Recorded: 5/30/2018 at 2:27:42.0 PM
Fee Amount: $0.00
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2018 PG: 1470

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Gary Thimmesch

Address 3139 285th Ave., Hopkinton, IA 52237

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

TRANSFEREE:

Name Jayme L/Tiffany A. Digman

Address 3139 285th Ave. , Hopkinton, IA 52237

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

Address of Property Transferred:
3139 285th Ave. , Hopkinton, IA 52237

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 10 feet west of the Northwest corner of the house.

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.: (319) 480-1211
(Transferor or Agent)
Gary Thimmesch

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)

Addendum

1. That part of the Northeast Quarter (NE ¼) of the Southeast Quarter (SE ¼) of the Northwest Quarter (NW ¼) of Section Nineteen (19), Township Eighty Seven (87) North, Range Three (3), West of the Fifth Principal Meridian described as commencing at the Southeast corner of said Northeast Quarter (NE ¼) of the Southeast Quarter (SE ¼) of the Northwest Quarter (NW ¼) and running thence North 88° 47' West two hundred sixty and nine-tenths (260.9) feet, thence North two hundred eight and seven-tenths (208.7) feet, thence South 88° 47' East two hundred sixty and nine-tenths (260.9) feet to the East line of Northwest Quarter (NW ¼) of said Section Nineteen (19), thence South two hundred eight and seven-tenths (208.7) feet along said East line to the point of beginning.

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

Property information
Current Owner MARY THimmesch
Buyer _____ Realtor _____
Mailing Address 3139 285 Ave

Site Address/County 3139 285 Ave Hopkinton

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

Records Available Yes Permit/Installation Date _____ Installer _____

Septic System Information
Septic Tank(s): Size 1500 Material Cement Condition good
Tank Pumped? yes Date 5-16-18 Licensed Pumper 358
Septic/Trash/Processing Tank: Size 1000 Material cement Condition good
Tank pumped? yes Date 5-16-18 Licensed Pumper 358

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 4 Condition good
Header Pipe(s) no Number of Lines 4
Pressure Dosed? no

Secondary Treatment
Length of Absorption Fields 4x 70 Ft Determined by Pond
Condition of Fields good Determined by Dug up
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 submitted _____

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? X Unacceptable? _____

Explain (attach additional pages as needed): All in good working condition
Has Filter need to clean ever year.

Comments: Recr Pump ever 3-4 years

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: _____ Date: 5-16-18
Name (print): Robb Harter Certficate #: 358
Address: 3031 160th Street Dyersville, Iowa 52040
Phone # 563-542-1010

SEWAGE DISPOSAL SYSTEM

INFORMATION

PERMIT NO: 1857

PLUMBER: Kevin Dempsey

FINAL INSPECTION

APPLICANT: Gary Thimmesch

LOCATION

ADDRESS: 3139 285th Ave

PERCOLATION TESTS: #1 #2 #3 #4

SEPTIC TANK SIZE: 1500 COMPARTMENTS: 2

MANUFACTURER: Swales DEPTH: 3"

DISTANCE FROM HOUSE: 10 WELL: 60'

DISTRIBUTION BOX: DEPTH: 18" LEVEL: Yes

DISTANCE FROM HOUSE: 30' WELL: 100'

TRENCH #1 LENGTH: 70' WIDTH: 2' DEPTH: 2'

TRENCH#2 LENGTH: 70' WIDTH: 2' DEPTH: 2'

TRENCH#3 LENGTH: 70' WIDTH: 2' DEPTH: 2'

TRENCH#4 LENGTH: 70' WIDTH: 2' DEPTH: 2'

