



Book 2018 Page 3146

Document 2018 GWH-3146 Type 53 001 Pages 6
 Date 11/02/2018 Time 2:35:31PM
 Rec Amt \$.00

Daneen Schindler, RECORDER/REGISTRAR
 DELAWARE COUNTY IOWA

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

TRANSFEROR:Name Kelly Ann Campbell nka Kelly Ann HutchinsonAddress 1572 180th Ave Manchester IA 52057

Number and Street or RR

City, Town or PO

State

Zip

TRANSFeree:Name Marcus HavertapeAddress 1247 275th St Masonville IA 50654

Number and Street or RR

City, Town or PO

State

Zip

Address of Property Transferred:

1247 275th St Masonville IA 50654

Number and Street or RR

City, Town or PO

State

Zip

Legal Description of Property: (Attach if necessary)

see attached**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:

Active
Drilled.

House

Gauge

40 ft

Well

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.: 608-692-7754



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

Property information

Current owner Kelly / Beau Hutchinson 608-692-7754
Buyer Hutchinson Realtor _____
Mailing address 1572 180th Ave Manchester
Site Address/County 1249 275th St Masonville Town
Legal Description _____
No. of bedrooms 3 Last occupied? still Records available yes
Permit/installation date 9-18-15 Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1500 material concrete condition good
Tank pumped? yes date 10-29-18 licensed pumper ST 49
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

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

Pump tanks/vaults: type _____ size _____ condition _____

Distribution system: distribution box yes outlets used 4 condition good
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields 400' determined by per permit
condition of fields good determined by 30 minute water test
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 newer system good shape

Explain (attach additional pages as needed): water test OK
lid bag replaced lid

Comments: _____

Site status at conclusion of Time of Transfer inspection:

- o Verify that controls are set on the appropriate mode.
- o Power is on to all components.
- o Revisit all components to verify lids are secure.
- o Gather all tools for removal from the site.
- o Verify that no sewage is on the ground surface.

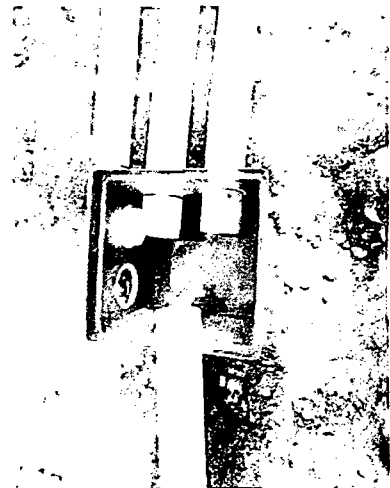
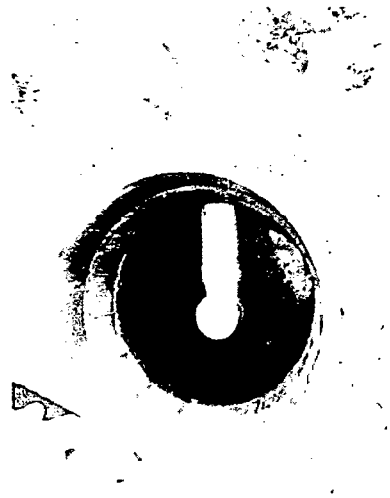
Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

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 Davis Date: 10-29-15
Name (print): Bill Davis Certificate #: 8880
Address: 1497 110th Ave Dulles VA
Phone #: 563-824-2225

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



DELAWARE COUNTY SANITATION

EnvTrack #

Permit # 2436

Application # _____

Completion Report for Private Sewage Disposal System

Owner: Charlie HauserSite Address: 1247 275th St MasonvilleTownship: PrattParcel #: 260330001300

Lot # _____

Legal S-T-R: 33-88-6

Mailing Address: _____

Contractor: OasisBedroom #: 3Water Supply: PrivatePrimary Treatment: Latitude: 42.391569Longitude: -91.550196Septic Tank Volume (g): 1500 Manuf: Sundt Material: Concrete # Pieces: 1 # Cmp: 2Riser Ht Lid 1 (in): 12" Riser Ht Lid 2 (in): 12" Filter Brand: P-12/4 Diameter (in): 4 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: 42.391302 Longitude: -91.550193 Depth: _____

Subsurface Absorption Type: _____ Chamber Manuf: _____ Lineal Ft: _____ # Trenches: _____

Inches rock under pipe: _____ Trench Depth (in): _____ Trench width (in): _____ Distance to well (ft): _____

Surface Absorption Type: _____ Overall length (ft): _____ 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.

Was any portion of the field covered before the inspection: no System installation approved: yesDate of Final Inspection: 8/0-6 Environmental Health Specialist: DennisScanned ☐

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