



Book 2018 Page 2845

Document 2018 GWH-2845 Type 53 001 Pages 8

Date 10/09/2018 Time 1:57:50PM

Rec Amt \$.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:

Name Richard C. Koprucki Revocable Trust Dated June 21, 2005

Address 6051 Kalen Circle, Woodbury, MN 55129

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Joshua Wade and Julie Marie Dorothy

Address 2525 West Carlisle Lane, Dunlap, IL 61525

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

24359 205th Avenue, Manchester, IA 52057

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.

☐ 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)

☒ 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: Michael J. Kopach
(Transferor or Agent)

Telephone No.: 651 592-6608

Addendum

1. All of the Richard C Koprucki Trust's dated June 21, 2005 interest in Lot Fourteen (14) of Logan's First Subdivision of Part of the North one-half (N 1/2) of Section Twenty Three (23), Township Eighty Eight (88) North, Range Five (5), West of the Fifth Principal Meridian, according to plat recorded in Book 4 Plats, Page 46; also all lake frontage running to the middle of the Maquoketa River bed with respect to said Lot Fourteen (14); also Lot Thirteen (13) of Logan's Fifth Subdivision to Delaware County, Iowa, according to plat recorded in Book 5 Plats, Page 77



250230201400

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

Property information

Current owner Nancy Peterson
Buyer _____ Realtor Exit Realty / Susie Meyers
Mailing address 1021 2nd Ave SE Dyer, TN 37043 563-590-7826
Site Address/County 24389 205th Ave Manchester
Legal Description _____
No. of bedrooms 2 Last occupied? _____ Records available no

Permit/installation date _____ Separation distances ok/no? _____

Septic system information

Septic tank(s): size 500 material concrete condition good
Tank pumped? yes date 7-25 licensed pumper ST49
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

Aerobic treatment unit (ATU) mfr _____ size _____
Tank pumped? _____ date _____ licensed pumper _____
Maintenance contract? _____ expiration date _____ service provider _____
Condition _____

Pump tanks/vaults: type _____ size _____ condition _____

Distribution system: distribution box _____ outlets used _____ condition _____
Header pipe(s) yes # of lines 2 Pressure dosed? no

Secondary treatment: _____
length of absorption fields _____ determined by _____
condition of fields good determined by water test 30 minutes
type of trench material _____

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 provided _____



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

Report system status older system only summer home/
weekends

Explain (attach additional pages as needed): perforated pipe out of
septic 35' out & in middle another line

Comments: dig up end of line all clean Reck
water test 5 gals/minute 30 minutes good

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: Bill Dows Date: 8-1
Name (print): Bill Dows Certificate #: 8880
Address: 1497 110th Ave Durbin IA 52008
Phone #: 563-424-2225

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;

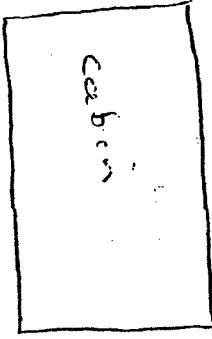
Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

5

W

4 in pipe

Retain it



205th Ave

N

Lake Delh

E

14007 0000400

PRIVATE WELL WATER TESTING

Background Information

House sold
Must wait
Rob Harter
Probably

1. Well User (contact person)

2095275

Name: <u>Mark Chapman</u>	City: <u>Manchester</u>	State: <u>IN</u>
Address: <u>1716 Finetly Rd</u>	Zip: <u>52057</u>	Phone: <u>319-399-4614</u>

2. Location of Well: _____ 1/4 of, _____ 1/4 of, _____ 1/4 of Section 7 T 89 N.R. 5West / East _____ County. Delaware

3. Well Identification: a: only well on property: Yes _____ No _____ if no; identify well tested _____

4. Well Description:

Well Depth: _____ ft.	Casing material: steel, plastic, concrete, clay, brick, stone
Casing Depth: _____ ft.	(circle one)
Casing Diameter: _____ ft.	Type of construction: drilled, driven, bored, augered, dug
Year/Decade constructed: _____	(circle one)
Years used by present user: _____	

5. Well Assessment:

	Yes	No	Unknown		Yes	No	Unknown
is wellhead sealed?				< 50' from septic tank?			
is wellhead covered?				< 100' from absorption field?			
is wellhead in pit?				< 100' from any livestock?			
is visible casing intact?				< 100' from fuel tanks?			
is casing >1' above grade?				< 300' from chemical storage?			
is cistern in use?				< 100' from abandoned well?			
other adverse conditions?				other potential contaminants?			
Describe:				Describe:			

6. List water treatment systems used: _____

7. Where was sample taken? _____ Before / after treatment? _____

8. Mention any historical contamination of which the owners are aware: _____

9. Form filled out by: _____ Date: _____

10. Water testing record:

Test	1	2	3	4	5
Date Sampled:					
Sample collector:					
Laboratory:					
Coliform: (pres/absent)					
Nitrate: (as N or NO3?)					
Other constituents?:					
Sample Location:					

CHEM RIGHT LABORATORIES, INC.

117 N. Main St. - Maquoketa, IA 52060 - IA Lab# 379 - Phone 563-652-4226 - Fax 563-652-6137

TESTING REPORT

Dennis Lyons
Delaware County Health Department
Courthouse, 301 East Main
Manchester, IA 52057

Report Date: 08/08/18
Report Number: 19299
Sample Received: 08/07/18
Order Number: 18393

<u>Sample ID</u>	<u>Parameter</u>	<u>Sample Matrix</u>	<u>Analysis Time</u>	<u>Method</u>	<u>Analyst</u>	<u>Codes</u>	<u>Result</u>	<u>Units</u>
Mark Chapman (kitchen) 1716 Firefly Rd Manchester, IA								
180807-W-5909	Coliform (e-coli) MPN	Water	08/07/18 10:47	9223B-QT	JD	ND <	1.0	cfu/100 ml
180807-W-5909	Coliform (total) MPN	Water	08/07/18 10:47	9223B-QT	JD	ND <	1.0	cfu/100 ml
180807-W-5909	Nitrate-N	Water	08/07/18 14:59	300.0	SG/JD		11	ppm

Code Description

ND Non-Detect. The value given is the detection limit.

No coliform bacteria was detected.

Nitrate-N level greater than 10 ppm exceeds the infant health advisory.

Susan E. Gossman, Operations Manager

Technical Review

08/08/2018

Date

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