

Recorded: 10/16/2018 at 12:20:44.0 PM
County Recording Fee: \$0.00
Iowa E-Filing Fee: \$0.00
Combined Fee: \$0.00
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2018 PG: 2946

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

TRANSFEROR:

Name Mark A. Pfeiler

Address 208 Dunrobin Lane, Simpsonville, SC 29681-4286

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name John E. Kluesner and Cynthia M. Kluesner

Address 2245 170th Street, Manchester, IA 52057

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

21090 265th Street, 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:

Well is located 200 ft. from the back left 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: _____

(Transferor or Agent)

Telephone No.: (864) 303-9017

Addendum

1. Lot Forty Three (43) of Turtle Creek Replat being a part of the Southwest Quarter (SW1/4) of the Northeast Quarter (NE1/4), part of the Northeast Quarter (NE1/4) of the Northeast Quarter (NE1/4), and part of the Southeast Quarter (SE1/4) of the Northeast Quarter (NE1/4) all in Section Twenty-six (26), Township Eighty-eight North (T88N), Range Five West (R5W) of the Fifth Principal Meridian, Delaware County, Iowa; also being part of the Northwest Quarter (NW1/4) of the Northwest Quarter (NW1/4), and part of the Southwest Quarter (SW1/4) of the Northwest Quarter (NW1/4), Section Twenty-five (25), Township Eighty-eight North (T88N), Range Five West (R5W) of the Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 1999, Page 4340; also all lake frontage running to the middle of Maquoketa River Bed with regard to said Lot Forty Three (43)



Time of Transfer Inspection Report

Property InformationCurrent Owner: Karen PfeilerBuyer: John KluesnerRealtor: Exit RealtyMailing Address: 730 26th St. SE. Cedar Rapids, Ia. 52403Site Address/County: ~~2190~~ 265th St. Manchester, IA. 52057Legal Description 21090No. of bedrooms: 2 Last occupied: Cabin Records available: yesPermit/ installation date: 7/11/2016 Separation distances (ok/no?): OKSeptic System InformationSeptic tank(s): Size: 1500 Gal. Material: Concrete Condition: GoodTank pumped? ☐ NO Date: 7/11/2016 Licensed pumper: New tank

Septic/Trash/Processing tank: Size: _____ Material: _____ Condition: _____

Tank pumped? ☐ Y ☐ N Date: _____ Licensed pumper: _____

Aerobic treatment unit (ATU) mfg: _____ Size: _____

Tank pumped? ☐ Y ☐ N Date: _____ Licensed pumper: _____Maintenance contract? ☐ Y ☐ N Expiration date: _____ Service provider: _____

Condition: _____

Pump tanks/vaults: Type: _____ Size: _____ Condition: _____

Distribution system: Distribution box Concrete Outlets used 3 Condition: GoodHeader pipe(s): _____ No. of lines: 3 Pressure dosed? _____Secondary Treatment:Length of absorption fields: 80ft. X3 Determined by: MapCondition of fields: Good Determined by: HYD. TestType of trench material: Chambers

Size of sand filter: _____ Determined by: _____

Vent pipes above grade? ☐ Y ☐ N Discharge pipe located? ☐ Y ☐ N

Effluent sample taken _____ Results: _____

Media Filters: Type: _____

Maintenance contract? ☐ Y ☐ N Expiration date: _____ Service provider: _____

Condition: _____



NPDES General Permit No. 4: Required? ☐ Y ☐ N Permitted? ☐ Y ☐ N NOI provided: _____

Time of Transfer Inspection Report

Other components:

Alarms: ☐ Y ☐ N Working: ☐ Y ☐ N Disinfection: ☐ Y ☐ N Working: ☐ Y ☐ N

Control Box: _____ Timers: _____ Inspection Ports: _____

Other components: _____

Overall condition of the private sewage disposal system:

Report system status: Tank, D-box and leach field looks to be in good condition at time of inspection.

Explain (attach additional pages as needed): _____

Comments: System was installed on 7/11/2016 tank and field looked to be in good condition at time of inspection.
The filter screen was cleaned at the time of inspection.

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: Jody Antrim Date: 8/7/2018

Name (print): Jody Antrim Certificate #: 8874

Address: 20984 - 265th St. Manchester, IA 52057

Phone #: 563.920.9388

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office and to:

542-0191

Iowa DNR
Private Sewage Disposal Program
502 E 9th St
Des Moines IA 50319

DELAWARE COUNTY SANITATION

EnvTrack #

Permit # 2508

Completion Report for Private Sewage Disposal System

Home PR-112SS: 21090 268th StManchesterTownship: M. 10# 250250202300

Lot #

Legal S-T-R 25-88-5

ing Address:

Contractor: AntimBedroom #: 2Water Supply: Dr. Well

Primary Treatment:

Latitude:

Longitude:

Septic Tank Volume (g): 1500 Manuf: Sumo Material: crete # Pieces: 1 # Comp: 2Riser Ht Lid 1 (in): 6" Riser Ht Lid 2 (in): 6" Filter Brand: Diameter (in): Distance to well (ft):

Note: Effluent filter requires frequent cleaning.

