Recorded: 6/30/2020 at 11:05:12.0 AM
County Recording Fee: $0.00
Iowa E-Filing Fee: $0.00
Combined Fee: $0.00
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2020 PG: 2146

# REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

**TRANSFEROR:**

Name Michael J. Russell and Jean A. Russell

Address 20850 263rd St. Manchester IA 52057

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

**TRANSFEREE:**

Name David D. Winger

Address 20633 263rd St., Delhi, IA 52057

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

Address of Property Transferred:
20633 263rd St., Delhi, IA 52057

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

Legal Description of Property: (Attach if necessary) Parcel 2018-66, Part of Lot 7, Turtle Creek Camp Replat, Parcel 2018-67, Part of Lot 7, Turtle Creek Camp Replat and All of Parcel U, Sec. 26, T88N, R5W of the 5th P.M., Delaware County, Iowa, according to the plat recorded in Book 2018, Page 1931; also all lake frontage, running to the waterfront and then at right angles to middle of Lake Delhi, also known as Hartwick Lake, in respect to and adjoining said Parcel 2018-67.

1. **Wells (check one)** Neighbors → 5 feet East of walkway to House
   - ✓ 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)**
   - ✓ 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: Michael J Russell (Transferor or Agent) Telephone No.: 563-920-8107

542-0191

# Time of Transfer Inspection Report

Property Information

Current Owner: Mike Russel

Buyer: David Winger Realtor: Amy Wienands Real Estate

Mailing Address:

Site Address/County: 20633 263rd. Ave., Manchester, Ia. 52057 /Delaware

Legal Description

No. of bedrooms: 2 Last occupied: current Records available: yes

Permit/ installation date: 5/24/2017 Separation distances (ok/no?): ok

Septic System Information

Septic tank(s): Size: 1500 Gal. Material: Poly Condition: Good

Tank pumped? ☐ Date: N/A Licensed pumper:

Septic/Trash/Processing tank: Size: N/A Material: N/A Condition: N/A

Tank pumped? ☐ Y ☐ N Date: N/A Licensed pumper: N/A

Aerobic treatment unit (ATU) mfg. Norweco Size 1500 Gal.

Tank pumped? NO Date: New in 2017 Licensed pumper: N/A

Maintenance contract? YES Expiration date: 9/2020 Service provider: Jody Antrim

Condition: Good

Pump tanks/vaults: Type: N/A Size: N/A Condition:

Distribution system: Distribution box yes Outlets used 4 Condition: good

Header pipe(s): 1 No. of lines: ---- Pressure dosed? no

Secondary Treatment:

Length of absorption fields: 24' Determined by: Map

Condition of fields: Good Determined by: HYD. Test

Type of trench material: Plastic Chambers

Size of sand filter: N/A Determined by: N/A

Vent pipes above grade? N/A Discharge pipe located? N/A

Effluent sample taken N/A Results: N/A

Media Filters: Type: N/A

Maintenance contract? ☐ Y ☐ N Expiration date: N/A Service provider: N/A

Condition:

542-0191

NPDES General Permit No. 4: Required? N/A Permitted? N/A NOI provided: N/A

# Time of Transfer Inspection Report

Other components:

Alarms: ☐ YES Working: ☐ YES Disinfection: ☐ NO Working: N/A

Control Box: YES Timers: YES Inspection Ports: NO

Other components: One extra riser, 12" on each hole.

Overall condition of the private sewage disposal system:
The system was installed in 6/2017, the tank and D-Box and leach field all in good condition at the time of inspection. The tank did not get pumped because it has not been 3 years.

