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2019 GWH-3246 Type 53 001 Pages 6
Date 11/15/2019 Time 10:30:37AM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Austin T. Norberg and Sonnie A. Norberg

Address 39393 Hwy 410, Strawberry Point , IA 52076

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

TRANSFEREE:

Name Dawn M. Ellerbach and James J. Ellerbach

Address 417 6th Street SE , Dyersville , IA 52040

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

Address of Property Transferred:
1733 200th Avenue , Manchester , IA 52057

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

Legal Description of Property: (Attach if necessary) The South two hundred eight and seventy five hundredths (208.75) feet of the North five hundred four (504) feet and eight (8) inches of the East two hundred eight and seventy five hundredths (208.75) feet of the Southeast Quarter (SE¼) of the Northeast Quarter (NE¼) of Section Ten (10), Township Eighty Nine (89) North, Range Five (5), West of the Fifth P.M.

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. 20' South of house
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: _____ Telephone No.: (515) 202-6080
(Transferor or Agent)

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

Property information

Current owner Austin Norberg Realtor Barb Sailor / Home Front Realty
Buyer
Mailing address 205 E Marion st Manchester Iowa

Site Address/County 1733 200th Ave Manchester Iowa
Legal Description

No. of bedrooms 3 Last occupied? Oct 2019 Records available yes

Permit/installation date Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1000 material plastic condition Fair
Tank pumped? yes date 10-20-16 licensed pumper S+S
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 — size — condition —

Distribution system: distribution box — outlets used — condition —
Header pipe(s) yes # of lines 3 Pressure dosed? no

Secondary treatment:
length of absorption fields 240' determined by probed lines
condition of fields good determined by hydrolic test
type of trench material rock & pipe

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 older system leach lines took water good

Explain (attach additional pages as needed): plastic 1000 gallon Septic Fair shape Deformed ground inlet lid

Comments: made new lid to seal it up better Rest of tank looks good

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: Bill Down Date: 10-20-19
Name (print): Bill Down Certificate #: 5820
Address: 1497 210th Ave Dunlap Iowa
Phone # 563-924-2225

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

140- 10- 00- 024 -10

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) Permit No. 6-2520

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 1738 Foulke Section 10 Township Delaware

LOCATION: SE 1/4 NE 1/4 NW 1/4 T-89 N R-5 W

Owner: Gary Schmidt Tenant: _____ Plumber: Wolf + Brady

Lot Size: 1 Acre 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 No Construction Material Plastic Gallons Cap. 1000

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

Absorption Field: Total length of laterals 340 No. of lateral lines 3-4

This system is new ✓ Existing _____. 6" washed

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 6-4-98

By _____
INSPECTOR

_____
APPLICANT'S SIGNATURE

SEAL

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) Permit No. 6-4-98

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 1723 Foulke Section 10 Township Upper

LOCATION: SE 1/4 NE 1/4 NE 1/4 T-89 N R-5 W

Owner: Gary Schmidt Smith Tenant: _____ Plumber: Self + Reddy

Lot Size: 1 Acre Type Commercial: _____ Residential: (No. Bedrooms) 3

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

Septic Tank made by _____ Garbage Grinder No Construction Material Plastic Gallons Cap. 1000

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

Absorption Field: Total length of laterals 240 No. of lateral lines 3-4

This system is new ✓ Existing _____ 6" w 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 6-4-98

By _____
INSPECTOR

_____
APPLICANT'S SIGNATURE

SEAL