Dose Tank Volume (g): Pump or Siphon Dose: Gallons/dose: Riser Ht (in): Alarm:

D-Box:

Latitude:

Longitude:

Depth:

Subsurface Absorption Type: Chamber Chamber Manuf: Lineal Ft: 270 # Trenches:Inches rock under pipe: ✓ Trench Depth (in): Trench width (in): Distance to well (ft):

Surface Absorption Type:

Overall length (ft): 10 x 30'

Overall width (ft):

Rock bed length (ft): Rock bed width (ft): Length of laterals (ft): # Laterals:

Header pipe diameter (in): Rock type: Distance to well (ft): Depth to bottom of trench (in):

Packed Bed Media Filter: Sand filter length (ft): Sand filter width (ft): Sand filter sq ft:

Liner: Distance to well (ft): # Distributor lines: # Collector lines:

Distributor line type: Separating layer: Discharge GPS (lat x long):

*Peat Filter: Serial #: Closed or Open bottom: Lineal Ft absorption: # Laterals:

crushed rock, river rock or chamber Trench width (ft): Rock under pipe (in):

Distance to well (ft): Inches soil cover over trench: Discharge GPS (lat x long):

*Recirculating Textile Filter: Brand Name: Distance to well (ft):

Discharge GPS (lat x long): Absorption field installed after (no discharge)

*Note: A maintenance agreement with a manufacturer-approved contractor must be maintained for the life of the septic system.

Comments: Effluent filter requires frequent cleaning.

Per 11 filter and check tank
every 3 yearsWas any portion of the field covered before the inspection: no System installation approved: yesDate of Final Inspection: 7-11 Environmental Health Specialist:Scanned ☐Vernice Lewis

This APPROVAL in no way makes the County responsible for the continued operation of this sanitation system

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type)

Permit No. 1000

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: Karen Pfeiler 21 Old 26th St Section 35 Township Mt. Airy

LOCATION: 25 025 0202302 25-88-5

Owner: Karen Pfeiler Tenant: _____ Plumber: Andreia

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

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

Septic Tank made by Crate Garbage Grinder _____ Construction Material Form with Gallons Cap. 1500

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

Absorption Field: Total length of laterals 270' No. of lateral lines _____

This system is new X Existing _____ Chamber

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 7-8-16

By Dennis Linn
INSPECTOR

SEAL

[Signature]
APPLICANT'S SIGNATURE

Lineal _____ Distance to well (ft): _____ # Distributor lines: _____ # Collector lines: _____

Distributor line type: _____ Separating layer: _____ Discharge GPS (lat x long): _____

*Peat Filter: Serial #: _____ Closed or Open bottom: _____ Lineal Ft absorption: _____ # Laterals: _____

crushed rock, river rock or chamber _____ Trench width (ft): _____ Rock under pipe (in): _____

Distance to well (ft): _____ inches soil cover over trench: _____ Discharge GPS (lat x long): _____

*Recirculating Textile Filter: Brand Name: _____ Distance to well (ft): _____

Discharge GPS (lat x long): _____ Absorption field installed after (no discharge) _____

*Note: A maintenance agreement with a manufacturer-approved contractor must be maintained for the life of the septic system.

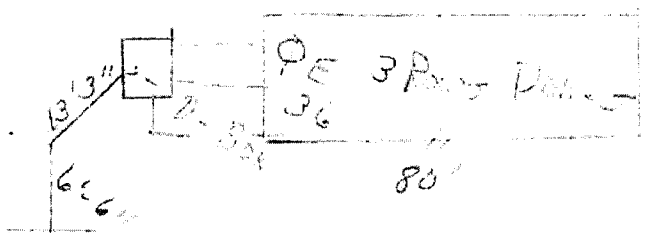
Comments: Effluent filter requires frequent cleaning.
pull filter and clean tank
every 3 years

Was any portion of the field covered before the inspection: no System installation approved: yes

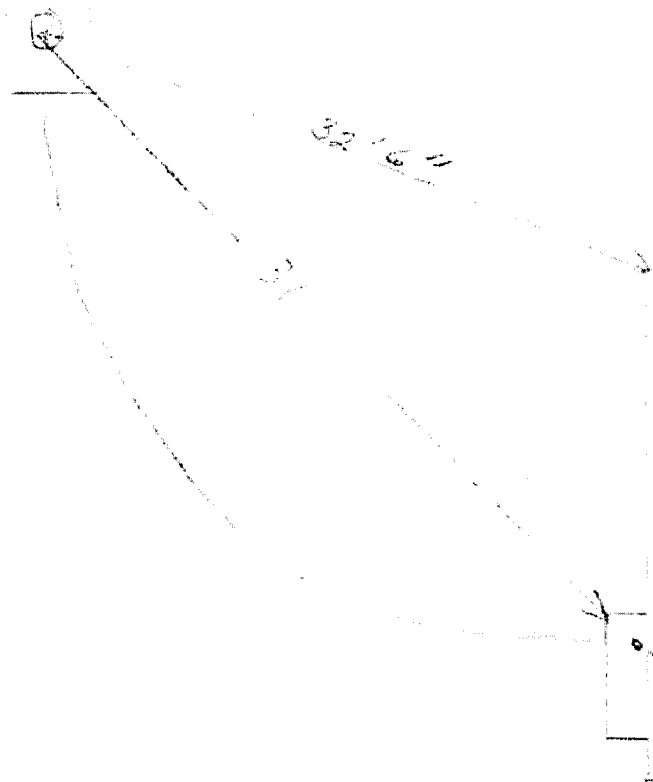
Date of Final Inspection: 7-11 Environmental Health Specialist: _____

Sealed ☐ Dennis Linn
This APPROVAL in no way makes the County responsible for the continued operation of this sanitation system

Kren Pto 14
 2nd and 3rd
 Mile from 14
 3rd



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 V



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0-100-200