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: 4/19/2020

Name (print): Jody Antrim Certificate #: 8874

Address: 20984 – 265th St. Manchester, IA 52057

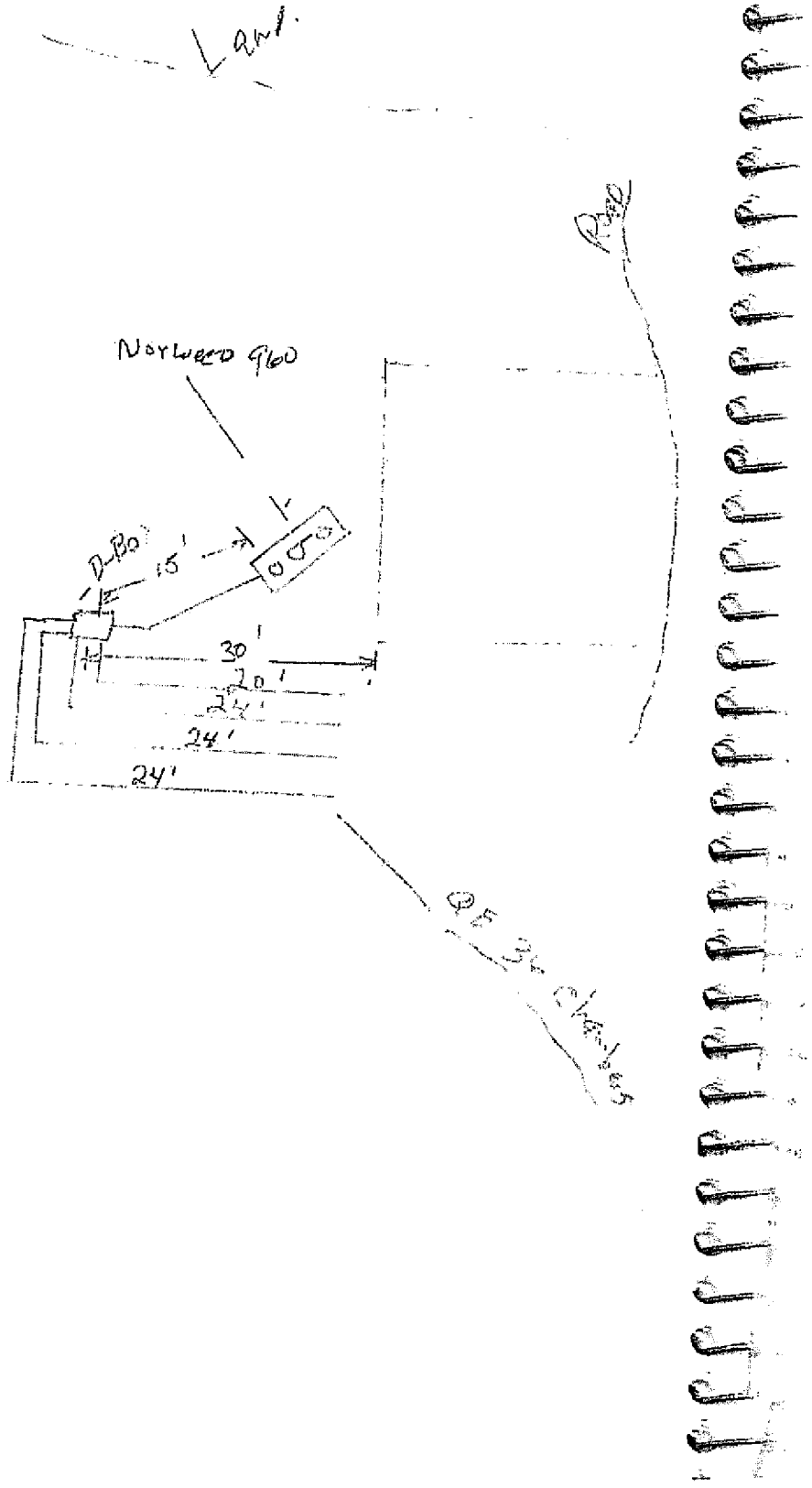
Phone #: 563.920.9388

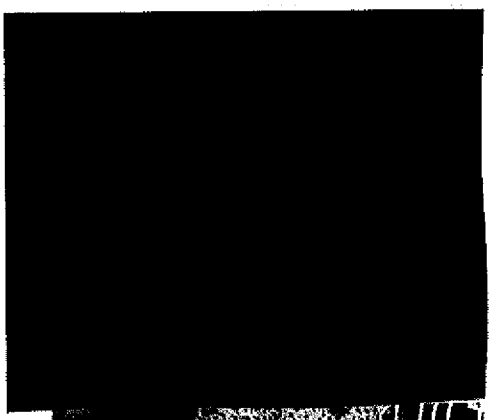
Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office and to:

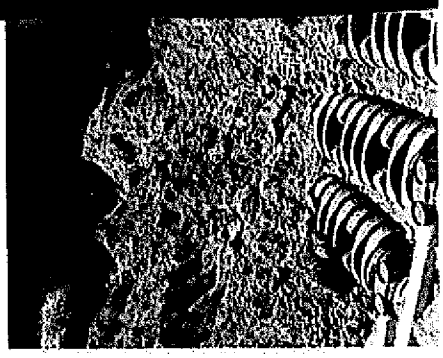
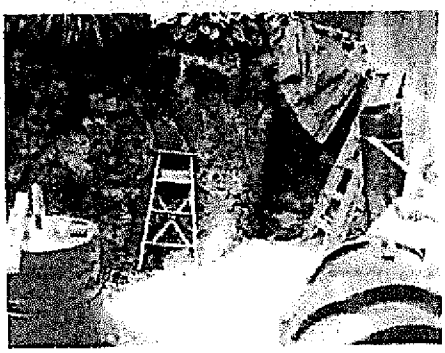
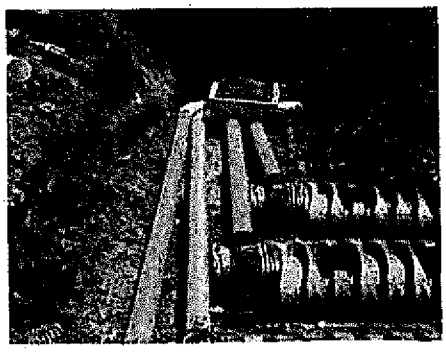
542-0191

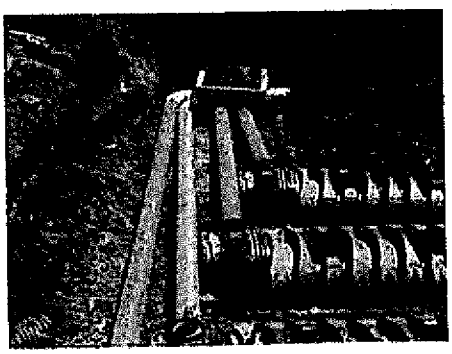
Iowa DNR
Private Sewage Disposal Program
502 E 9th St
Des Moines IA 50319

