



Book 2018 Page 2640

Document 2018 GWH-2640 Type 53 001 Pages 7
Date 9/18/2018 Time 10:18:08AM
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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:

Name Penny S Faust*

Address PO Box 68, Ryan, Iowa 52330
Number and Street or RR

City, Town or PO

State

Zip

TRANSFeree:

Name Kayla Kammler

Address 900 North Franklin Street, Manchester, Iowa 52057
Number and Street or RR

City, Town or PO

State

Zip

Address of Property Transferred:

2810 State HWY 13, Ryan, Iowa 52330
Number and Street or RR

City, Town or PO

State

Zip

Legal Description of Property: (Attach if necessary)

Parcel A, A part of the NW 1/4 of the NW 1/4 of Section 6, Township 87 North, Range 5 West of the 5th Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 2005, Page 3762.

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. *active, drilled, see picture for location*

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)

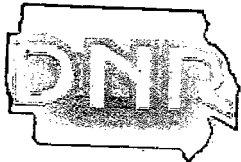
- ☐ All buildings on this property are served by a public or semi-public sewage disposal system.
☐ This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
☒ There is a building served by private sewage disposal system on this property 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: Donny S. Jaws
(Transferor or Agent)

Telephone No.: 8563-593-0429



Time of Transfer Inspection Worksheet

Other Components

Alarms _____ Working? _____ Disinfection _____ Working? _____

Control Box _____ Timers _____ Inspection Ports _____

Other Components HAS A Filter need to be cleaned every year.

Overall condition of the private sewage disposal system

Acceptable? X

Unacceptable? _____

Explain (attach additional pages as needed): All in good working condition

Comments: Keep Pump ever 3-5 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: Robb Harter

Name (print): Robb Harter

Date: 11-7-17

Address: 3031 160th Street Dyersville, Iowa 52040

Certificate #: 358

Phone # 563-542-1010

Harter Custom Pumping, Inc & Septic Service

Robb Harter * Owner/ Operator

3031 160th Street Dyersville, IA 52040 * 563-875-8730 or 563-542-1010

Homeowners:

James & Penny Faust

Age of Property

1920

Occupied

Yes or No

Inspection Co:

Harter Custom Pumping
3130 160th St Dyersville, Ia

Date of Inspection: 11-5-17

Does this evaluation/inspection meet the requirements of state and local agencies?

Yes ☒ No ☐ N/A ☐

Section 1:

Location of the system: East West North South

Was Water run into the system for 30 minutes? Yes No

Does the septic tank have a visible riser? Yes No

Estimated size of tank 1500 Gallons Yes No

What is the separation between well and septic? over 100 F Basis for estimate

Does the separation of the well and septic meet local requirements? Yes No N/A

Section 2: Disposal Field

Any evidence of malfunction No Yes (Please check all applicable observed conditions)

Wet Areas ☐ Unusual green/lush vegetation ☐
Liquid Discharges to surface ☐ Discharge pipe of unknown origin ☐
Localized surface settling ☐ Other (Describe below) ☐

Septic Tank:

Septic tank material Concrete Fiberglass Other
Liquid Level in tank Normal Below Normal Above Normal
Access opening in tank One Two Three None

Number of risers One Two Three None

Condition of baffles and/or sanitary tees: Two Three None

Inlet baffle or "T" Present and functional Not functional None present Not Visible

Outlet baffle or "T" Present and functional Not functional None present Not Visible

Tank was pumped Yes No (if no please explain below)

Is system adequately sized for # of Bedrooms Yes No # of Bedrooms:

Is system adequately sized for # of Bathrooms Yes No # of Bathrooms:

System working Properly Yes No (if no please explain below)

Additional Comments / Repairs needed:

Keep Pump even 3-5 years

Septic systems are subterranean, it is impossible to determine their overall condition. No prediction can be made as to when or if a system might fail.

This report comments on the workability of the system on the day of the inspection only, and is in no way intended to be a warranty.

Workability can be altered by factors such as excessive rainfall, heavy water usage, faulty plumbing, neglect or physical damage to the system. All tanks require pumping maintenance.

Inspected by: Robb Harter

Date: 11-5-17

SEWAGE DISPOSAL SYSTEM

INFORMATION

FINAL INSPECTION

PERMIT NO: _____

APPLICANT: L J Takes

PLUMBER: Oas's

LOCATION _____

ADDRESS: 2810 Hwy 13

PERCOLATION TESTS: #1 _____ #2 _____ #3 _____ #4 _____

SEPTIC TANK SIZE: 1500 COMPARTMENTS: 2

MANUFACTURER: Smiley DEPTH: 6"

DISTANCE FROM HOUSE: 10' WELL: 7100

DISTRIBUTION BOX: DEPTH: 6" LEVEL: yes

DISTANCE FROM HOUSE: 28' WELL: 7100

TRENCH #1 LENGTH: _____ WIDTH: _____ DEPTH: _____

TRENCH #2 LENGTH: _____ WIDTH: _____ DEPTH: _____

TRENCH #3 LENGTH: _____ WIDTH: _____ DEPTH: _____

TRENCH #4 LENGTH: _____ WIDTH: _____ DEPTH: _____

18 x 74'

B.I.

