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Document 2010 GWH-597 Type 53 001 Pages 7
Date 3/03/2010 Time 10:32:30AM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Andrew and Melaine Loesche Revocable Trust

Address 1914 Hwy 13, Manchester, Iowa 52057 (Barbara A. Recker)

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

TRANSFEREE:

Name Daniel R. Ries

Address 1693 - 265th Avenue, Earlville, Iowa 52041

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

Address of Property Transferred:

Farmland State Hwy 13, 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.
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.
   - ☐ 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:

1. Wells - Well located 10 feet south of center house.

4. Underground Storage Tank - Open manure pit located north of hog house and second open pit west of hog house. Two underground manure pits located five feet from east end of white barn and second one located 10 feet from southwest corner of white barn.

6. Private Sewage Disposal System - Septic tank located approximately 20 feet from northwest corner of house. See attached certified inspector's report.

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

Signature: Jeanne L Rinkin trustee (Transferor or Agent) Telephone No.: 563-927-4345

Addendum

1. An undivided one-half interest in:
The Southeast Quarter (SE¼) of the Southwest Quarter (SW¼) of Section Seventeen (17), Township Eighty Nine (89) North, Range Five (5), West of the Fifth P.M., except that part included in Loesche Family Subdivision Part Of The SW¼-SE¼ And Part Of the SE¼-SW¼ of Section 17, And Part Of The NE¼-NW¼ Of Section 20, All In T89N, R5W Of The Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 2009, Page 4734; also except any part included in Lot Three (3) of Lux Trust Subdivision Of Part Of Parcel 3 Of Hayes Subdivision Of Part Of The SE¼ SW¼ And Of The SW¼, SE¼ Of Section 17, And Part Of The NW¼ And N½, SW¼ and The W ½, NE ¼ Of Section 20, All Of T89N, R5W Of The 5th P.M.; And Part Of The NE ¼, NW ¼ Of Section 20, T 89N, R5W Of the 5th P.M., Delaware County, Iowa, according to plat recorded in Book 6 Plats, Page 212; also Lot Two (2), Three (3), Four (4), Five (5), Six (6) and Seven (7) of Loesche Family Subdivision Part Of The SW¼-SE¼ And Part Of The SE ¼-SW¼ Of Section 17, And Part Of The NE¼-NW¼ Of Section 20, All In T89N, R5W Of The Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 2009, Page 4734.

Harter Custom Pumping, Inc & Septic Service

Robb Harter * Owner/ Operator
3031 160th Street Dyersville, IA 52040 * 563-875-8730 or 563-542-1010

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Homeowners: Drew Loescle

Age of Property 30 yrs new
Occupied
(Yes) or No

Inspection Co: Harter Septic
9-29-09
Date of Inspection: 9-29-09

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? (Yes) No
Does the septic tank have a visible riser? (Yes) No
Estimated size of tank 1250 Gallons *Basis for estimate*
What is the separation between well and septic? 100
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:
Inlet baffle or "T" X Present and functional ___ Not functional ___ None present ___ Not Visible
Outlet baffle or "T" X Present and functional ___ 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 # of Bedrooms: ___
Is system adequately sized for # of Bathrooms X Yes ___ No # of Bathrooms: ___
System working Properly X Yes ___ No (if no please explain below)

Additional Comments / Repairs needed:

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 Robb Harter Date: 9-29-09

ST-258

Time of Transfer Inspection Report

Other components:
Alarms _____ Working? _____ disinfection _____ working? _____

Control box _____ Timers_____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status _____

Explain (attach additional pages as needed): _____
_____

Comments: _____
_____
_____

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: Robb Harter Date: 10-1-09
Name (print): Robb HARter Certificate #: 358
Address: 3031 160St
Phone # 563-542-1010

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

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

Fred
880-8645

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

Property information

Current owner Loesche ANDREW
Buyer DAN Ries Realtor —
Mailing address

Site Address/County Hy 13
Legal Description

No. of bedrooms X Last occupied? Records available yes

Permit/installation date 2002 Separation distances ok/ no? ok

Septic system information

Septic tank(s): size 1250 material concrete condition good
Tank pumped? yes date 10-1-09 licensed pumper 99-200206
Septic/trash/processing tank: size material condition
Tank pumped? yes date licensed pumper 99-200206

