



Book 2019 Page 1358

2019 GWH-1358 Type 53 001 Pages 8

Date 6/03/2019 Time 2:38:40PM

Rec Amt \$.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:

Name Justin J. Gideon & Jennifer M. Gideon

Address 18011 224th St, Manchester, IA 52057

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Jean Storms

Address 23531 Hickory Ave, Elkader, IA 52043

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

18011 224th St, Manchester, IA 52057

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) Lot Five (5) of Oak Way Extension, a Subdivision of Part of the NE 1/4 of the NE 1/4, Section 5, T88N, R5W of the 5th P.M., and Part of the NW 1/4 of Section 4, T88N, R5W of the 5th P.M., Delaware County, Iowa, according to plat recorded in Book 4 Plats, Page 112.

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: _____

(Transferor or Agent)

Telephone No.: (563) 608-3037



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

Property information

Current Owner Justin & Jennifer Gideon

Buyer _____ Realtor _____

Mailing Address 18011 224th street Manchester Iowa, 52057

Site Address/County 18011 224th street Manchester Iowa, 52057

No. of Bedrooms 3 Last Occupied? present Disposal? Y / N Softener? Y / N H₂O Supply? well

Records Available yes Permit/Installation Date 1855 10/12/2010 Installer oasis pump service

Septic System Information

Septic Tank(s): Size 1500 3 compartment Material concrete Condition good

Tank Pumped? yes Date 5/29/2019 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 Tanks/Vaults: Type no Size na Condition na

Distribution System: Distribution Box yes Outlets Used 6 Condition good

Header Pipe(s) no Number of Lines 6

Pressure Dosed? no

Secondary Treatment

Length of Absorption Fields na Determined by na

Condition of Fields na Determined by na

Type of Trench Material na

Size of Sand Filter 18x40 Determined by permit

Vent Pipes Above Grade? yes Discharge Pipe Located? yes

Effluent Sample Taken? no Results no water running from discharge

Media Filters: Type na

Maintenance Contract? na Expiration Date na Service Provider na

Condition na

NPDES General Permit No. 4: Required? no Permitted? no NOI submitted no



Time of Transfer Inspection Worksheet

Other Components

Alarms yes Working? yes Disinfection no Working? na

Control Box no Timers no Inspection Ports yes

Other Components pump vault located next to vent pipes. No water running from collection lines after hydraulic load test. pump vault dry.

Overall condition of the private sewage disposal system

Acceptable? _____ Unacceptable? _____

Explain (attach additional pages as needed): seperate report.

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: 5/29/2019
Name (print): Luke Ogden Certificate #: 6715
Address: 207 quaker Mill rd Manchester Iowa 52057
Phone #: 563-927-6503



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

Septic Inspection
Justin & Jennifer Gideon
18011 224th St.
Manchester, IA 52057

On May 29, 2019 a septic inspection was performed at the above address.

Description:

Home is a 3 bedroom, 3 bath, 2 story home approximately 1600 sq. feet on the main floor. House has water softener and a pool in the back of the property. All located on approximately 1/2 acre lot.

Septic Description/Condition:

Septic system was installed in October 2010 consisting of 1 – 1500 gallon 3 compartment tank, with a 720 sq. ft. sand filter. 18' x 40' E-Z flow trench material was used in the bottom and top leach line, discharge goes to a pump vault. Distribution box was dug up by hand and hydraulic load test was performed at 6GPM for 72 minutes for a total of 432 gallons of water. No effluent discharge to pump vault. Pump and alarms were checked. Septic tank was pumped and filter cleaned. System is in working condition.

Company Disclaimer

Based on what we were able to observe and our experience with on-site wastewater technology, we submit this sanitary sewage disposal system inspection report based on the present condition of the on-site sewage disposal system. Oasis Pump Service has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future. Because of numerous factors (usage, soil characteristics, previous failures, etc.) which effect the proper operation of a septic system as well as the inability of our Company to supervise or monitor the use or maintenance of the system, this report shall not be constructed as a warranty by our Company that the system will function properly for any particular buyer. Oasis Pump Service **DISCLAIMS ANY WARRANTY**, either expressed or implied, arising from the inspection of the septic system or this report. We are also not ascertaining the impact the system is having on the ground water.