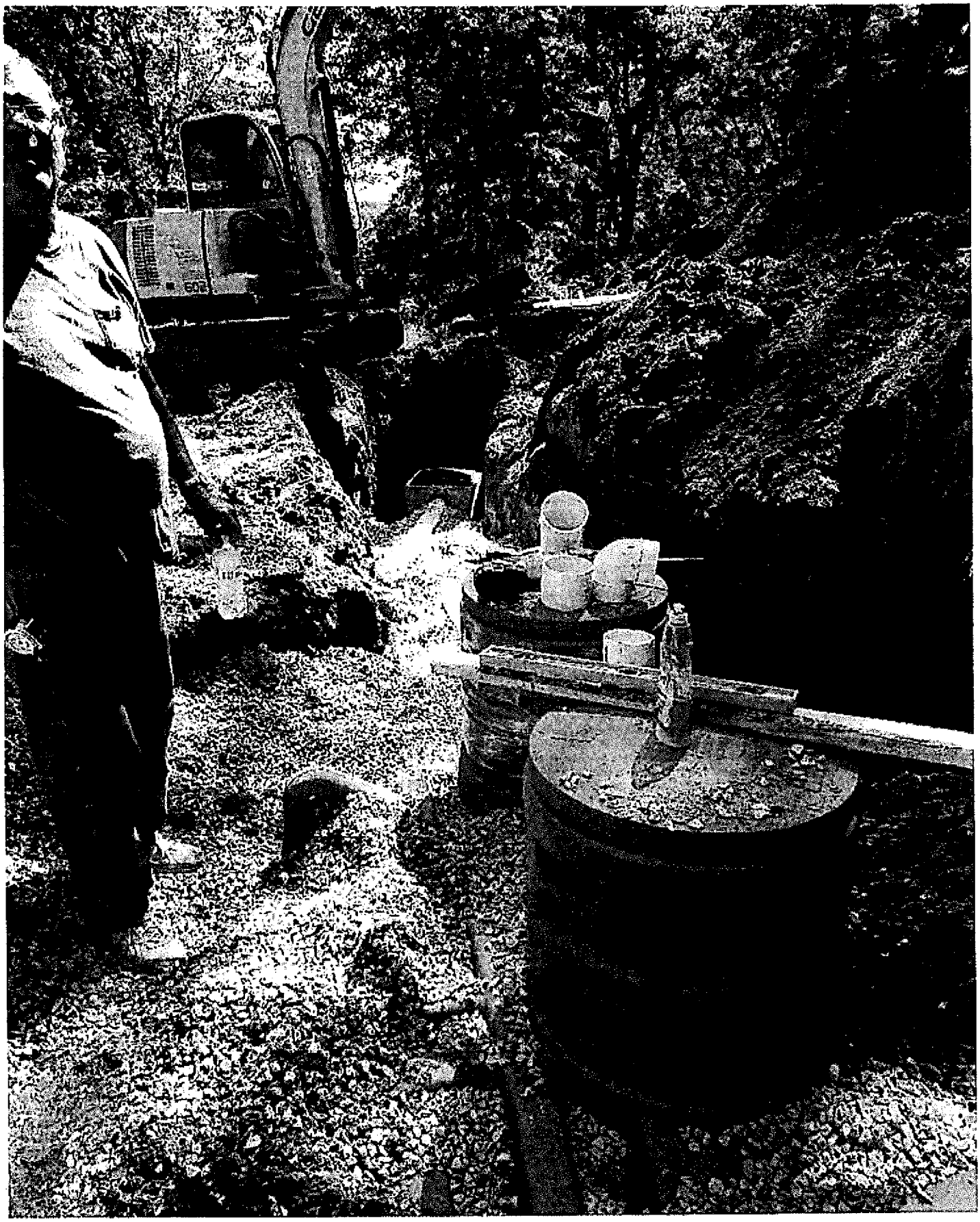
Mike Russell
20633 - 268th Ave.
Maple Valley

