Book 2019 Page 2534

2019 GWH-2534 Type 53 001 Pages 8
Date 9/16/2019 Time 3:24:35PM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Gerald L. Horkheimer, Trustee of the Gerald L. Horkheimer Revocable Trust U/A dated May 16, 2012

Address PO Box 296, Hazleton, IA 50641

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

TRANSFEREE:

Name Larry J. Benn and Cheryl Benn

Address 30546 Pin Oak Drive, Dyersville, IA 52040

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

Address of Property Transferred:
20655 261st Street, Delhi, IA 52223

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

Legal Description of Property: (Attach if necessary) Lot Ninety Three (93) of "Clair-View Acres at Delhi, Iowa" in Sections Twenty Three (23) and Twenty Six (26), Milo Township, Delaware County, Iowa, according to plat recorded in Book 2 Plats, Page 200; same being a part of the Northwest Quarter (NW1/4) of the Northeast Quarter (NE1/4) of Section Twenty Six (26), Township Eighty Eight (88) North, Range Five (5), West of the Fifth Principal Meridian, Delaware County, Iowa.

1. **Wells (check one)**
   - X 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)**
   - 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:

Shared Septic system located at 20641 261st St, Delhi, Iowa

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

Signature: X Leonard J Hamilton (Transferor or Agent) Telephone No.: (319) 283-0559

25023070980o

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

Property information

Current Owner Jerry&Terry Walen

Buyer _____ Realtor Susie Meyer

Mailing Address 1749 Richie Drive Dubuque Iowa

Site Address/County 20641 261st Delhi, Iowa

No. of Bedrooms 4 Last Occupied? part time Disposal? Y / N Softener? Y / N H_2O Supply? well

Records Available yes Permit/Installation Date 5/28/2003 permit#1155 Installer Harback

Septic System Information

Septic Tank(s): Size 1250 Material concrete Condition good

Tank Pumped? yes Date 6/4/2019 Licensed Pumper st-49

Septic/Trash/Processing Tank: Size na Material na Condition na

Tank pumped? na Date na Licensed Pumper na

Aerobic treatment unit (ATU) MFGR na Size na

Tank Pumped? na Date na Licensed Pumper na

Maintenance Contract? na Expiration Date na Service Provider na

Condition na

Pump Ttanks/Vaults: Type na Size na Condition na

Distribution System: Distribution Box yes Outlets Used 3 Condition fair

Header Pipe(s) no Number of Lines 3@40'

Pressure Dosed? no

Secondary Treatment

Length of Absorption Fields Bed 10x40 Determined by permit & map

Condition of Fields good Determined by hydraulic load test

Type of Trench Material rock&pipe

Size of Sand Filter na Determined by na

Vent Pipes Above Grade? na Discharge Pipe Located? na

Effluent Sample Taken? na Results na

Media Filters: Type na

Maintenance Contract? na Expiration Date na Service Provider na

Condition na

NPDES General Permit No. 4: Required? na Permitted? na NOI submitted na

Time of Transfer Inspection Worksheet

Other Components

Alarms no Working? na Disinfection no Working? na

Control Box no Timers no Inspection Ports no

Other Components none

Overall condition of the private sewage disposal system

Acceptable? _____ Unacceptable? _____

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.

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: Luke Ogden NO. Date: 6/10/2019
Name (print): Luke Ogden Certificate #: 6715
Address: 207 Quaker mill road Manchester Iowa
Phone # 563-927-6503

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

Septic Inspection
Terry & Jerry Walen
20641 261st St.
Delhi, IA 52223

On May 31, 2019 a septic inspection was performed at the above address.

Description:

Home is a manufactured home with 4 bedrooms, 2 baths and is approximately 1600 sq. feet. Home was built in 2003 – part time cabin.

Septic Description/Condition:

Septic system consists of 1 – 1,250 gallon 2 compartment concrete septic tank, 1 – 7 hole distribution box. Leach field is rock and pipe, bed is 10 x 40. Septic system was installed new on May 28, 2003. Septic tank was pump on June 4, 2019 and septic inspection was completed on 5/31/19. A hydraulic load test was performed at 6 GPM for 60 minutes. Leach field accepted water fine.