I have studied the information contained herein and that my assessment is honest, thorough, and, to the best of my ability correct.

Certified by Luke Ogden #6715

Luke Ogden Date 5/29/19
T.O.

Owner: Justin and Jennifer Gideon 18011 224th St. Manchester, IA 52057



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

OWNER: Justin & Jennifer Gideon

DATE: 5/29/19

SITE ADDRESS: 1801 224th St. Manchester IA

TOWN/COUNTY: Delaware

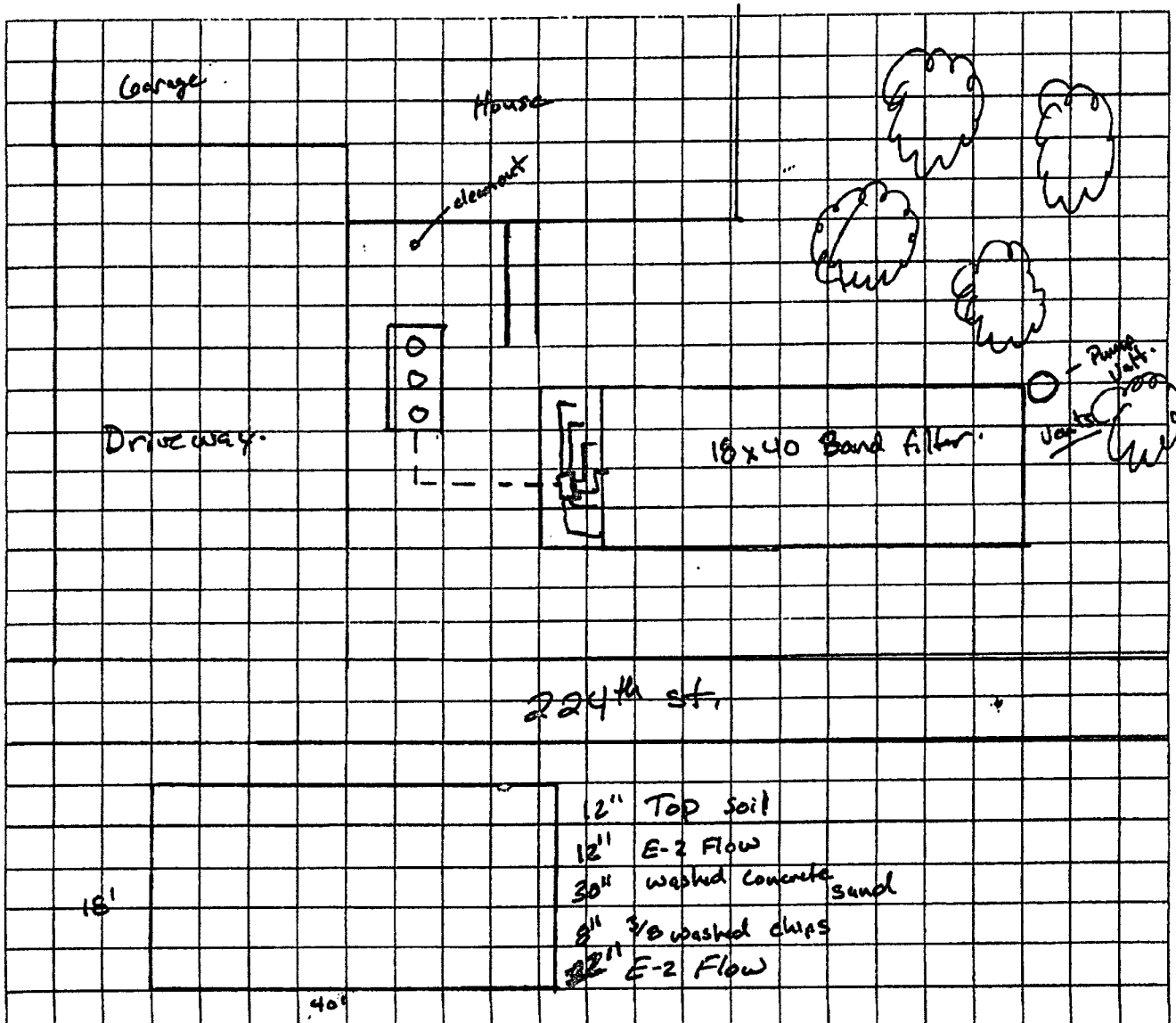
GPS: Long: 92.46675 Lat: -91.44117

TANK SIZE: 1500 3 comp 500/9 Plastic OR Concrete

D-BOX (7) or 9 OUTLETS USED: 6

SECONDARY TREATMENT: 18x40' Sand Filter

6-2 Flow Top + Bottom



NOTES: Discharge Effluent goes to Pump Vault on east side of septic field

42. 46675

✓ 240 04 02 005 06

1855

DELAWARE COUNTY
BOARD OF SUPERVISORS

- 911.44117

(Print or Type)

Parcel No.

APPLICATION FOR PERMIT TO INSTALL PRIVATELY OWNED SYSTEM

ADDRESS: 18011-22446 So

Section 4 Township M:10

Sec 4 T-88-N

R. 5-W

LOCATION:

Owner: Ann Fina

Township

Parcel: 04.1.1

Lot Size: 7

Type Commercial:

Residential: (No. Bedrooms) 3

Plumbing: Sinks 3

Toilets 2

Showers 2

Sinks 3

Automatic Laundry

Sump Pump

3-C.

Septic Tank made by Swales Concrete Cylinders Construction Material 600 14 Gallons Cap 1500

Percolation Test: 1 2 3 4 Made by:

Absorption Field: Total length of laterals 54' 11" No. of lateral lines

720 sq. ft

This system is now in Entering

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 10-12-10

By [Signature] Supervisor

[Signature] Applicant's Signature
SEAL

OSWAP Approval Form

Requires County Signatures for (1) Onsite System Plan and (2) Final Inspection

County Delaware County Permit # 1855

Owner's Name: Don Finn

Address: 18011 22nd St Manchester

Phone: 563-927-8048 (Home) (Work) 608-5858 (Cell)

Property Address: _____

Legal Description 1/4 1/4 1/4 Section 4 Tier 8B Range 5

Lat. 42.46675 Long. -91.44117

Problem with Existing System: Backing up

Type of Building (check one box below):

☒ Home: # Bedrooms (BRs) 3 ☐ Other: (e.g. Shop, Office, etc) _____

System Design Flow in Gallons/Day: (150 x # BRs, if a home) 450

Soil Evaluation: Is Site Suitable for Soil Absorption System? Yes _____ No ☒

Soil Test Method (check one or both boxes): Percolation Test ☒ Soil Evaluation ☒ Other: _____

Soil Absorption Rate: _____ (Minutes/Inch) Other Factors: _____

Limiting Layer Depth: _____ Limitation Type (Rock, Impervious Clay, Groundwater): _____

Onsite Wastewater System Plan:

1. Septic Tank: # Tanks 1 Total Capacity (Gallons) 1500 Material (Concrete, Plastic) concrete

2. Secondary Treatment System:

a. Soil Absorption: Type (e.g. Chamber, Gravel, etc) _____ Length _____ Width _____ Depth _____

b. Other: (e.g. Sand Filter, Mech/Aerobic, etc) Type sand filter Size 720 sq. ft.
Brand (if applicable) _____ Additional Treatment (if applicable) Filter Bed

3. Is This a Surface Discharging System? Yes _____ No ☒ Is NPDES Permit Applied For? Yes _____ No ☒

4. System Management Plan

Signature of Applicant Jennifer Finn Date 10-21-10

(1) Plan Approved Don Finn Date 10-21-10
County Representative

Final Inspection: OSWAP Loan Approved? Yes _____ No _____ Lender: _____

Is Completed System Same as Plan? Yes _____ No _____ If not, describe completed system: _____

OSWAP # (Co., Yr., #) _____

(2) Completed System Approved _____ Date _____

County Representative