Recorded: 9/11/2019 at 1:12:56.0 PM
County Recording Fee: $0.00
Iowa E-Filing Fee: $0.00
Combined Fee: $0.00
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2019 PG: 2471

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Carol J. Pohlman

Address 20875 262nd St. (Number and Street or RR) Delhi (City, Town or P.O.) IA (State) 52223 (Zip)

TRANSFEREE:

Name Chad L. Lursen Heather J. Lursen

Address 2362 180th Ave (Number and Street or RR) Manchester (City, Town or P.O.) IA (State) 52057 (Zip)

Address of Property Transferred:

2362 180th Ave (Number and Street or RR) Manchester (City, Town, or P.O.) IA (State) 52057 (Zip)

Legal Description of Property: (Attach if necessary)

see attached legal

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)

- [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:

See Attached Drawing

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

Signature: Carol J. Pohlman (Transferor or Agent) Telephone No.: (563) 542-2783

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)

Lot Six (6) of Sterling Rural Subdivision of Part of the Northeast Quarter (NE ¼) of the Southeast Quarter (SE ¼) of Section Eight (8), Township Eighty Eight (88) North, Range Five (5), West of the Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 3 Plats, Page 81

542-0191

Time of Transfer Inspection Report

Property Information

Current Owner: Carol Pohlman

Buyer: _____ Realtor: ?

Mailing Address: 20875 262nd. St. Delhi

Site Address/County: 2362 180th Ave. Manchester, . 52057

Legal Description _____

No. of bedrooms: _____ Last occupied: Current Records available: some

Permit/ installation date: _____ Separation distances (ok/no?): Ok

Septic System Information

Septic tank(s): Size: 1250 gal. Material: Concrete Condition: Good

Tank pumped? ☐ Date: 8/8/2019 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 3 Condition: good

Header pipe(s): 1 No. of lines: 3 Pressure dosed? _____

Secondary Treatment:

Length of absorption fields: 80Ft. Determined by: Map and Probe

Condition of fields: 2 lines Are Good 1 line running slow Determined by: Hyd. Teat

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: _____

542-0191

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 concrete tank is 1250 gal. two compartment tank baffles are in place an appear to be in good condition at the time of inspection. The tank was dug up and risers put in so the St., compartment could be pumped out, the tank is about 5-1/2 foot in the ground . The leach field consist of three 80 foot lines with 22 inch wide chambers. One of the line was taking the water slower then the other two. 250 Gals. Of water was used for the HYD. Test. Even though one of the line was taking water slower then the other two the leach field is still acceptable for the time of transfer.

Report system status: _____

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: 8/8/2019

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

DELAWARE COUNTY

BOARD OF SUPERVISORS

PERMIT NO. 2449

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS 2362 ~~1960 222nd Ave~~ 7 3/4 Ave Manchester SECTION 8 TOWNSHIP M. Lo

LOCATION QT___ QT___ SEC 8 T 88 N R 5 W Parcel# 240080100600

Owner Carol Pohlman Plumber Antrim

Lot size___ Type Commercial___ Residential (No. Bedrooms) 3

Fixtures: Stools 2 Bath tubs 1 Showers___ Sinks 2 Automatic Laundry 1 Lift Pump___

Septic tank made by Old tank is good Construction Material Concr Gallon Cap. 1250 Garbage disposal yes

Absorption Field: Total length of Laterals 240 No. of lateral lines___ Size of leach bed___

Trench Material chambers Secondary Treatment Type___

This system is new construction 1 Existing X Lat.___ Long.___

I certify that the above information is correct and that all proposed work will be completed in accordance with Delaware county Regulations.

