



Book 2021 Page 4108

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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:

Name: Linda McAllister
Address: 1113 N 3rd St, Manchester, IA 52057

TRANSFeree:

Name: Wesley D. Schulte and Jamie K. Schulte
Address: 19166 Goodland Dr, Manchester, IA 52057

Address of Property Transferred:
26170 204th Ave, Manchester, Iowa 52057

Legal Description of Property: (Attach if necessary)
Cabin on leased land
26170 204th Ave, Manchester, IA 52057

Commonly Referred to as cabin on land lease of Earl Schmidt Camp, Parcel 250260100509, Section 28, Township 88, Range 5, Delaware County, Iowa.

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.

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)

- ☐ 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 2933.

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: Linda M. McAllister Telephone No.: 563-608-1939
(Transferor)

PROPERTY ADDRESS 26170 204th Avenue, Manchester, IA 52057

PROPERTY CONDITIONS, IMPROVEMENTS AND ADDITIONAL INFORMATION:

1. BASEMENT / CRAWL SPACE / SLAB: Any known water, seepage or other problems?

Yes ☐ No ☒ Unk ☐

Describe: _____

Repairs/ Replacement/ Date: _____

2. FOUNDATION(S): Any known foundation damage or settlement?

Yes ☐ No ☒ Unk ☐

Describe: _____

Repairs/ Replacement/ Date: _____

3. ROOF: Any known problems?

Yes ☐ No ☒ Unk ☐Describe: New Shingles/Gutters 2015Repairs/ Replacement/ Date: 2015

4. WELL WATER SYSTEM: Any known problems?

NA ☐ Yes ☐ No ☒ Unk ☐

Describe: _____

Type of Well Sand Point Location Left Side (NE) 1/4 Age 1960's?

Has the water been tested?

NA ☐ Yes ☐ No ☐ Unk ☐

If yes, date of last report and results: _____

Any known plans to bring city or rural water to your area and/or requirements to connect to city or rural water lines when available?

NA ☐ Yes ☐ No ☒ Unk ☐

5. CITY SEWER/SEPTIC TANKS/DRAIN FIELDS/OTHER DISPOSAL SYSTEM: Any known problems?

Yes ☐ No ☐ Unk ☐

Describe: _____

Septic System: Has the septic system been inspected by DNR certified Inspector?

NA ☐ Yes ☒ No ☐ Unk ☐Date of Inspection: 2020 Certified Inspector name: _____Has septic System been pumped? Date last pumped 2020NA ☐ Yes ☐ No ☐ Unk ☐

Any known plans to bring city sewer to your area and/or requirements to connect to city sewer?

NA ☐ Yes ☐ No ☒ Unk ☐

Describe: _____

Repairs/ Replacement/ Date: _____

Is the property in compliance with local city ordinances requiring that perimeter tile lines do not drain into the city sanitary sewer?

NA ☐ Yes ☐ No ☐ Unk ☐

Describe: _____

Repairs/ Replacement/ Date: _____

6. HEATING SYSTEM(S): Any known problems?

Yes ☐ No ☒ Unk ☐

Describe: _____

Repairs/ Replacement/ Date: _____

If you have an LP gas tank, is it rented ☐ owned ☐ Comments: _____

7. CENTRAL COOLING SYSTEM(S): Any known problems?

NA ☒ Yes ☐ No ☐ Unk ☐

Describe: _____

Repairs/ Replacement/ Date: _____

8. FIREPLACE(S) / WOOD BURNING STOVE(S): Any known problems?

NA ☒ Yes ☐ No ☐ Unk ☐

Describe: _____

Date last used: _____

Repairs/ Replacement/ Date: _____

9. PLUMBING SYSTEM(S): Any known problems?

Yes ☐ No ☒ Unk ☐

Describe: _____

Repairs/ Replacement/ Date: _____

10. ELECTRICAL SYSTEM(S): Any known problems?

Yes ☐ No ☒ Unk ☐

Describe: _____

Repairs/ Replacement/ Date: _____

11. WINDOWS: Any known problems?

Yes ☐ No ☒ Unk ☐

Describe: _____

Repairs/ Replacement/ Date: _____

12. PEST INFESTATION: Any known problems?

Yes ☐ No ☒ Unk ☐

Describe: _____

Repairs/ Treatment/ Date: _____

13. ASBESTOS/LEAD BASED PAINT: Any known Asbestos OR Lead Based Paint present?

Yes ☐ No ☒ Unk ☐

Describe: _____

Removal/ Remediation/ Date: _____

14. RADON: Any known test(s) for the presence of radon gas?

Yes ☐ No ☒ Unk ☐

If yes, test results/ Date: _____

Mitigation/ Date: _____

Removal/ Remediation/ Date: _____

Common line 8
Leach field

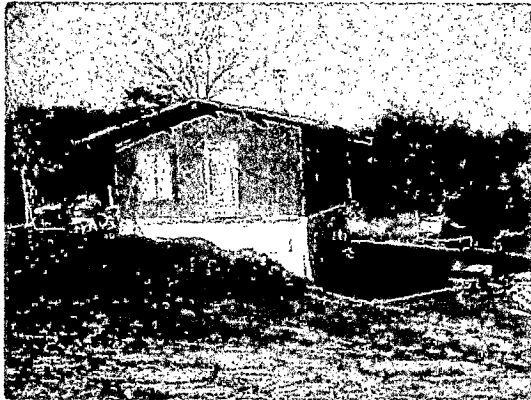
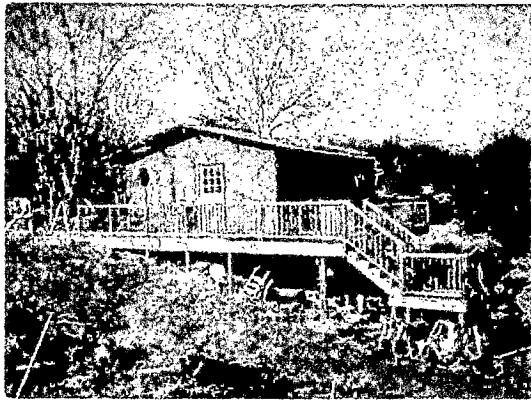
OWH/18A

Tank #2
McAllister &
Reysack

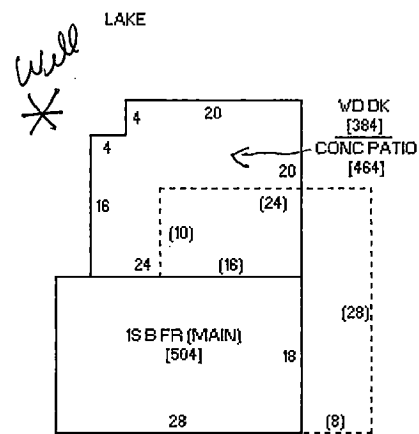
Tank #1
Krause &
Klima

Brause

ma



Sketches



ROAD

Sketch by www.camavision.com

No data available for the following modules: Commercial Buildings, Agricultural Buildings, Sales, Iowa Land Records.

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