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

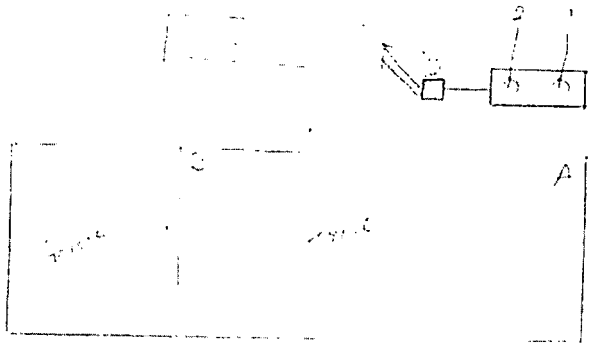
Luke Ogden **Date** 6/10/19

Owner: **Terry & Jerry Walen 20641 261st St. Delhi, IA 52223**

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

OWNER: Terri Dalton **DATE:** [illegible]
SITE ADDRESS: 2000 [illegible] Street **TOWN/COUNTY:** Delhi Iowa
GPS: Long: _____ Lat: _____
TANK SIZE: 520 Plastic **OR** (Concrete) **D-BOX:** (7) or 9 **OUTLETS USED:** 3
SECONDARY TREATMENT: Sand Bed [illegible]
Made in [illegible] 2 approx 10x15

A - 3
A - 2
A - 1
3 - 12
2 - 56
1 - 7



Plot

1250-23-07-098-00

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) **Permit No.** [redacted] 1154

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 20641 261st St. Section 26 Township M.V.

LOCATION: NE¼ sec 26 - T-98N R-5w

Owner: Bill Phelps Tenant: _____ Plumber: Harbaugh

Lot Size: 60x200 Type Commercial: _____ Residential: (No. Bedrooms) 3

Fixtures: Stools 3 Lavatories ___ Bath Tubs 2 Showers 2 Sinks 3 Automatic Laundry 1 Sump Pump ___

Septic Tank made by _____ Garbage Grinder _____ Construction Material _____ Gallons Cap. 1250

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

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

This system is new ✓ Existing _____. 10x40 - Bed

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 5-28-03

By Dennis Lyon
INSPECTOR

Bill Phelps
APPLICANT'S SIGNATURE

SEAL

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) Permit No. 11505

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 20641 261st St. Section 26 Township M.V.

LOCATION: NE¼ sec 26 - T-98N R-5w

Owner: Bill Phelps Tenant: _____ Plumber: Hanaugh

Lot Size: 60x200Ft Type Commercial: _____ Residential: (No. Bedrooms) 3

Fixtures: Stools 3 Lavatories ___ Bath Tubs 2 Showers 2 Sinks 3 Automatic Laundry 1 Sump Pump ___

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

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

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

This system is new ✓ Existing ___. 10x40 - Bed

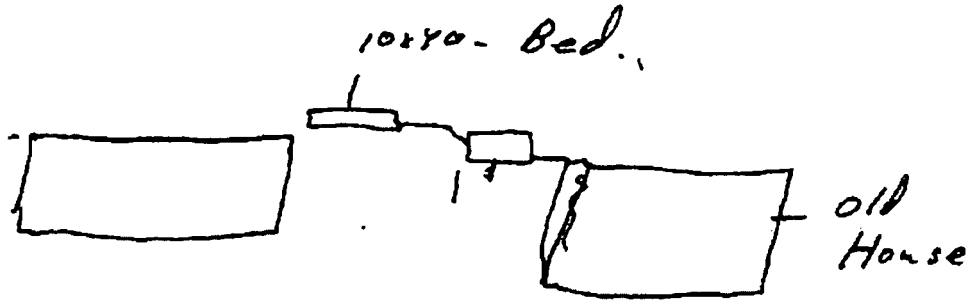
I certify that the above information is correct and that all proposed work will be completed in accordance with the Delaware County Regulations.

Date Approved 5-28-03

By Dennis Lyon
INSPECTOR

Bill Phelps
APPLICANT'S SIGNATURE

SEAL



261st St