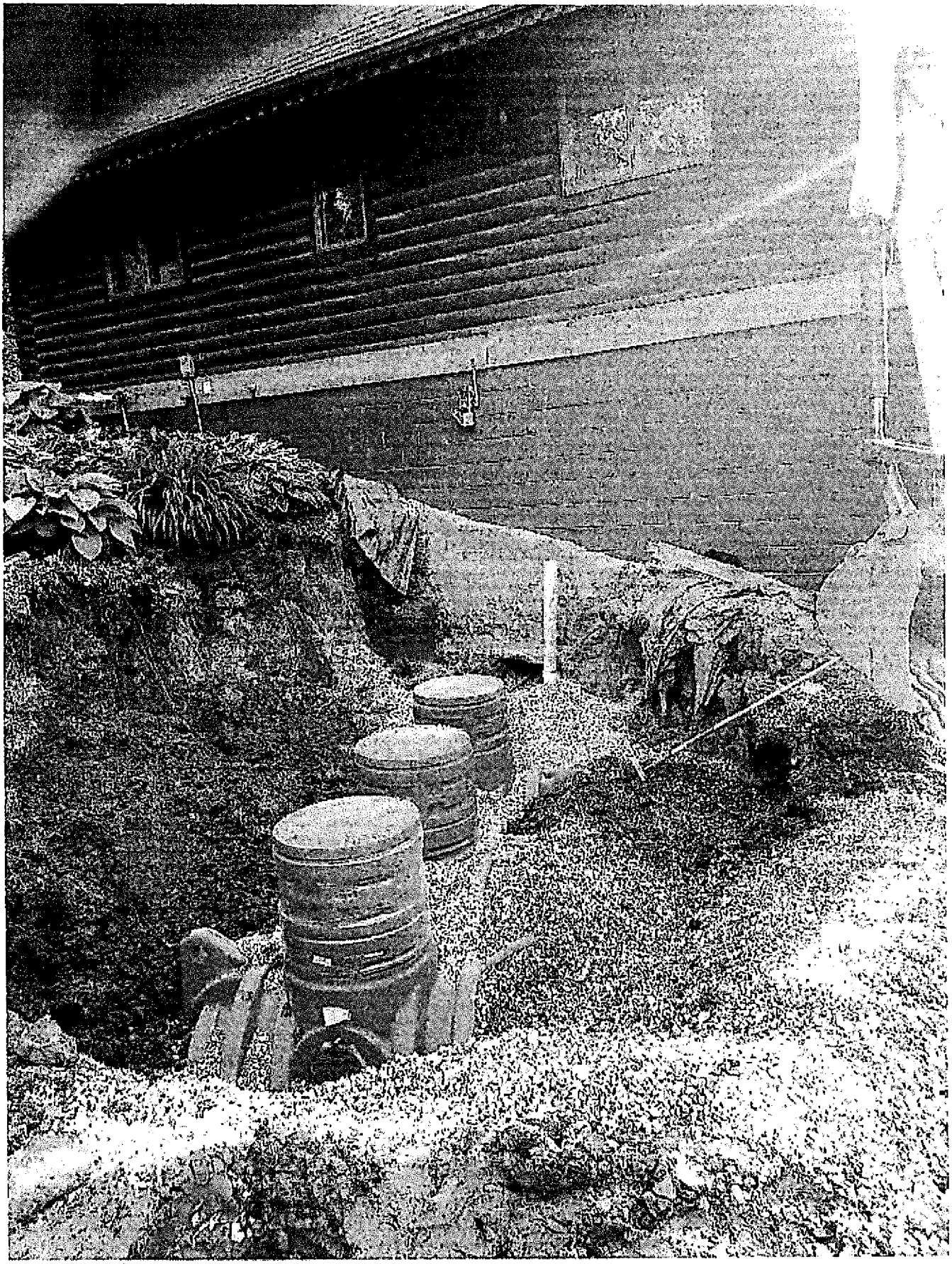






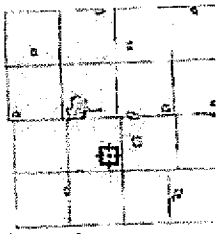




# Beacon™ Delaware County, IA




Overview



Legend

- Corporate Limits
- Political Township
- Parcels
- <all other values>
- Yes
- Roads

| | | | | | |
|---|---|---|---|---|---|
| Parcel ID | 250250206200 | Alternate ID | n/a | Owner Address | Russell, Michael J |
| Sec/Twp/Rng | 25-88-5 | Class | R | | 20633 263rd St |
| Property Address | 20633 263RD ST MANCHESTER | Acreage | n/a | | Manchester, IA 52057- |
| District | MILO | | | | |
| Brief Tax Description | LOT 7 & PARCEL U TURTLE CAMP REPLAT & LAKE FRONTAGE ADJ (Note: Not to be used on legal documents) | | | | |

