

Recorded: 8/2/2023 at 9:15:04.0 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: 2023 PG: 1806

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

If the transaction is exempt from filing a declaration of value pursuant to Iowa Code 428A.1(2), **STOP HERE**. Pursuant to Iowa Code section 558.69(1), when no declaration of value is submitted during a transaction, you are not required to submit a groundwater hazard statement or include the statutory language in Iowa Code section 558.69(8A). Please consult your realtor or legal counsel for further advice, including on whether a declaration of value is required. The Department provides this information for statutory reference only.

Instructions for this document can be found at:

<https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960%20Instructions.pdf>

Attachment 1, if required, can be found at: <https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960a.pdf>

TRANSFEROR:

Name Chad D. Loecke and Charity L. Loecke a/k/a Charity Loecke

| | | | | |
|---------|-------------------------|------------------|-------|-------|
| Address | 22399 186th Ave | Manchester | Iowa | 52057 |
| | Number and Street or RR | City, Town or PO | State | Zip |

TRANSFeree:

Name Travic R. Schulze and Heather L. Schulze

| | | | | |
|---------|-------------------------|------------------|-------|-------|
| Address | 880 E Turnbridge St. | Springfield | MO | 65810 |
| | Number and Street or RR | City, Town or PO | State | Zip |

Address of Property Transferred:

| | | | |
|-------------------------|------------------|-------|-------|
| 22399 186th Ave | Manchester | IA | 52057 |
| Number and Street or RR | City, Town or PO | State | Zip |

Legal Description of Property: (Attach if necessary)

Lot Thirteen (13) of Windy Hollow A Subdivision of Part of the NE Fr. 1/4 and Part of the SE 1/4, Section 4, T88N, R5W of the Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 2000, Page 1238.

1. Wells (check one)

- No Condition - There are no known wells situated on this property.
 Condition Present - 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)

- No Condition - There is no known solid waste disposal site on this property.
 Condition Present - 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)

- No Condition - There is no known hazardous waste on this property.
- Condition Present - 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)

- No Condition - 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.)
- Condition Present - 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)

- No Condition - There are no known private burial sites on this property.
- Condition Present - 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)

- No Condition - All buildings on this property are served by a public or semi-public sewage disposal system.
- No Condition - This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
- Condition Present - 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.
- Condition Present - 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.
- Condition Present - There is a building served by private sewage disposal system on this property. The system is failing to ensure effective wastewater treatment or is otherwise improperly functioning, and 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.
- Condition Present - 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 #7]
- Condition Present - There is a building served by private sewage disposal system on this property. This property is exempt from the private sewage disposal inspection requirements pursuant to the following Exemption [Note: for exemption #7 use prior check box]: _____
- Condition Present - There is a building served by private sewage disposal system on this property. The private sewage disposal system has been installed within the past two years pursuant to permit number: _____

Review the following two directions carefully:

- A. If you selected a box stating "No Condition" for every numbered section above, **STOP HERE**. Do not submit this form. Instead, pursuant to Iowa Code section 558.69(8A), you must include the following language on the first page of the recorded deed, instrument, or other writing:

"There is no known private burial site, well, solid waste disposal site, underground storage tank, hazardous waste, or private sewage disposal system on the property as described in Iowa Code section 558.69, and therefore the transaction is exempt from the requirement to submit a groundwater hazard statement."

Please consult your realtor or legal counsel for further advice on this exemption. By law, the owner of the property is responsible for the accuracy of this statement, and the Department provides this information for statutory reference only.

- B. If you checked any box stating "Condition Present" for any of the numbered sections above, continue below. You must complete this form, including providing all required information, and you must submit this form to the county recorder's office with declaration of value.

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.: 319-350-3149



TIME OF TRANSFER INSPECTION TOT# 6350 LUKE OGDEN CERT # 6715

Site Information

Parcel Description: **240040601300**

Address: **22399 186th Ave., Manchester, IA 52057**

County: **Delaware**

Owner Information

Property is owned by a business: **No**

Business Name:

Owner Name: **Chad & Charity Loecke**

Email Address:

Address: **22399 186th Ave., Manchester, IA 52057**

Phone No:

Site related information

No Of Bedrooms: **4**

Inspection Date: **07/17/2023**

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date: **03/05/2013**

Permit issued by County: **Yes**

Permit Number: **2210**

All plumbing fixtures enter septic system: **Yes**

County contacted for records: **Yes**

Property Information Comments:

