



Book 2025 Page 1617

Document 2025 GWH-1617 Type 53 001 Pages 1
Date 6/23/2025 Time 9:40:32AM
Rec Amt \$.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED 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: Timothy Felderman and Kristin Felderman
Address: 16297 188th Street, Manchester, IA 52057

TRANSFeree:

Name: James R. Reeder and Amy J. Reeder
Address: 716 E. Butler Street, Manchester, IA 52057

Address of Property Transferred:

16297 188th Street, Manchester, Iowa 52057

Legal Description of Property: (Attach if necessary)

Lot Three (3) of Prairie Hill Estates, a Subdivision of Parcel C and E in the Southwest Quarter of Section 18, and Parcel C in the Northwest Quarter of Section 19, Township 89 North, Range 5, West of the 5th P.M., according to plat recorded in Book 1999, Page 1731, and retracement plat recorded in Book 2021, Page 2253

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:

1) shared well located on this property; approximately 200'
SE of the SE corner of the house

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

Signature:

Telephone No.:

515-208-9491



IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 14325 LUKE OGDEN CERT # 6715

Site Information

Parcel Description: **140180400300**

Address: **16297 188th St, Manchester, IA 52057**

County: **Delaware**

Owner Information

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

Business Name:

Owner Name: **Tim Felderman**

Email Address:

Address: **16297 188th St, Manchester, IA 52057**

Phone No: **515-209-9491**

Site related information

No Of Bedrooms: **5**

Inspection Date: **03/24/2025**

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date:

Permit issued by County: **Yes**

Permit Number:

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): **1750**

Tank Material: **Concrete**

Tank Corrosion Type: **None**

Liquid Level Type: **Normal**

No. of Compartments: **3**

Pump Tank Chamber: **No**

Licensed Pumper Name: **st-49**

Date Pumped: **3/24/2025**

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:

General Primary Treatment Comments:

Distribution Type

Distribution Box 1

Label: Distribution Box 1	Material Type: Plastic	Accessible: Yes
Box Opened: Yes	Baffle Present: No	Speed Levelers Present: Yes
Watertight: Yes	Functioning As Designed: Yes	

General Distribution System Comments : **5 outlets were used. with a 9 hole distrubution box. top of box is 14" below grade.**

Secondary Treatment

Absorption Bed1

Distribution Type: Distribution Box	Material Type: Rock and PVC Pipe	Absorption Bed Width: 20
Absorption Bed Length: 60	Total Absorption Area: 1200	System Hydraulic Loaded: Yes
Gallons Loaded: 300	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: **Bed has 5-60' lines of rock and pipe.**

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 Well & Pump, LLC 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 Well & Pump, LLC 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.



IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 14325 LUKE OGDEN CERT # 6715

Owner Name: **Tim Felderman**

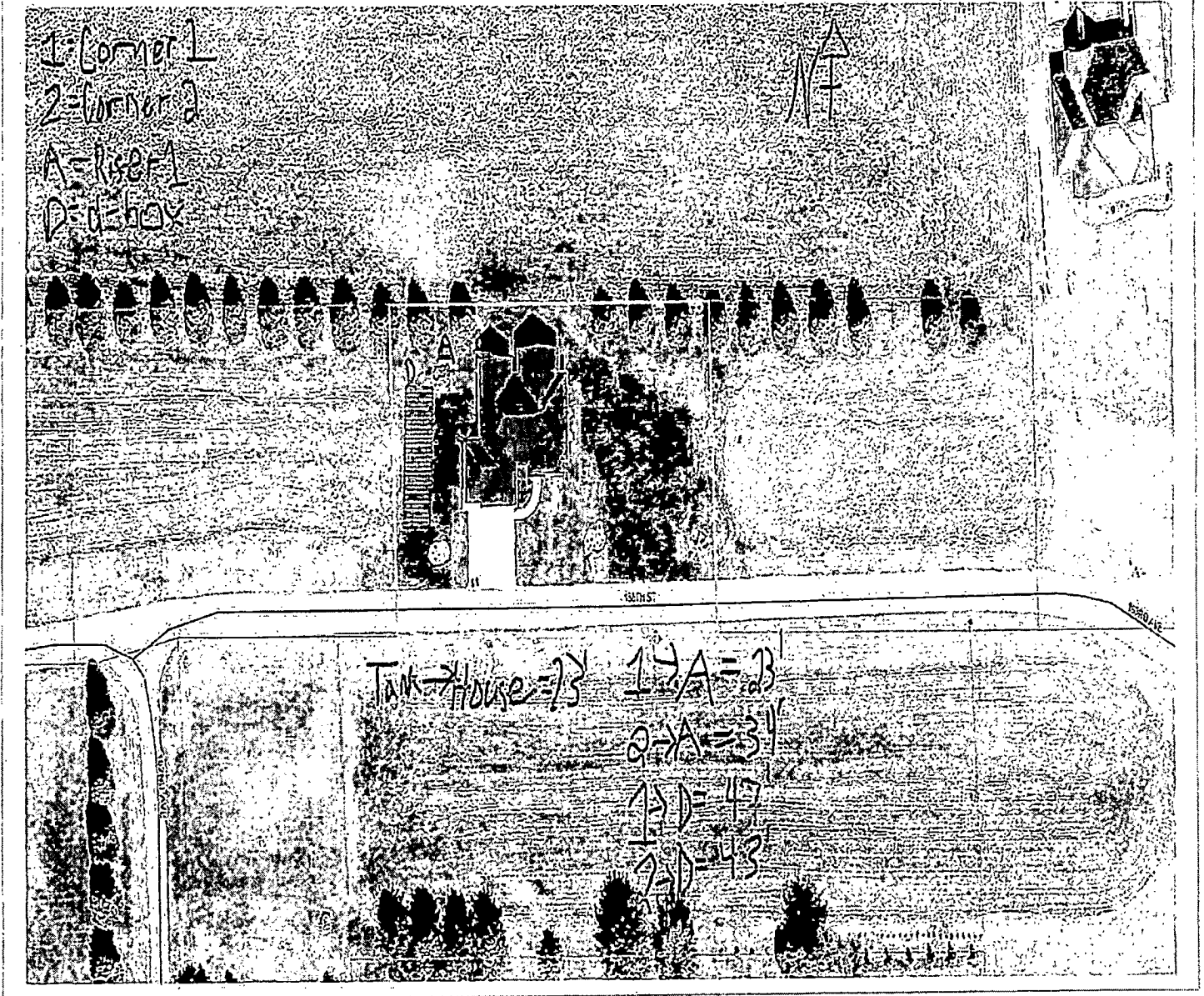
Address: **16297 188th St, Manchester, IA 52057**