Aerobic treatment unit (ATU) mfgr size
Tank pumped? date licensed pumper
Maintenance contract? expiration date service provider
Condition

Pump tanks/vaults: type size condition

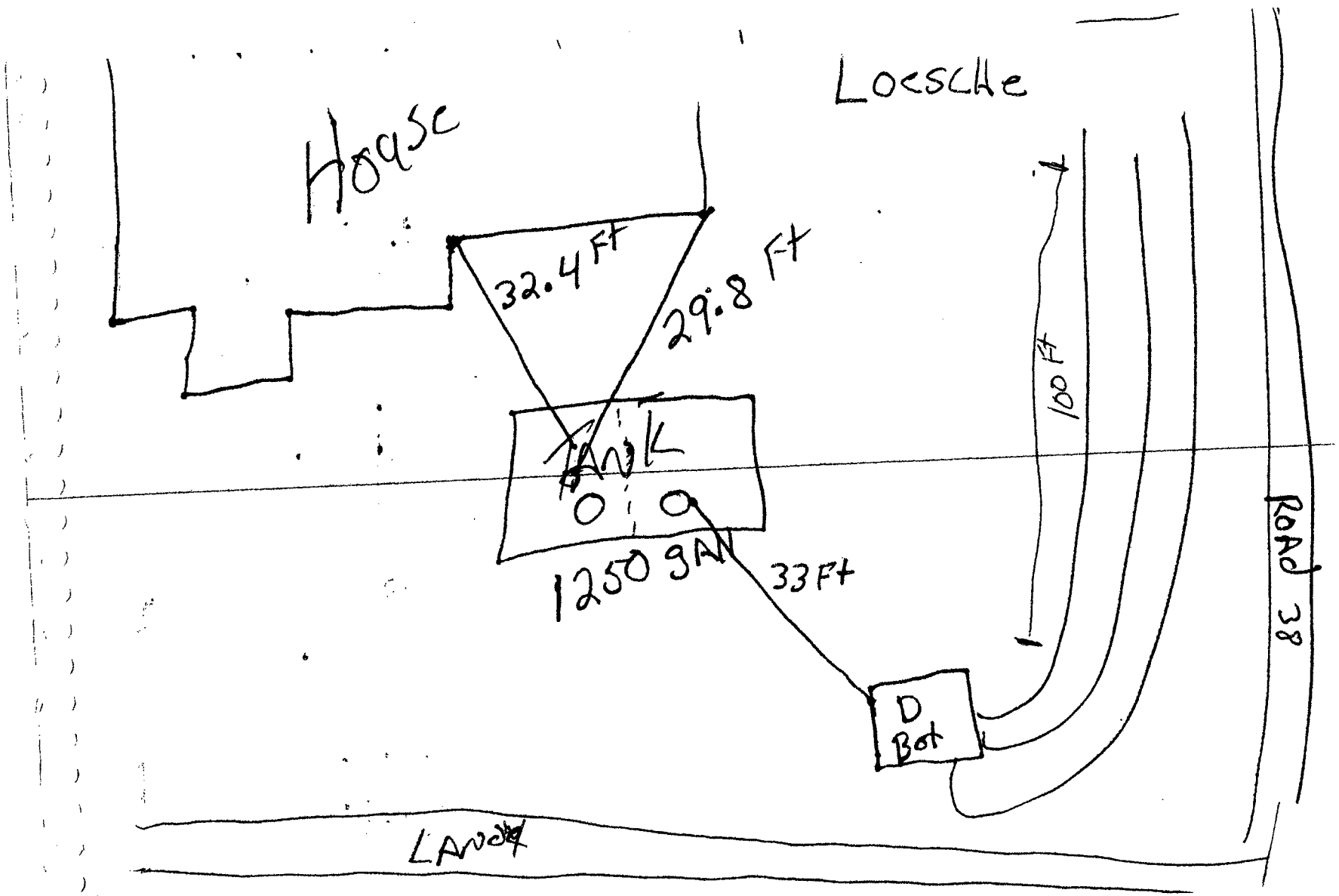
Distribution system: distribution box outlets used condition
Header pipe(s) # of lines Pressure dosed?

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 provided


House
Loesche
32.4 Ft
29.8 Ft
100 Ft
Tank
1250 gal
33 Ft
D
Bot
ROAD 38
Lawn