Primary Treatment

Tank 1

Tank Name: **Tank 1**

Type: **Septic Tank**

Tank Size (Gal): **1500**

Tank Material: **Concrete**

Tank Corrosion Type: **None**

Liquid Level Type: **Normal**

No. of Compartments: **2**

Pump Tank Chamber: **No**

Licensed Pumper Name: **st-49**

Date Pumped: **7/17/2023**

Meets Setback to Well: **Yes**

Well Type: **Private**

Distance To Well (Ft.): **>100'**

Is Accessible: **Yes**

Lid Intact: **Yes**

Risers Intact: **Yes**

Effluent Filter Present: **Yes**

Watertight: **Yes**

Tank/Vault Pumped: **Yes** Inlet Baffle Present: **Yes** Outlet Baffle Present: **Yes** Functioning as Designed: **Yes**
Tank Comments: **effluent filter was cleaned and reinstalled.**

General Primary Treatment Comments:

Distribution Type

Distribution Box 1

Label: **Distribution Box 1** Material Type: **Plastic** Accessible: **Yes**
Box Opened: **Yes** Baffle Present: **Yes** Speed Levelers Present: **Yes**
Watertight: **Yes** Functioning As Designed: **Yes**

General Distribution System Comments :

Secondary Treatment

Pkg Treatment Media Filter1

Media Type: **Peat Moss** Manufacturer: **preimer teck** Model Number: **st650**
Serial Number: **aac379** Maintenance Contract: **Yes**
Maintenance Provider: **oasis pump service**
System Hydraulic Loaded: **Yes** Gallons Loaded: **150** Discharge At Time of Inspection: **Yes**
CBOD Results (mg/L): **na** TSS Results (mg/L): **na** Disinfection Present: **No**
Disinfection Type: Tertiary Treatment Present: **Yes** Tertiary Treatment Type: **Soil Absorption Field**
Meets Setback to Well: **Yes** Well Type: **Private** Distance To Well (Ft.): **>100'**
GP4 Permitted: **No** GP4 Required: **No** Vent(s) Present: **Yes**
Media Present: **Yes** Outlet Found: **Yes** Sample Taken: **No**
System Located on Owner Property: **Yes** Easement Present: **N/A** Functioning as Designed: **Yes**
Comments: **media was replaced by Oasis pump service on 7/26/2023. Pump and alarm are in working order.**

Absorption Bed1

Distribution Type: **Distribution Box** Material Type: **Rock and PVC Pipe** Absorption Bed Width: **12'**
Absorption Bed Length: **30'** Total Absorption Area: **360** System Hydraulic Loaded: **Yes**
Gallons Loaded: **150** Meets Setback to Well: **Yes** Well Type: **Private**
Distance To Well (Ft.): **>100'** Absorption Bed Probed: **Yes** Saturation or Ponding Present: **No**
Grass Cover Present: **Yes** System Located on Owner Property: **Yes** Easement Present: **N/A**
Functioning as Designed: **Yes**
Comments:

General Secondary Treatment Comments:

Narrative Report

TOT Inspection Report Overall Narrative Comments: **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.



