Book 2009 Page 2964
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Date 7/28/2009 Time 2:38:00PM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name James F. Holtz and Lois A. Holtz

Address 135 Winslow Drive, Manchester, Iowa 52057

Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:

Name Jerry A. Holtz

Address 1246 160th Avenue, Strawberry Point, Iowa 52076

Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:

1246 160th Avenue, Strawberry Point, Iowa 52076

Number and Street or RR | City, Town, or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) Parcel "C" Being Part Of The Fractional Southwest Quarter Of The Northwest Quarter (Fr. SW¼-NW¼) And Part Of The Fractional Northwest Quarter Of The Southwest Quarter (NW¼-SW¼) Of Section 18, Township 90 North, Range 5 West Of The Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 2009, Page 1748.

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, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.
   - ☐ There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.
3. **Hazardous Wastes (check one)**
   - ☑ There is no known hazardous waste on this property.
   - ☐ There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.

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)**
   - ☐ There are no known private sewage disposal systems on this property.
   - ☑ There is a private sewage disposal system on this property. A certified inspector's report is provided 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 oesources.
   - ☐ There is a private sewage disposal system on this property. t eather 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 provided with this form.
   - ☐ There is a 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.

Information required by statements checked above should be provided here or on separate sheets attached hereto:

① Approximately 5' South of house; functional

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

Signature: Sheri S. Carr (Transferor or Agent) Telephone No.: 563-927-4164

FILE WITH RECORDER **DNR form 542-0960 (February 1, 2009)**

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

Property information
Current Owner James + Lois Holtz
Buyer Jerry Holtz Realtor
Mailing Address 1246 160th Ave Strawberry Point, Ia 52076

Site Address/County 1246 160th Ave. Strawberry Point, Ia Delaware

No. of Bedrooms 3 Last Occupied? ____ Disposal? Y /(N) Softener? (Y)/ N H_2O Supply? ____

Records Available ____ Permit/Installation Date #237 (93) (Year) Installer Roger Groth

Septic System Information
Septic Tank(s): Size 1500 Material Concrete Condition Good
Tank Pumped? Yes Date 7/16/09 Licensed Pumper Donnie Kuehl
Septic/Trash/Processing Tank: Size NA Material ____ Condition ____
Tank pumped? ____ Date ____ Licensed Pumper ____

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

Pump Ttanks/Vaults: Type ____ Size ____ Condition ____

Distribution System: Distribution Box Yes Outlets Used 3 Condition Good
Header Pipe(s) 3 Number of Lines three 75 ft Lines
Pressure Dosed? No

Secondary Treatment
Length of Absorption Fields ____ Determined by ____
Condition of Fields ____ Determined by ____
Type of Trench Material ____

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? Yes Unacceptable? _____

Explain (attach additional pages as needed): The absorption field was Probed and showed no signs of excessive water. Garden plant & crop Look good.

Comments: Sewer systems appear to be working properly

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: Donnie Kuehl Date: 7/16/09
Name (print): Donnie Kuehl Certficate #: _____
Address: 39342 Hilton Road Edgewood, Iowa 52042
Phone # 563-928-6418