Book 2013 Page 3149
Document 2013 GWH-3149 Type 53 001 Pages 9
Date 10/03/2013 Time 9:22:46AM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Randall J. Helmrich and Louise B. Helmrich

Address 2965 110th Avenue, Masonville, Iowa 50654

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

TRANSFEREE:

Name Brenda Sue Paul and Kevin Carl Paul

Address 734 North Street, Ryan, Iowa 52330

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

Address of Property Transferred:
734 North Street, Ryan, Iowa 52330

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. See attached Sheet
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:

Drilled well, Active, 180 feet North of house

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

Signature: Randee Helmick (Transferor or Agent) Telephone No.: 563-920-2112

Addendum

1. That part of the Southwest Quarter (SW¼) of the Southeast Quarter (SE¼) of Section Twelve (12), Township Eighty Seven (87) North, Range Six (6), West of the Fifth P.M., described as commencing at a point twenty (20) rods, East of the Southwest corner of said Southwest Quarter (SW¼) of the Southeast Quarter (SE¼), running thence North thirty two (32) rods, thence East twenty two and one-half (22½) rods, thence South thirty two (32) rods, thence West twenty two and one-half (22½) rods to the point of beginning.

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

Septic Inspection

Kevin & Brenda Paul
734 North St.
Ryan, IA 52330

On September 7, 2013 a Septic Inspection was preformed at the above address.

House Description:

This house is a 4 bedroom story and ½ home. Septic system is east of house approximately 40 ft.

Condition:

Septic tank is a Swales 1250 gallon 2 compartment concrete tank. Leach field is 31 x 34 Ft. with 6 lines and approximately 204 Ft. 4" perforated pipe. Distribution box is 2 Ft. 6" below grade and liners are approximately 30" x 36" in depth. Proceeded with a hydrolic load test where we ran 7 GPM of water for 52 minutes for a total of 364 gallons of water. System took water very good.

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** 9-10-13

Owner: **Kevin & Brenda Paul @ 734 N. St. Ryan, IA 52330**

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

Property information

Current owner KEVIN PAUL
Buyer _____ Realtor _____
Mailing address 734 N. STREET RYAN, IA

Site Address/County 734 N. STREET RYAN, IA
Legal Description _____

No. of bedrooms 4 Last occupied? Present Records available Yes Permit # 1862

Permit/installation date Oct. 29 2010 Separation distances ok/ no? ok

Septic system information

Septic tank(s): size 1250 material CONCRETE condition GOOD
Tank pumped? Yes date 9/9/13 licensed pumper D & S St. 49
Septic/trash/processing tank: size N/A material N/A condition N/A
Tank pumped? N/A date N/A licensed pumper N/A

Aerobic treatment unit (ATU) mfgr N/A size N/A
Tank pumped? N/A date N/A licensed pumper N/A
Maintenance contract? N/A expiration date N/A service provider N/A
Condition N/A

Pump tanks/vaults: type N/A size N/A condition N/A

Distribution system: distribution box PLASTIC 7 HOLE outlets used 6 condition GOOD
Header pipe(s) ROCK & PIPE # of lines 6 Pressure dosed? No

Secondary treatment:
length of absorption fields Bed 20'x40' determined by Permit
condition of fields Good determined by Hydrical Load test
type of trench material Rock + Pipe

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 _____

Media filters: type N/A
Maintenance contract? N/A expiration date N/A service provider N/A
Condition N/A

NPDES General Permit No. 4: required? N/A permitted? N/A NOI provided N/A

Time of Transfer Inspection Worksheet

Other components:
Alarms No Working? _____ disinfection No working? _____

Control box No Timers No inspection ports No

Other components _____

Overall condition of the private sewage disposal system

Report system status Seperate sheet

Explain (attach additional pages as needed): Seperate Sheet.

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: _____ Date: 9/7/13
Name (print): Luke Ogden Certificate #: 6715
Address: 17120 185th St. Manchester IA.
Phone # 563-927-6503