New Septic

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Greater Peabody

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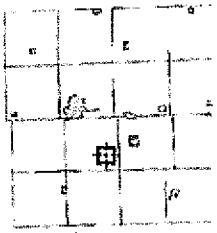
Developed by
The Schneider Corporation

Norwich

Antrim

# Beacon™ Delaware County, IA




Legend
- Corporate Limits
- Political Township
- Parcels
- <all other values>
- Yes
- Roads

| | | | | | |
|---|---|---|---|---|---|
| Parcel ID | 250250206200 | Alternate ID | n/a | Owner Address | Russell, Michael J |
| Sec/Twp/Rng | 25-88-5 | Class | R | | 20633 263rd St |
| Property Address | 20633 263RD ST MANCHESTER | Acreage | n/a | | Manchester, IA 52057- |
| District | MILO MAQ. V. LAKE FD 12 | | | | |
| Brief Tax Description | LOT 7 & PARCEL U TURTLE CAMP REPLAT & LAKE FRONTAGE ADJ (Note: Not to be used on legal documents) | | | | |

563-920-8107

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Norwich

Date created: 5/15/2017
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Developed by
The Schneider Corporation

CONNECTEXPLORER

Michael Russel Options

Group Filter

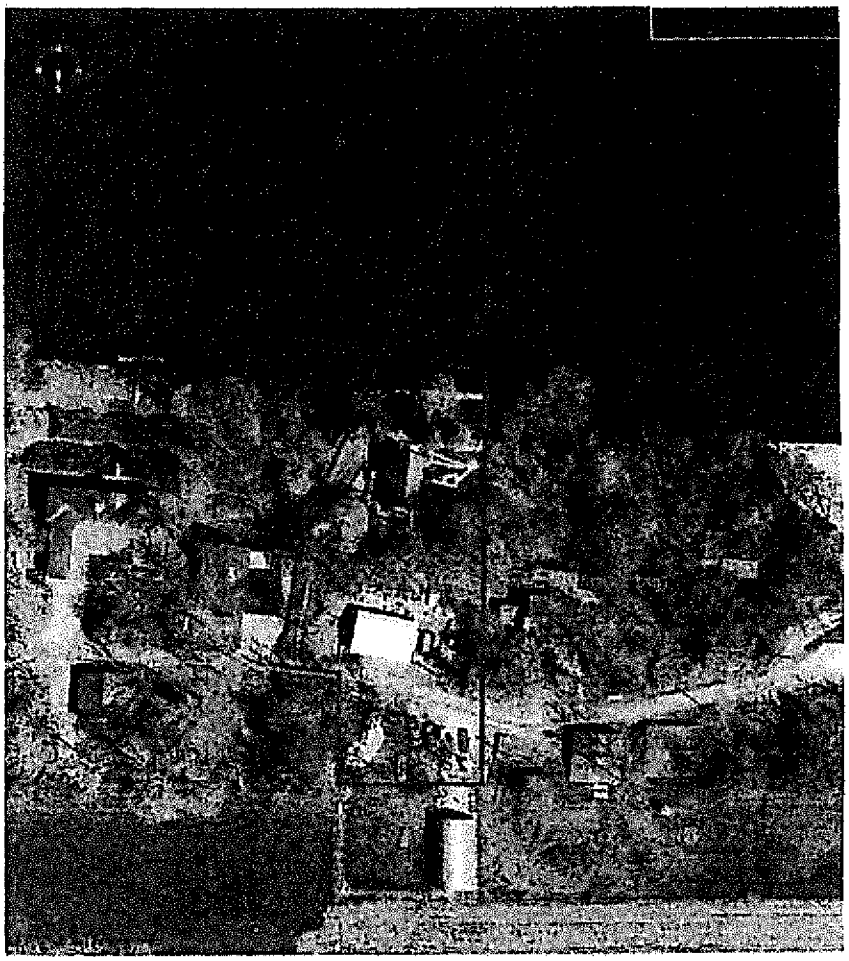
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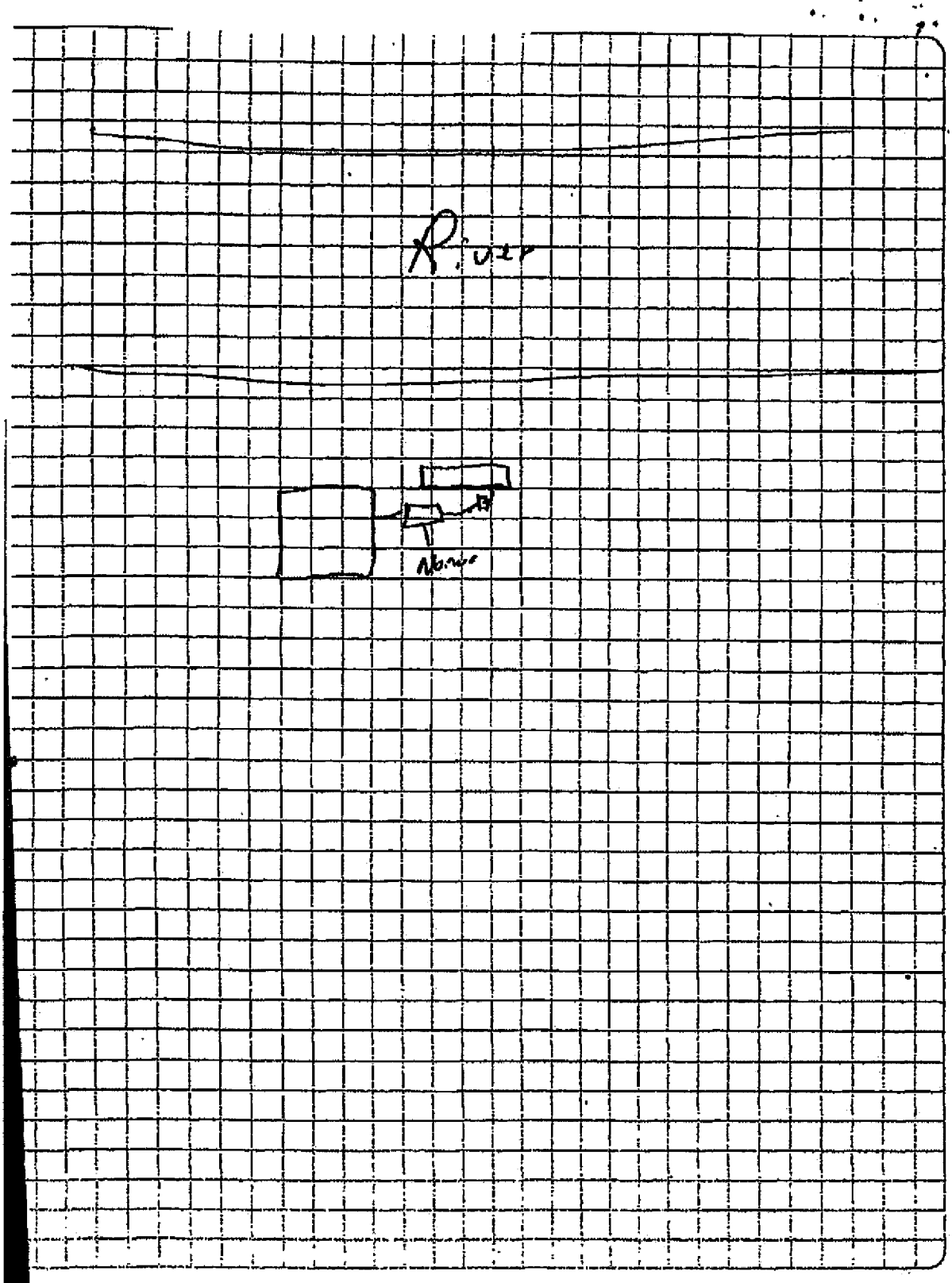
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Text: norwoco followed by smal



