

**REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED BY TRANSFEROR**

TRANSFEROR:

Name Jennifer L. Tegeler

Address 17740 221st St, Manchester, IA 52057

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name William F. Cobb & Lorraine Cobb

Address 18379 Goodman Circle, Port Charlotte, FL 33948

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

1809 Firefly Rd, Manchester, IA 52057

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) Lot One (1) in the Northeast Quarter (NE 1/4) of the Northwest Quarter (NW 1/4) of Section Eighteen (18), Township Eighty Nine (89) North, Range Five (5), West of the Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 5, Plats, Page 129.

1. Wells (check one)

☐ 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. *North of house*

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:

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: _____

(Transferor or Agent)

Telephone No.: (563) 920-3617



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

Property information

Current Owner Jennifer Tegler

Buyer _____ Realtor Barb Sailor

Mailing Address 1809 Firefly rd Manchester Iowa

Site Address/County 1809 Firefly rd Manchester Iowa

No. of Bedrooms 2 Last Occupied? present Disposal? Y / N Softener? Y / N H₂O Supply? well

Records Available no Permit/Installation Date 11-6-1986 Installer groth servcies

Septic System Information

Septic Tank(s): Size 750 two compartment Material concrete Condition good

Tank Pumped? yes Date 7/7/2018 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 na Size na Condition na

Distribution System: Distribution Box yes Outlets Used 3 Condition fair

Header Pipe(s) no Number of Lines 3

Pressure Dosed? no

Secondary Treatment

Length of Absorption Fields 160 feet approx 325 sq ft Determined by map

Condition of Fields good Determined by hydraulic 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? na Permitted? na NOI submitted na



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 none

Overall condition of the private sewage disposal system

Acceptable? yes Unacceptable? _____

Explain (attach additional pages as needed): Septic tank was pumped. hydraulic load test was performed 5 gpm at 75 min. total of 375 gallons. leach field accepted water fine.

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 Date: 7/3/2018
Name (print): Luke Ogden T.O. Certificate #: 6715
Address: 17120 185th st manchester iowa
Phone # 563-927-6503



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

OWNER: Jennifer Tegeler
SITE ADDRESS: 1809 Firefly Rd
GPS: Long: _____ Lat: _____
TANK SIZE: 750 Plastic OR Concrete
SECONDARY TREATMENT: _____

DATE: _____
TOWN/COUNTY: Delaware
D-BOX: 7 or 9 OUTLETS USED: _____