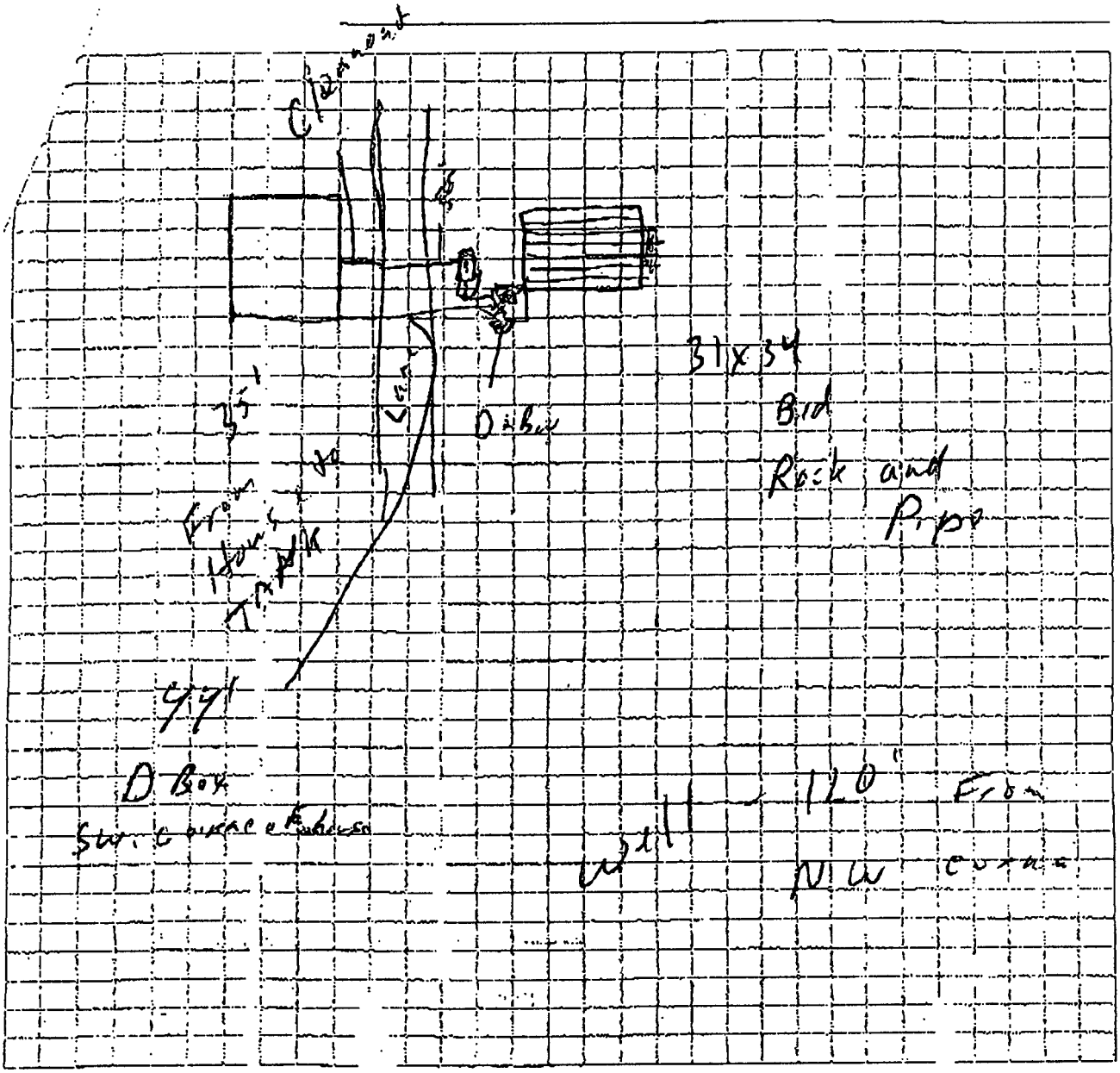
Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

Evaluation Map

Designer _____

Construction Issues: _____



Mapping Checklist

Map scale: _____ ___ indicate north ___ show slope _____ % direction ____

Locate

___ lot dimensions/property lines
___ dwellings and other improvements
___ existing and/or proposed system(s)
___ replacement area
___ unsuitable area(s)
___ public water supply wells
___ pumping access
___ inner wellhead zone

___ easements
___ phone
___ electric
___ gas
___ elevations
___ borings
___ benchmark
___ perc tests
___ horiz&vert reference pts

___ setbacks
___ building
___ all water wells within 100ft
___ pressure pipe
___ water suction pipe
___ streams, lakes, rivers
___ floodway and fringe

SEP-09-2013 MON 08:28 AM DEL. CO. SANITATION FAX No. 583 92/ 5561 P. 003/004

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type)

Permit No. 1862

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 734 North St Section 12 Township Adams

