Book 2019 Page 3392
2019 GWH-3392 Type 53 001 Pages 7
Date 12/02/2019 Time 12:54:58PM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Bruce A. Helle & Gail S. Helle

Address 1838 180th St, Manchester, IA 52057

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

TRANSFEREE:

Name Kyle K. Topping & Heidi A. Topping

Address 212 E Jefferson St, Delaware, IA 52036

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

Address of Property Transferred:
1838 180th 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:

The well is located 60 feet from the NW corner of the house. The well is in working order

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) 920-6978
(Transferor or Agent)

Addendum

1. That part of the Northeast Quarter (NE ¼) of the Northwest Quarter (NW ¼) of Section Sixteen (16), Township Eighty Nine (89) North, Range Five (5), West of the Fifth P.M., described as commencing at a point on the North line of said Northeast Quarter (NE ¼) of the Northwest Quarter (NW ¼) one hundred twenty (120) rods East of the Northwest corner of said Section Sixteen (16), said point being in the center of the highway, thence South three hundred fourteen (314) feet, thence West ninety one and eight-tenths (91.8) feet, thence South 0° 46' West ten (10) feet, thence South 88° 15' West one hundred twenty eight and four-tenths (128.4) feet, thence North 2° 10' East three hundred twenty eight (328) feet to the North line of said Section Sixteen (16), thence East one hundred ninety five and three-tenths (195.3) feet to the point of beginning.

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

Property information
Current Owner Bruce Helle
Buyer Un Known Realtor Self
Mailing Address

Site Address/County 1838 180th

No. of Bedrooms 2 Last Occupied? ____ Disposal? Y / N Softener? Y / N H_2O Supply? ____

Records Available Yes Permit/Installation Date #306A 6/22/94 Installer Robinson

Septic System Information
Septic Tank(s): Size 1000 Material Concrete Condition Good
Tank Pumped? Yes Date 11/5/19 Licensed Pumper Donnie Kuehl
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 Ttanks/Vaults: Type ____ Size ____ Condition ____

Distribution System: Distribution Box Yes Outlets Used 3 Condition Good
Header Pipe(s) 3 Number of Lines 3-70' Long
Pressure Dosed? Yes

Secondary Treatment
Length of Absorption Fields 3-70' Lines Determined by Diagram
Condition of Fields Good Determined by Probing the Lines
Type of Trench Material Rock

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 ____

DNR

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

Acceptable? Yes **Unacceptable?** _____

Explain (attach additional pages as needed): Septic tank was dug up & pumped. Septic tank & 1- 12" Cement Rises was put on Septic tank to be ground level. The Lateral field was pressure dose for 20 min and no back pressure accured.

Comments: Sewer Systems seem to be working properly

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: Donnie Kuehl **Date:** 11/5/19
Name (print): Donnie Kuehl **Certificate #:** 8889
Address: 39342 Hilton Road, Edgewood, Ia 52042
Phone # 563-928-6418

140-16-01-018.00

1838 180th St

DELAWARE COUNTY
BOARD OF SUPERVISORS (Print or Type) Permit No. 3064

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 811 E. Maywood Manchester Section 16 Township Delaware

LOCATION: NE¼-NW¼-SW¼ 1-89 N R5W

Owner: Bruce Helle Tenant: _____ Plumber: Robinson

Lot Size: 1.4 Acres Type Commercial: _____ Residential: (No. Bedrooms) 3

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

Septic Tank made by Swales Garbage Grinder _____ Construction Material Concrete Gallons Cap 1000

Percolation Test: 1. 10 2. 10 3. 10 4. _____ Made by: _____

Absorption Field: Total length of laterals 210 No. of lateral lines 3

This system is new ✓ Existing _____ 11" gravel 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 6-22-94

By _____
INSPECTOR

Brent Robinson
APPLICANT'S SIGNATURE

SEAL

SEWAGE DISPOSAL SYSTEM

INFORMATION

PERMIT NO: 306A

PLUMBER: Robinson

FINAL INSPECTION

APPLICANT: Bruce Helle

LOCATION

ADDRESS:

PERCOLATION TESTS: #1 #2 #3 #4

SEPTIC TANK SIZE: 1000 COMPARTMENTS: 3

MANUFACTURER: Swales DEPTH: 18

DISTANCE FROM HOUSE: 65' WELL:

DISTRIBUTION BOX: DEPTH: 24 LEVEL: L

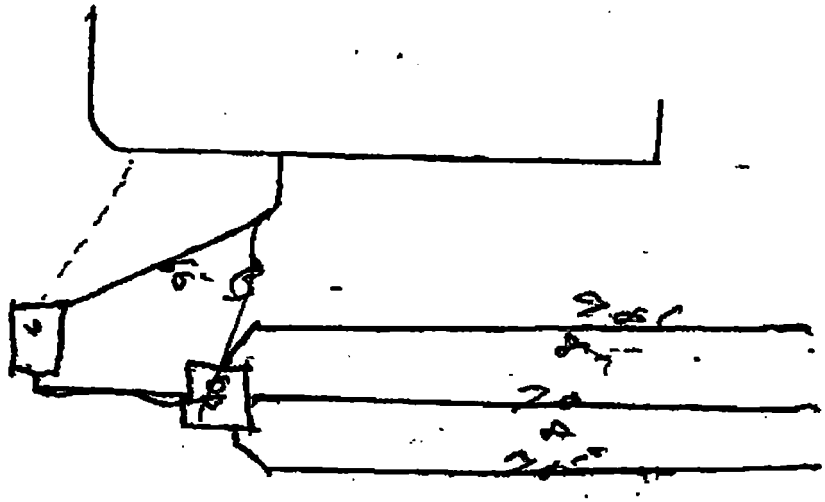
DISTANCE FROM HOUSE: 60' WELL:

TRENCH #1 LENGTH: 90 WIDTH: 18 DEPTH: 26

TRENCH#2 LENGTH: 90 WIDTH: 18 DEPTH: 26

TRENCH#3 LENGTH: 90 WIDTH: 18 DEPTH: 26

TRENCH#4 LENGTH: WIDTH: DEPTH:



APPROVED XQ REJECT ( ) INSPECTED BY: