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Document 2021 GWH-1357 Type 53 001 Pages 5
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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

# REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

**TRANSFEROR:**

Name Rebecca K. Ohrtman & Michael John Steuck

Address 16359 189th Street, Manchester, IA 52057

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

**TRANSFEREE:**

Name Michael Carl Hawker & Carol Carlson

Address 11001 Glanzanof Drive, Anchorage, AK 99507

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

Address of Property Transferred:
16359 189th Street, Manchester, IA 52057

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

Legal Description of Property: (Attach if necessary) Lot Thirteen (13) of North Ridge Subdivision in the Southeast Quarter of the Southwest Quarter of Section 18, Township 89 North, Range 5 West of the 5th Principal Meridian, according to plat recorded in Book 7 Plats, Page 65

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:**

_____

_____

_____

_____

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

Signature: Rebecca K Ortman (Transferor or Agent) Telephone No.: 515-314-4516

**FILE WITH RECORDER** **DNR form 542-0960 (July 18, 2012)**

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

Property information

Current Owner Rebecca Ohrtman

Buyer _____ Realtor _____

Mailing Address 16359 189th st Manchester Iowa 52057

Site Address/County 16359 189th st Manchester Iowa 52057

No. of Bedrooms 3 Last Occupied? present Disposal? Y / N Softener? Y / N $H_2O$ Supply? well

Records Available yes Permit/Installation Date permit 816 8/18/1999 Installer Schulte

Septic System Information

Septic Tank(s): Size 1500 Material concrete Condition good

Tank Pumped? yes Date 3/31/2020 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 no Size na Condition na

Distribution System: Distribution Box yes Outlets Used 3 Condition good

Header Pipe(s) yes Number of Lines 3

Pressure Dosed? no

Secondary Treatment

Length of Absorption Fields 3 100' lines Determined by permit/map

Condition of Fields good Determined by load test

Type of Trench Material rock and 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? no Permitted? no NOI submitted no

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 _____

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.

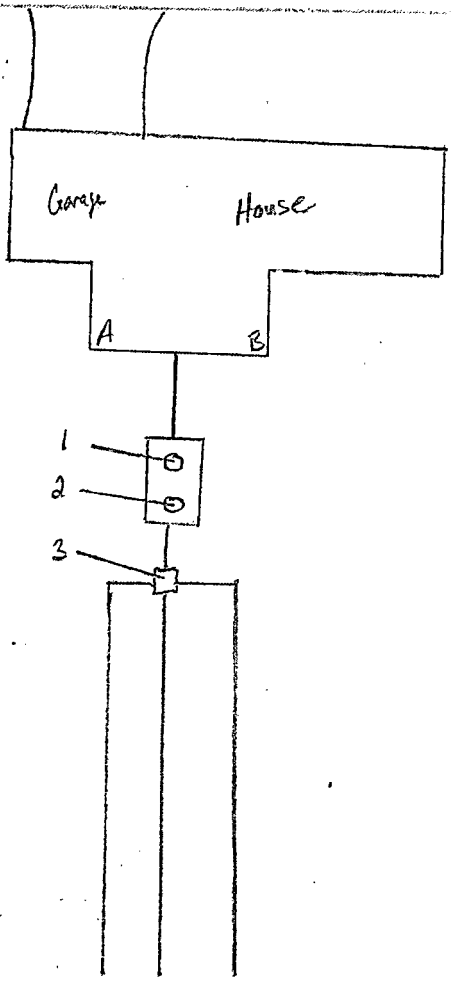
Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.

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 T-O. Date: 4/8/2021
Name (print): Luke Ogden Certficate #: 6715
Address: 207 Quaker Mill Rd Manchester Iowa 52057
Phone # 563-927-6503

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

OWNER: Rebecca Ohrtman DATE: 3/26/21
SITE ADDRESS: 16359 185th St. TOWN/COUNTY: Manchester / Delaware
GPS: Long: Lat:
TANK SIZE: 1500 Plastic OR (Concrete) D-BOX: 7 or (9) OUTLETS USED: 3
SECONDARY TREATMENT: 3-100' Tile Back Pipe.




A-1 = 23' 3"
A-2 = 29' 8"
A-3 = 34' 6"
B-1 = 22' 6"
B-2 = 30'
B-3 = 36'