

Recorded: 7/12/2021 at 9:28:40.0 AM
County Recording Fee: \$0.00
Iowa E-Filing Fee: \$0.00
Combined Fee: \$0.00
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2021 PG: 2493

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

TRANSFEROR:

Name Michael J Hermesen

Address 1394 Union Ave, Lamont, IA 50650

Number and Street or RR

City, Town or PO

State

Zip

TRANSFeree:

Name Julie L Knipper

Address 525 Northern Ave, Earlville, Iowa 52041

Number and Street or RR

City, Town or PO

State

Zip

Address of Property Transferred:

2150 205th Avenue, Manchester, Iowa 52057

Number and Street or RR

City, Town or PO

State

Zip

Legal Description of Property: (Attach if necessary)

That part of the Northwest Quarter (NW 1/4) of the Southeast Quarter (SE 1/4) of Section Thirty Five (35), Township Eighty Nine (89) North, Range Five (5), West of the Fifth Principal Meridian described as commencing fifty (50.0) feet East of the Northwest corner of said Northwest Quarter (NW 1/4) of the Southeast Quarter (SE 1/4) and running thence East on the North line of said Northwest Quarter (NW 1/4) of the Southeast Quarter (SE 1/4) a distance of two hundred (200.0) feet, thence South one hundred eighty (180.0) feet, thence West two hundred (200.0) feet, thence North one hundred eighty (180.0) feet to the place of beginning.

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)

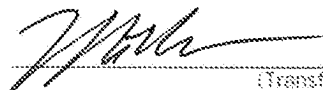
- ☐ All buildings on this property are served by a public or semi-public sewage disposal system.
☐ This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
☒ There is a building served by private sewage disposal system on this property 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 north of Paramount ahead of garage

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

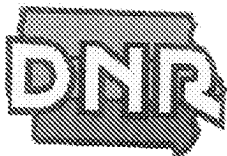
Signature:



(Transferor or Agent)

Telephone No.:

563-920-5045



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

Property Information

Current Owner Michael Hermanson
Buyer _____ Realtor _____
Mailing Address 2150 205th Ave Manchester, IA 52057

Site Address/County FD # 140350001800

No. of Bedrooms 1 Last Occupied? 2020 Disposal? (X) N Softener? Y (X) H₂O Supply? well

Records Available yes Permit/Installation Date N/A Installer N/A

Septic System Information

Septic Tank(s): Size 1000 gal Material concrete Condition OK
Tank Pumped? yes Date 5-26-21 Licensed Pumper 353
Septic/Trash/Processing Tank: Size 800 Material concrete Condition OK some cracks
Tank pumped? yes Date 5-26-21 Licensed Pumper 353

Aerobic treatment unit (ATU) MEGR _____ Size _____
Tank Pumped? _____ Date _____ Licensed Pumper _____
Maintenance Contract? _____ Expiration Date _____ Service Provider _____
Condition _____

Pump Tanks/Vaults: Type _____ Size _____ Condition _____

Distribution System: Distribution Box no Outlets Used _____ Condition _____
Header Pipe(s) yes (3) Number of Lines (3) Rock Pipe
Pressure Dosed? yes

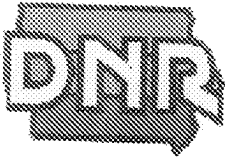
Secondary Treatment

Length of Absorption Fields (3) 60 FT Determined by Dry UP
Condition of Fields good Determined by Dry UP
Type of Trench Material Rock & P.P.

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 submitted _____



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

Acceptable? ☒ Unacceptable? _____

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

Comments: Keep Pump every 3-4 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: [Signature] Date: 5-26-21
Name (print): Robb Harter Certificate #: 210
Address: 3031 160th Street Dyersville, Iowa 52040
Phone #: 563-542-1010

Harter Custom Pumping, Inc & Septic Service
Robb Harter * Owner/ Operator
3031 160th Street Dyersville, IA 52040 * 563-875-8730 or 563-142-1010

Homeowners:

Michael Hermanson
2150 205th Ave
Malvern

Age of Property

Occupied
Yes or No

Inspection Co:

Robb Harter

Date of Inspection: 5-26-21

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 1000 Gallons Basis for estimate

What is the separation between well and septic? 57'

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
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
Outlet baffle or "T" ☒ Present and functional ☐ Not functional ☐ None present
Tank was pumped (Yes) No (if no please explain below) ☐ Not Visible
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 ever 2-4 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 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: 5-26-21

N ↑

59 Ft to tank

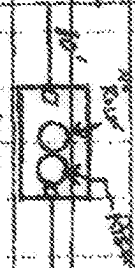
Well

Rock Pile

Garry

1 - Broken
House

1000 gpm
Concrete
Septic Tank



12'

50'

60'

60'

60'

60'

2150 2005 W Ave. Melbourn