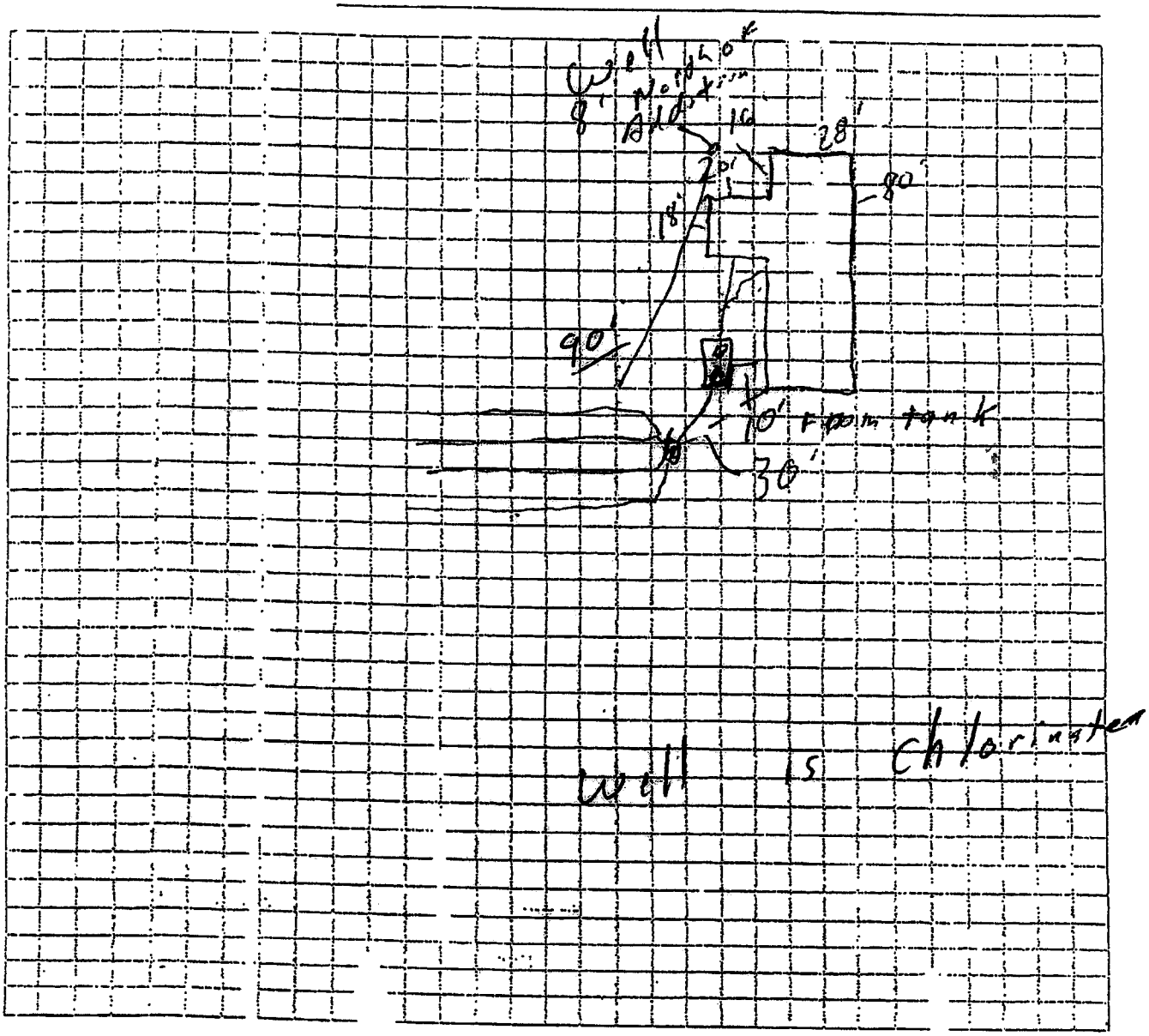
10-12-10

APPROVED (X) REJECT ( ) INSPECTED BY: Dennis Lyon

Site Evaluation Map

Designer _____

List any 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

42.33437
-91.23915

4/0-19-00 0/0 0c

DELAWARE COUNTY BOARD OF SUPERVISORS

(Print or Type) **Permit No.** 1854

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 3139 285th Ave

LOCATION: SE¼ NW¼ Sec 19 T. 87. N Section 19 Township S. F R. 3W

Owner: Gary Thimmesch **Tenant:** _____ **Plumber:** Dempster

Lot Size: 5 acre **Type Commercial:** _____ **Residential: (No. Bedrooms)** 3

Fixtures: Stools 2 **Lavatories** _____ **Bath Tubs** 2 **Showers** 2 **Sinks** 4 **Automatic Laundry** 1 **Sump Pump** _____

Septic Tank made by Swilus **Garbage Grinder** _____ **Construction Material** Concrete **Gallons Cap.** 1000

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

Absorption Field: Total length of laterals 280 **No. of lateral lines** 4

This system is new X **Existing** _____

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 10-12-10

By Dennis Lyons
INSPECTOR

SEAL

Mary Lou Thimmesch
APPLICANT'S SIGNATURE