Book 2009 Page 3340
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Date 8/24/2009 Time 3:06:28PM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:
Name Jeffrey J. Bente and Julie A. Bente

Address 2247 185th Ave., Manchester, IA 52057
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Nicholas M. Downs and Kendra L. Downs

Address 120 Gay Street, Manchester, IA 52057
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
2247 185th Ave., Manchester, IA 52057
Number and Street or RR | City, Town, or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) See 1 in Addendum

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. Located to West of house behind garage
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.

FILE WITH RECORDER **DNR form 542-0960 (June 26, 2009)**

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 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 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. When the inspection is completed, an amended Groundwater Hazard Statement shall be recorded with the certified inspection and shall include the document numbers of both the real estate transfer document and the original Groundwater Hazard Statement.
- ☐ 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.
- ☐ This property is exempt from the private sewage disposal inspection requirements pursuant to the following exemption: _____.
- ☐ 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:

_____

_____

_____

_____

_____

_____

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

Signature: Julie Berta (Transferor or Agent) Telephone No. (563) 920-2597

FILE WITH RECORDER **DNR form 542-0960 (June 26, 2009)**

Addendum

1. Lot Six (6) except the South sixty six (66.0) feet thereof, and Lot Seven (7) of K and J Pin Oak Subdivision of part of the Northeast Quarter (NE 1/4) of the Southwest Quarter (SW 1/4) of Section Four (4), Township Eighty Eight (88) North, Range Five (5), West of the Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 3 Plats, Page 44; and that part of the Northeast Quarter (NE 1/4) of the Southwest Quarter (SW 1/4) of Section Four (4), Township Eighty Eight (88) North, Range Five (5), West of the Fifth Principal Meridian described as commencing at the center of said Section Four (4), and running thence West one hundred seventy three and eight-tenths (173.8) feet to the point of beginning, thence West forty (40.0) feet, thence South two hundred ninety four (294.0) feet, thence East forty (40.0) feet, thence North two hundred ninety four (294.0) feet to the point of beginning.

McL[illegible]s Plumbing, Heating and A[illegible]

200 1st Ave E * PO BOX 687 * Cascade, IA [illegible]033
563-852-3612 * Fax 563-852-7547

Homeowners: Jeff. Rente, 2247 185th Ave, Manchester Iowa

Age of Property 9 yrs Occupied (Yes or No)

Inspection Co: McLees Plbg & Htg

Date of Inspection: 7/24/09

Does this evaluation/inspection meet the requirements of state and local agencies? Yes X No ___ N/A ___

Section 1:

Location of the system: East West North (South)
Was Water run into the system for 30 minutes? X Yes ___ No
Does the septic tank have a visible riser? X Yes ___ No
Estimated size of tank 1080 Gallons *Basis for estimate:* L W x H
What is the separation between well and septic? 110
Does the separation of the well and septic meet local requirements? (Yes) No N/A

Section2: 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 X Concrete ___ Fiberglass ___ Other
Liquid Level in tank X Normal ___ Below Normal ___ Above Normal
Access opening in tank X One ___ Two ___ Three ___ None
Number of risers X One ___ Two ___ Three ___ None
Condition of baffles and or sanitary tees: Good
Inlet baffle or "T" X Present and functional X Not functional ___ None present ___ Not Visible
Outlet baffle or "T" X Present and functional X Not functional ___ None present ___ Not Visible
Tank was pumped X Yes ___ No (if no please explain below)
Is system adequately sized for # of Bedrooms X Yes ___ No 3 # of Bedrooms: ___
Is system adequately sized for # of Bathrooms X Yes ___ No 2 # of Bathrooms: ___
System working Properly X Yes ___ No (if no please explain below)

Additional Comments / Repairs needed:

D-BOX REPLACED 7/09 DUE TO POOR CONDITION

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 is 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: Max McLees Date: 7/24/09

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

Property information

Current owner Jeff BENTE
Buyer Nick & Kendra DOWNS Realtor Theresa TURNIS
Mailing address 2247 185th AVE MANCHESTER IOWA

Site Address/County 2247 185th AVE MANCHESTER IOWA
Legal Description K & S Pin Oak Subd. Lot 6 EXS 160' all lot 7 + Pt NE SW AS Desc B 129 P128
Sec 4 - Twn - 88 - RAnge - 5

No. of bedrooms 3 Last occupied? _____ Records available NO

Permit/installation date _____ Separation distances ok/ no? _____

Septic system information

Septic tank(s): size 1000 Gal material Concrete condition Good
Tank pumped? Yes date 7/17/09 licensed pumper Harden Pumping
Septic/trash/processing tank: size _____ 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 tanks/vaults: type _____ size _____ condition _____

Distribution system: distribution box Yes outlets used 3 condition Replaced 7/09
Header pipe(s) _____ # of lines 3 Pressure dosed? _____

Secondary treatment:
length of absorption fields 3-100' determined by PROBING
condition of fields Good determined by Visual (dug up)
type of trench material 1" Clean Rock

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 provided _____

Time of Transfer Inspection Worksheet

Other components:
Alarms No Working? _____ disinfection _____ working? _____

Control box _____ Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status FUNCTIONING PROPERLY

Explain (attach additional pages as needed): _____

Comments: D-BOX REPLACED DUE TO POOR CONDITION

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 and attach a site sketch.

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: Mari M-Lees Date: 7/24/09
Name (print): MARI M°LEES Certificate #: 3948
Address: 200 1st AVE EAST
Phone # 563 852 3612

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

Jeff Bente
2247 185th Ave
Manchester Iowa