County: **Delaware**

Inspection Date: **03/24/2025**

Submitted Date: **3/25/2025**

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).



DELAWARE COUNTY

BOARD OF SUPERVISORS

PERMIT NO. 3069

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS 16297 188th St SECTION 18 TOWNSHIP Delaware

Owner Tim Felderman Plumber Oasis

LOCATION SEC 18 T 89 N R 5 W Parcel# 140180400300

Lot size 87 acres Type Commercial Residential (No. Bedrooms) 4

Fixtures: Stools Bath tubs Showers Sinks Lift Pump

Septic tank made by Sales Construction Material concrete Gallon Cap 1750 3 comp

Absorption Field: Total length of Laterals No. of lateral lines Size of leach bed 20 X 60

Trench Material R/P Secondary Treatment Type Serial No.

This system is new construction ☒ Existing

I certify that the above information is correct and that all proposed work will be completed in accordance with Delaware county Regulations.

Delaware County Septic System Disclaimer

The issuance of a permit and the completion of the inspection required by Delaware County Ordinance No. 40 do not serve as any type of warranty, guarantee, or certification regarding the proper functioning of a private septic system for any period of time in the future. Delaware County and its employees or agents are unable to supervise or monitor the numerous factors (usage, soil characteristics, previous failures, etc.) that may affect the proper operation or the use and maintenance of the system.

The issuance of a permit and/or the completion of the inspection do not constitute any type of warranty, guarantee, or certification regarding the impact the system is or is not having on the groundwater. Delaware County and its employees or agents are not able to determine the impact a septic system is having on the groundwater.

Delaware County hereby **DISCLAIMS ALL WARRANTIES**, either expressed or implied, associated with this permit and the inspection required under Ordinance No. 40.

By signing below, I acknowledge that I have received and read the above disclaimer.

Name [Signature] Date 11/23/21
Applicant

I have studied the information contained herein and certify that the application complies with Delaware County Ordinance No. 40 and Iowa Administrative Code 567—69, Private Sewage Disposal Systems.

Name [Signature] Date 10/20/2021
Delaware County Representative

DELAWARE COUNTY SANITATION

EnvTrack #

Permit # 3069

Application # _____

Completion Report for Private Sewage Disposal System

Owner: Tim Felderman

Site Address: 16297 188th St

Township: Delaware

Parcel #: _____ Lot # _____

Legal S-T-R _____

Mailing Address: _____

Contractor: Oasis

Bedroom #: 4

Water Supply: Private

Primary Treatment: Latitude: _____

Longitude: _____

Septic Tank Volume (g): 1750 Manuf: Swales Material: crete # Pieces: 1 # Cmp: 3

Riser Ht Lid 1 (in): _____ Riser Ht Lid 2 (in): _____ Filter Brand: _____ Diameter (in): _____ 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: _____ Longitude: _____ Depth: 14"

Subsurface Absorption Type: RIIP Chamber Manuf: _____ Lineal Ft: 9 # Trenches: _____

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

Surface Absorption Type: RIP bed Overall length (ft): 60 Overall width (ft): 20

Rock bed length (ft): _____ Rock bed width (ft): _____ Length of laterals (ft): _____ # Laterals: 5

Header pipe diameter (in): 4 Rock type: Lime Distance to well (ft): >100 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.

Map on GIS

Was any portion of the field covered before the inspection: NO System installation approved: 10/20/21

Date of Final Inspection: 11/23/21 Environmental Health Specialist: _____

Scanned ☐

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