Date Approved 10-8-15

to Carol Pohlman

APPLICANT'S SIGNATURE

By Dennis Lyons

INSPECTOR

DELAWARE COUNTY SANITATION

Application # _____ EnvTrack # _____ Permit # 2449

Completion Report for Private Sewage Disposal System

Owner: Carol Pohlman

Site Address: 2362 180th Ave Township: Milo

Parcel #: 240040100600 Lot # _____ Legal S-T-R 8-88-5

Mailing Address: _____

Contractor: Antrim Bedroom #: 3

Water Supply: private

Primary Treatment: **Latitude:** 42.448235 **Longitude:** -91.443238

Septic Tank Volume (g): 1250 Manuf: Custom Material: Concr # Pieces: 2 # Cmp: 2 (Keep old tank)

Riser Ht Lid 1 (in): 5' Riser Ht Lid 2 (in): ___ Filter Brand: ___ Diameter (in): ___ Distance to well (ft): 780

Note: Effluent filter requires frequent cleaning.

Dose Tank Volume(g): ___ Pump or Siphon Dose: ___ Gallons/dose: ___ Riser Ht (in): ___ Alarm: ___

D-Box: **Latitude:** 42.448517 **Longitude:** -91.443182 **Depth:** 3.5' FG

Subsurface Absorption Type: chamber Chamber Manuf: ___ Lineal Ft: 240 # Trenches: 3

Inches rock under pipe: — Trench Depth (in): 38" Trench width (in): 18" Distance to well (ft): 5 EOC

Surface Absorption Type: ___ Overall length (ft): ___ Overall width (ft): ___

Rock bed length (ft): ___ Rock bed width (ft): ___ Length of laterals (ft): ___ # Laterals: ___

Header pipe diameter (in): ___ Rock type: ___ Distance to well (ft): ___ Depth to bottom of trench (in): ___

Packed Bed Media Filter: ___ Sand filter length(ft): ___ Sand filter width (ft): ___ Sand filter sq ft: ___

Liner: ___ Distance to well (ft): ___ # Distributor lines: ___ # Collector lines: ___

Distributor line type: ___ Separating layer: ___ Discharge GPS (lat x long): ___

***Peat Filter:** Serial #: ___ Closed or Open bottom: ___ Lineal Ft absorption: ___ # Laterals: ___

crushed rock, river rock or chamber ___ Trench width (ft): ___ Rock under pipe (in): ___

Distance to well (ft): ___ Inches soil cover over trench: ___ Discharge GPS (lat x long): ___

***Recirculating Textile Filter:** Brand Name: ___ Distance to well (ft): ___

Discharge GPS (lat x long): ___ Absorption field installed after (no discharge) ___

***Note: A maintenance agreement with a manufacturer-approved contractor must be maintained for the life of the septic system.**

Comments: **Effluent filter requires frequent cleaning.**

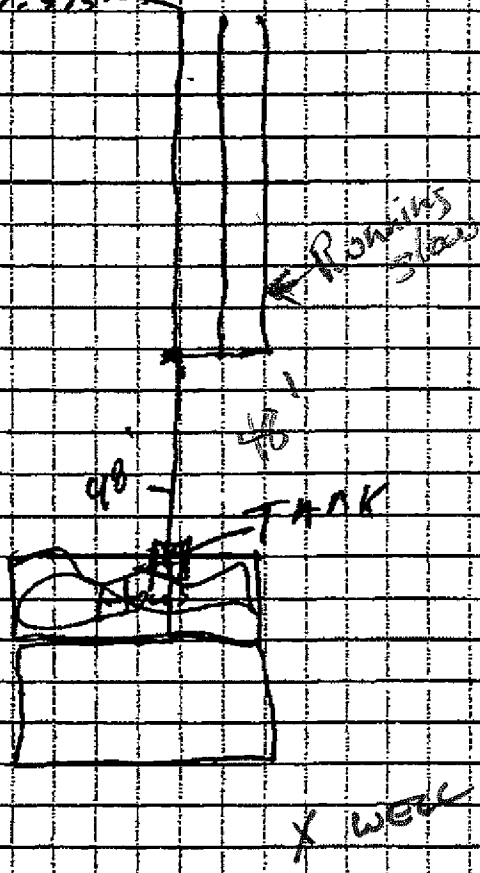
Was any portion of the field covered before the inspection: no System installation approved: yes