Delete Go to Tag

map Auto (Ortho) Apr 2017 - Apr 2017 Image 1 of 11 04/23/2017


River
Nonno

**DELAWARE COUNTY SANITATION**

Application # _____ EnvTrack # _____ Permit # 2619

**Completion Report for Private Sewage Disposal System**

Owner: Michael Russell

Site Address: 20633 263rd St Manchester Township: Milo

Parcel #: 250250206200 Lot # _____ Legal S-T-R 25-88-5

Mailing Address: _____

Contractor: Antrim Bedroom #: 3

Water Supply: Private - Share with Lorang

Primary Treatment: Latitude: 42.40884 Longitude: -91.39638

Septic Tank Volume (g): 1500 Manuf: Norweco Material: poly # Pieces: 1 # Cmp: 3

Riser Ht Lid 1 (in): 24" Riser Ht Lid 2 (in): 24" Filter Brand: _____ Diameter (in): _____ Distance to well (ft): _____

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

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

D-Box: Latitude: 42.40885 Longitude: -91.39036 Depth: _____

Subsurface Absorption Type: Chambers Chamber Manuf: _____ Lineal Ft: _____ # Trenches: _____

Inches rock under pipe: _____ Trench Depth (in): _____ Trench width (in): _____ Distance to well (ft): _____

Surface Absorption Type: _____ Overall length (ft): 28' Overall width (ft): 9'

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.** Norweco - Two Bed

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

Date of Final Inspection: 6-2-17 Environmental Health Specialist: Dennis Lyon

Scanned ☐

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

DELAWARE COUNTY

BOARD OF SUPERVISORS

PERMIT NO. 2619

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS 20633 263rd St. Manchester SECTION 25 TOWNSHIP M. Io

LOCATION QT ___ QT ___ SEC 25 T 88 N R 5 W Parcel# 250250206200

Owner Michael Russell Plumber Antrim

Lot size ___ Type Commercial ___ Residential (No. Bedrooms) 3 2 DL.

Fixtures: Stools X3 DL Bath tubs 3 DL Showers 1 DL Sinks X5 DL Automatic Laundry 1 Lift Pump ___

Septic tank made by Norweco Construction Material Al Gallon Cap. 500 Garbage disposal —

Absorption Field: Total length of Laterals ___ No. of lateral lines ___ Size of leach bed 10x20

Trench Material Chamber Secondary Treatment Type Norweco

This system is new construction X Existing ___

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

## Delaware County Septic System Disclaimer

The issuance of a permit and the completion of the inspection required by Delaware County Ordinance No. 19 do not serve as any type of warranty, guarantee, or certification regarding the proper functioning of a private septic system for any period of time in the future. Delaware County and its employees or agents are unable to supervise or monitor the numerous factors (usage, soil characteristics, previous failures, etc.) that may affect the proper operation or the use and maintenance of the system.

The issuance of a permit and/or the completion of the inspection do not constitute any type of warranty, guarantee, or certification regarding the impact the system is or is not having on the groundwater. Delaware County and its employees or agents are not able to determine the impact a septic system is having on the groundwater.

Delaware County hereby **DISCLAIMS ALL WARRANTIES**, either expressed or implied, associated with this permit and the inspection required under Ordinance No. 19.

By signing below, I acknowledge that I have received and read the above disclaimer.

Name Judy Ortz Date ___

Applicant

I have studied the information contained herein and certify that the application complies with Delaware County Ordinance No. 19 and Iowa Administrative Code 567—69, Private Sewage Disposal Systems.

Name Dennis Lyon Date 5-30-17

Delaware County Representative