TIME OF TRANSFER INSPECTION TOT# 6350 LUKE OGDEN CERT # 6715

Owner Name: **Chad & Charity Loecke**

Address: **22399 186th Ave. , Manchester , IA 52057**

County: **Delaware**

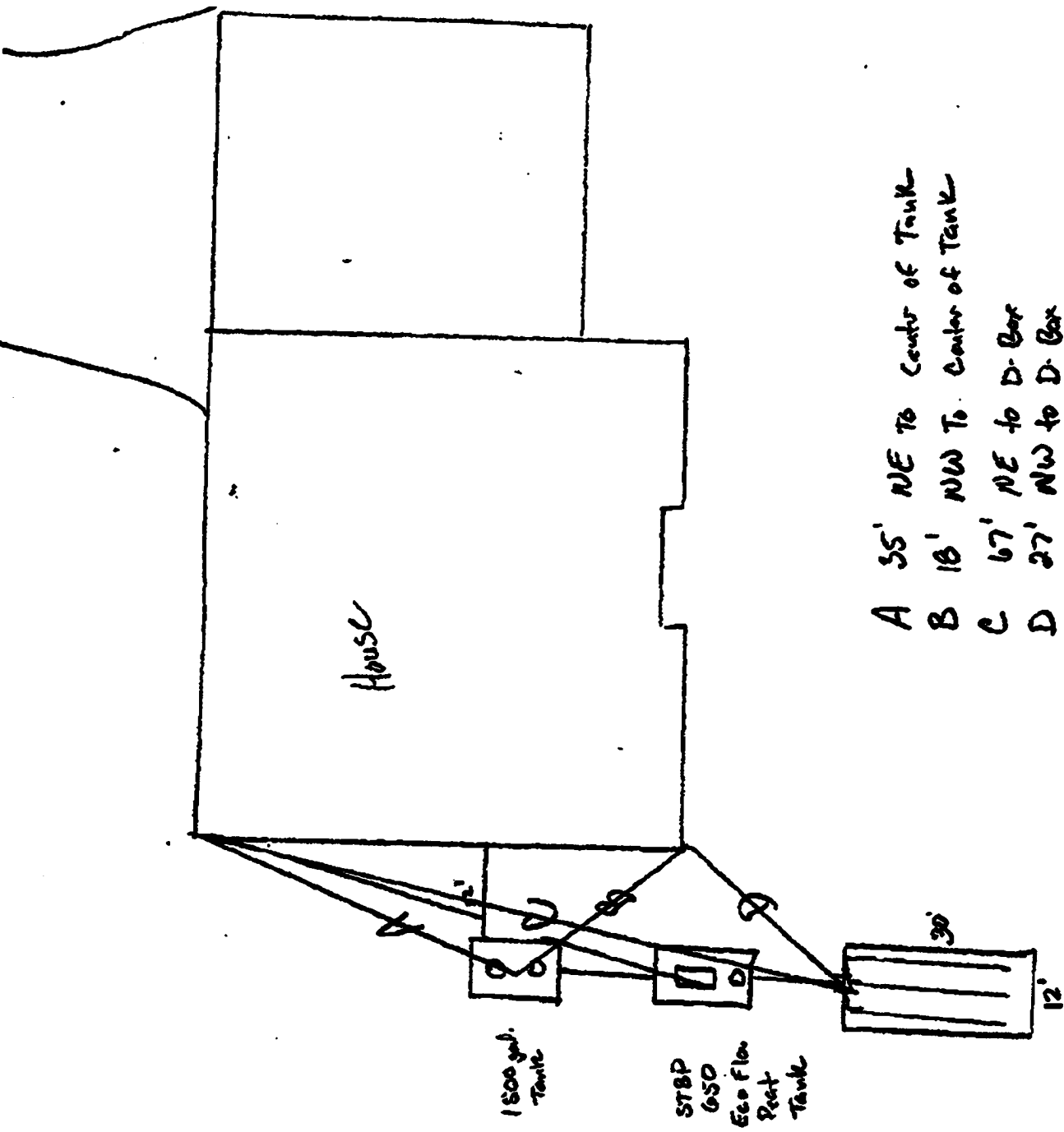
Inspection Date: **07/17/2023**

Submitted Date: **7/31/2023**

This page certifies a Time of Transfer inspection was conducted and submitted for the property listed above in accordance with Subrule 567 IAC 69.2(8).

Chad & Charity Locke
22399 223 st.
Manchester Iowa

1-1500 gal. Tank (Swales)
1-STBP 650 Peet Tank
Eco. Flo
1- 12' 30' Septic Field
Rock + Pipe



A 55' NE To Center of Tank
B 18' NW To Center of Tank
C 67' NE to D-Box
D 27' NW to D-Box

v 240 64 06 013 - 00

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) Permit No. 2210

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 22399-227th St 186th Ave NE 1/4 Sec 4 T-88-N R.5-W Township Milo

LOCATION: NE 1/4 Sec 4 T-88-N R.5-W

Owner: Chad Locki Tenant: _____ Plumber: Oasis

Lot Size: 1.9 Type Commercial: _____ Residential: (No. Bedrooms) 4

Fixtures: Sinks 3 Lavatories _____ Bath Tubs 3 Showers _____ Sinks 4 Automatic Laundry _____ Sump Pump _____

Septic Tank made by Jurals Garbage Grinder _____ Construction Material Concrete Gallons Cap. 1500

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

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

This system is new X Existing _____
Eco Flo Followed by 12 x 30

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 3-5-13

By Dennis Rye APPLICANT'S SIGNATURE

INSPECTOR SEAL