Date of Final Inspection: 10-9 **Environmental Health Specialist:** Dennis Lyon

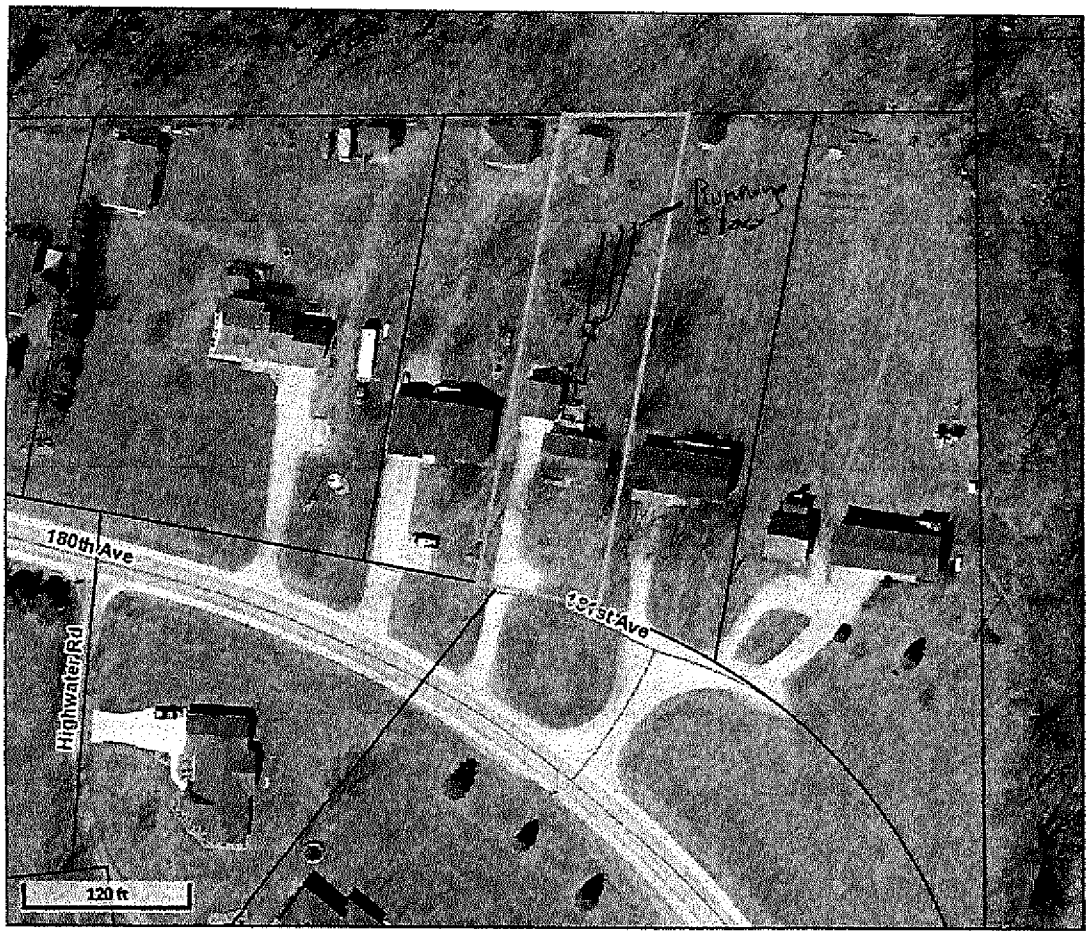
Scanned ☐

This APPROVAL in no way makes the County responsible for the continued operation of this sanitation system

42.448730
-91.643054



Beacon™ Delaware County, IA



Overview



Legend

- ☐ Corporate Limits
- ☐ Political Township
- ☐ Parcels
- — Roads

Parcel ID	240080100600	**Alternate ID**	n/a	**Owner Address**	Pohlman, Carol J
Sec/Twp/Rng	8-88-5	**Class**	R		2560 220th Ave
Property Address	2362 180TH AVE MANCHESTER	**Acreage**	0.73		Delhi, IA 52223-8500
District	MILO				
Brief Tax Description	STERLING RURAL SUB LOT 6 (Note: Not to be used on legal documents)				

Date created: 10/8/2015
Last Data Upload: 10/8/2015 5:09:48 AM

Developed by
The Schneider Corporation

House
Deck
Garage
45' 5"
2362 - 180th AVE

