of the Southeast Quarter (SE 1/4) of the Northeast Quarater (NE 1/4) of Section Fifteen and part of the Northeast Quarter (NE 1/4) of the Southeast Quarter (SE 1/4) of Section Fifteen (15), and Part of the Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4) of Secton 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

Beacon™ Delaware County, IA



Overview



Legend

- Corporate Limits
- Political Township

Parcels

- BLL
- Parcel

Roads

Date created: 9/25/2017
Last Data Uploaded: 9/25/2017 12:37:24 AM

Developed by
The Schneider Corporation

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

Property information

Current owner Dave Fink Realtor Susie Meyers Exit Realty
Buyer
Mailing address

Site Address/County 20249 246th St Manchester
Legal Description

No. of bedrooms 2 Last occupied? still Records available yes

Permit/installation date 4-9-96 Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 750 material concrete condition good
Tank pumped? yes date 9-1-17 licensed pumper SF 49
Septic/trash/processing tank: size — material — condition —
Tank pumped? — date — licensed pumper —

Aerobic treatment unit (ATU) mfgr — size —
Tank pumped? — date — licensed pumper —
Maintenance contract? — expiration date — service provider —
Condition

Pump tanks/vaults: type ~~Fiber~~ concrete size 500 condition good

Distribution system: distribution box yes outlets used 5 condition good
Header pipe(s) — # of lines — Pressure dosed? —

Secondary treatment:
length of absorption fields Filter Bed determined by per permit
condition of fields good determined by water test
type of trench material

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 provided _____

Time of Transfer Inspection Worksheet

Other components:
Alarms — Working? ____ disinfection ____ working? —

Control box — Timers ____ inspection ports —

Other components ____

Overall condition of the private sewage disposal system

Report system status System in good shape

Explain (attach additional pages as needed): Pump working bad for water well

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: Brad Downs Date: 9-1-17
Name (print): Brad Downs Certificate #: 8880
Address: 1487 110th Ave Dunlap IA
Phone # 563-824-2225

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

Septic Systems

Name and Telephone Number where you can be reached: Dave Flok 563-920-9270

Property Address: 20299 246th St Manchester

(circle one) (a) septic tank or (b) holding tank size 1000 gal material cement (Cement, Plastic, Fiberglass, other)

Choose one of the following:

(a) leach field

(b) drain field

(c) sand filter

(d) other media filters (e.g., peat or textile filters)

(e) aerobic treatment units (e.g., multi-flo, aqua safe, etc.)

Other _____

Estimated installation date of system (if known) 11/1/80 + 4/9/96

County permit # (if known) 59A + 463

Location of leach field or discharge points with latitude and longitude coordinates: 42° 25.993' N 091° 23.895' W

Location of Septic Tank /holding tank 42° 26.001' N 091° 23.900' W

(Please see attachment on how to provide this information)

Estimated Date and Description of last known clean-out or maintenance of system: 12/17/12

Do you own a lot without a building structure that would not require a septic system? ___Yes/No X

If yes, what is the address of that lot? _____

Wells

Is there a well/sand point located on the property? X Yes/No___ If on your property, do you share the well/sand point with other properties/property owners? ___Yes/No X If yes, please provide the address of the properties sharing the well _____

If yes, longitude and latitude coordinates of well:
~~42° 25.993'~~ N ~~091° 24.056'~~ W
42° 25.994' 091° 23.895'
# of service connections to the well 1

If served by a community well or a shared well with a neighbor, indicate the name of your association that provides the well or the address where the well is located None

_____

SEWAGE DISPOSAL SYSTEM

Dave Fink
20249 246th St
Manchester

INFORMATION

PERMIT NO: 463

PLUMBER: FINK

FINAL INSPECTION

APPLICANT: DAVE FINK

LOCATION NW 1/4 NE 1/4 T8N R5W M. 10 Sec

ADDRESS: Rt #1 Manchester

PERCOLATION TESTS: #1 _____ #2 _____ #3 _____ #4 _____

SEPTIC TANK SIZE: 1000 COMPARTMENTS: 2

MANUFACTURER: WK DEPTH: 8'

DISTANCE FROM HOUSE: 20 WELL: 100' +

DISTRIBUTION BOX: DEPTH: 3' LEVEL: _____

DISTANCE FROM HOUSE: 30' WELL: 100 +

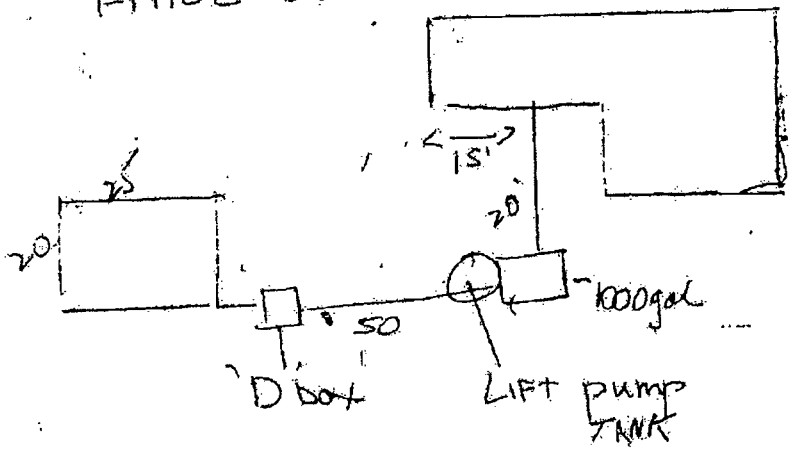
TRENCH #1 LENGTH: _____ WIDTH: _____ DEPTH: _____

TRENCH #2 LENGTH: _____ WIDTH: _____ DEPTH: _____

TRENCH #3 LENGTH: _____ WIDTH: _____ DEPTH: _____

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

Filter bed 35 x 20' 2 FT Rock - lift pump



APPROVED (✓) REJECT ( ) INSPECTED BY: Jack Sexton

2024 9 SF
24' SF
with 2nd

DELAWARE COUNTY
BOARD OF SUPERVISORS (Print or Type) Permit No. 463 & 59A

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: RT #1 Manchester, IA Section 15 Township M.L.O

LOCATION: SW 1/4 NE 1/4

Owner: DAVE FINK Tenant: _____ Plumber: FINK

Lot Size: 140 x 200 Type Commercial: _____ Residential: (No. Bedrooms) 2

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

Septic Tank made by _____ Garbage Grinder _____ Construction Material CONCRETE 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 ✓ Filter Bed 24 x 20 2' ROCK

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 4/9/96

By Jack Norton
INSPECTOR

Dan Fink
APPLICANT'S SIGNATURE

SEAL