6. 6-12

APPROVED [Signature]

REJECT ()

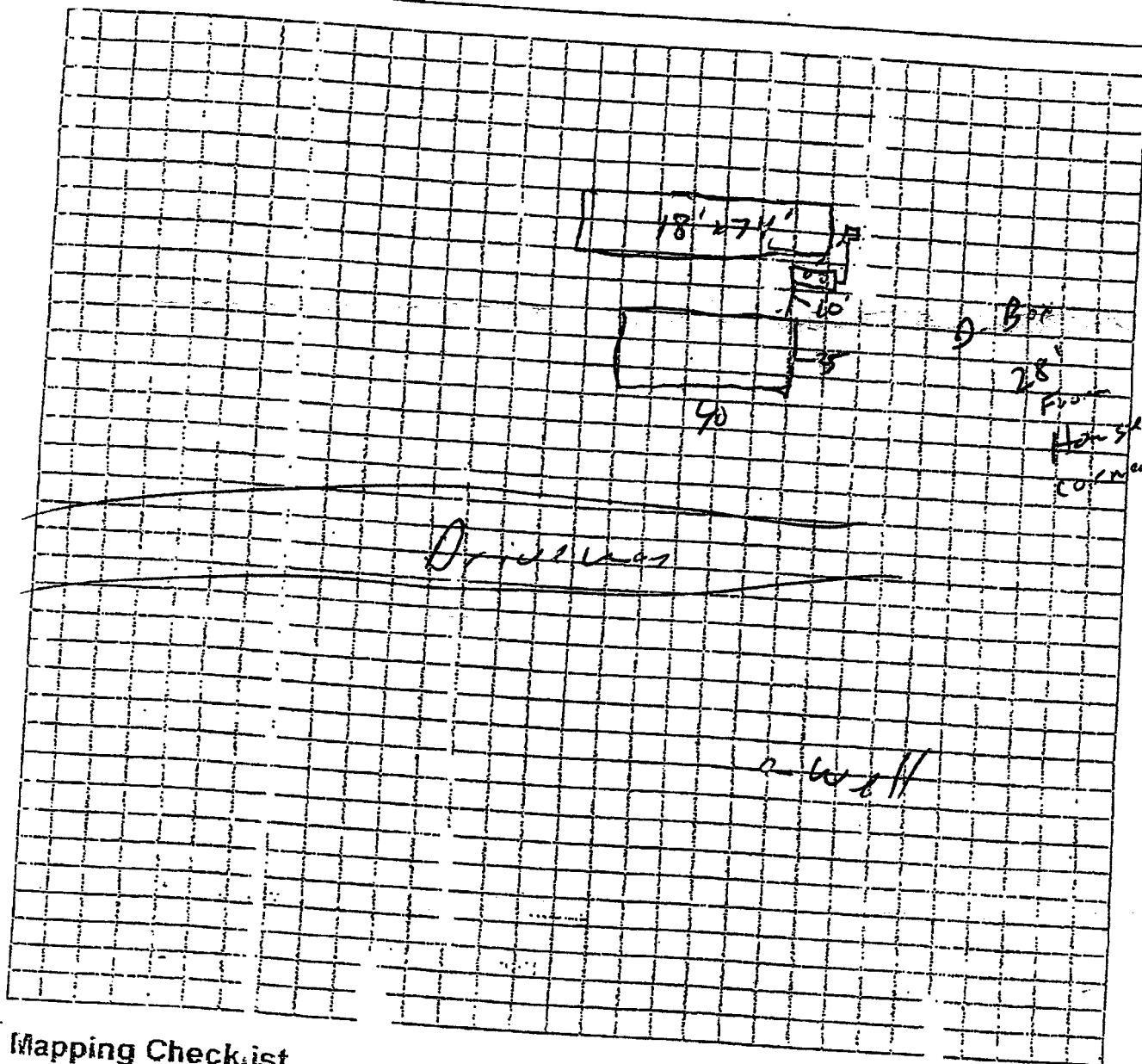
INSPECTED BY: Dennis Lynn

Evaluation Map

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Designer _____

List any construction Issues: _____



Mapping Checklist

Map scale: _____

Locate _____

_____ indicate north

_____ show slope _____ % direction _____

- _____ lot dimensions/property lines
- _____ dwellings and other improvements
- _____ existing and/or proposed systems (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