LOCATION: SWly SEly sec 12 T-87-N R-6 W

Owner: Kevin Paul Tenant: _____ Plumber: Justin Helmrich

Lot Size: 2 acre Type Commercial: _____ Residential: (No. Bedrooms) 3

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

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

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

Absorption Field: Total length of laterals 20x40 No. of lateral lines _____

This system is new X Existing ___. rock & pipe

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

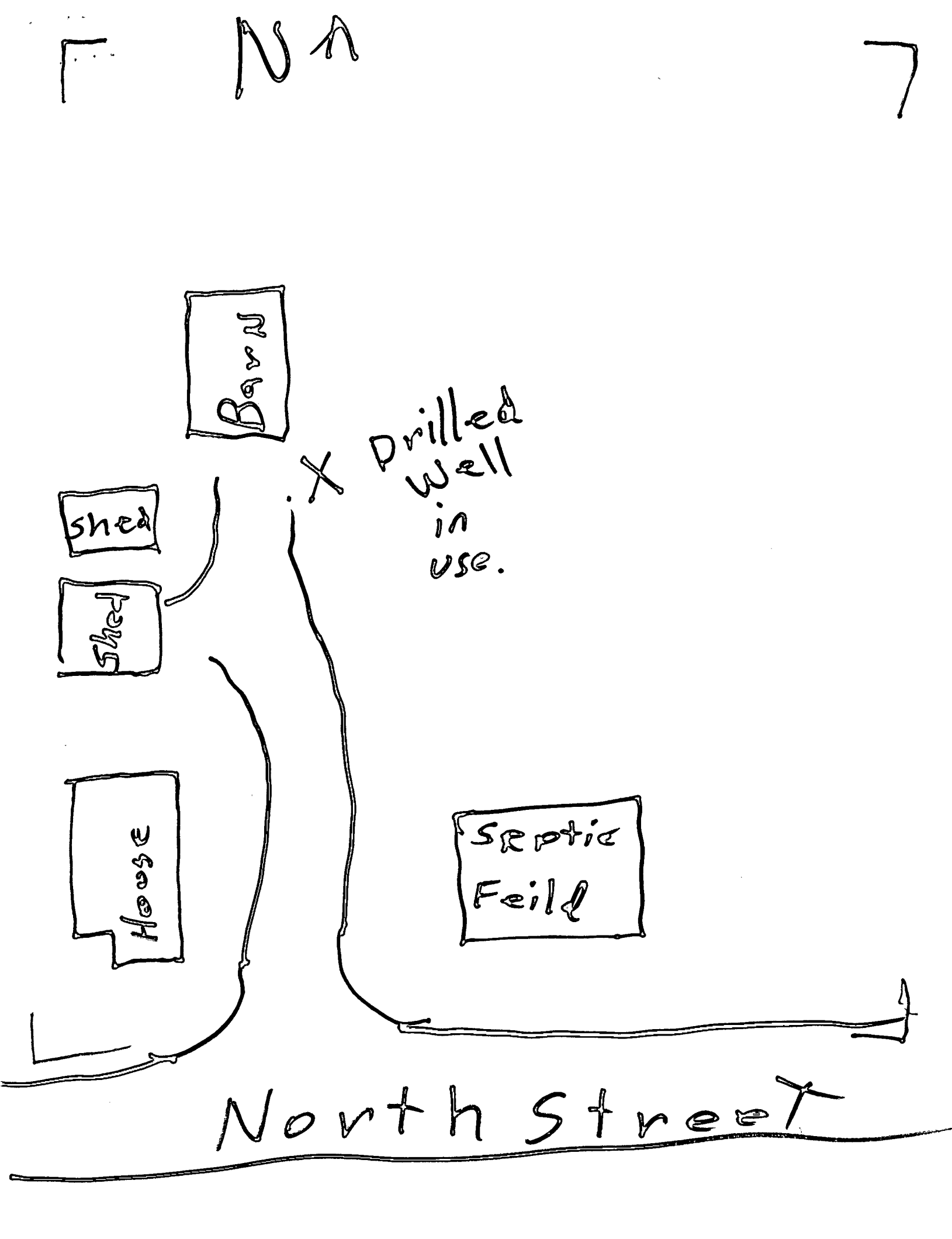
Date Approved 10-29-10

By Dennis Lyon
INSPECTOR

_____
APPLICANT'S SIGNATURE

SEAL

SEP-09-2013 MON 08:27 AM DEL. CO. SANITATION FAX No. 563 927 5561 P. 001/004


N
Barn
X Drilled Well in use.
Shed
Shed
House
Septic Feild
North Street