Book 2010 Page 1294
Document 2010 GWH-1294 Type 53 001 Pages 7
Date 5/03/2010 Time 9:51:54AM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:
Name William J. Roling

Address 2671 220th Avenue, Delhi, Iowa 52223
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Matthew J. Parmely

Address 1102 Keokuk Avenue, Hazelton, Iowa 50641
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
2671 220th Avenue, Delhi, Iowa 52223
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:

- Well is located on the North side of the house
- Septic system is on the west side 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: _____ (Transferor or Agent) Telephone No.: 563-920 5837

Addendum

1. Lot Six (6) of Keith's Hartwick Hill Estates, a subdivision of part of the Southwest Quarter of the Northwest Quarter, and part of the Northwest Quarter of the Southwest Quarter of Section 30, Township 88 North, Range 4 West of the 5th P.M., Delaware County, Iowa, according to plat recorded in Book 2006, Page 2711 in the Office of the Recorder of Delaware County, Iowa, subject to all easements of record, and subject to the Restrictions and Covenants for Keith's Hartwick Hill Estates which are filed for record in Book 2006, Page 2959 in the Office of the Delaware County Recorder.

Harter Custom Pumping, Inc & Septic Service

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

****

Homeowners:
William Rding
26671 210th Ave
Delhi, 52223

Age of Property
2007
Occupied
(Yes) or No

Inspection Co:
Robb Harter
3031 160th St Dyersville
Date of Inspection: 4-17-10

Does this evaluation/inspection meet the requirements of state and local agencies? Yes____ 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 1500 Gallons *Basis for estimate*
What is the separation between well and septic? 70 ft
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 ✓ Concrete ___ Fiberglass ___ Other
Liquid Level in tank ✓ Normal ___ Below Normal ___ Above Normal
Access opening in tank ___ One ✓ Two ___ Three ___ None
Number of risers ___ One ✓ Two ___ Three ___ None
Condition of baffles and or sanitary tees:
Inlet baffle or "T" ✓ Present and functional ___ Not functional ___ None present ___ Not Visible
Outlet baffle or "T" ✓ Present and functional ___ Not functional ___ None present ___ Not Visible
Tank was pumped ✓ Yes ___ No (if no please explain below
Is system adequately sized for # of Bedrooms ✓ Yes ___ No # of Bedrooms: ___
Is system adequately sized for # of Bathrooms ✓ Yes ___ No # of Bathrooms: ___
System working Properly ✓ Yes ___ No (if no please explain below)

Additional Comments / Repairs needed:

Pump Tank very 3-5 years

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: 4-17-10

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

Property information

Current owner William · Aimee Raing
Buyer Matthew · Jessa Parmely Realtor _____
Mailing address 2671 210th Ave Delhi 52223

Site Address/County 2671 210th Ave Delhi 52223
Legal Description _____

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

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

Septic system information

Septic tank(s): size 1500 material concrete condition good
Tank pumped? Yes date 4-19-10 licensed pumper 99-200206
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? Yes date 4-10-2010 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 _____

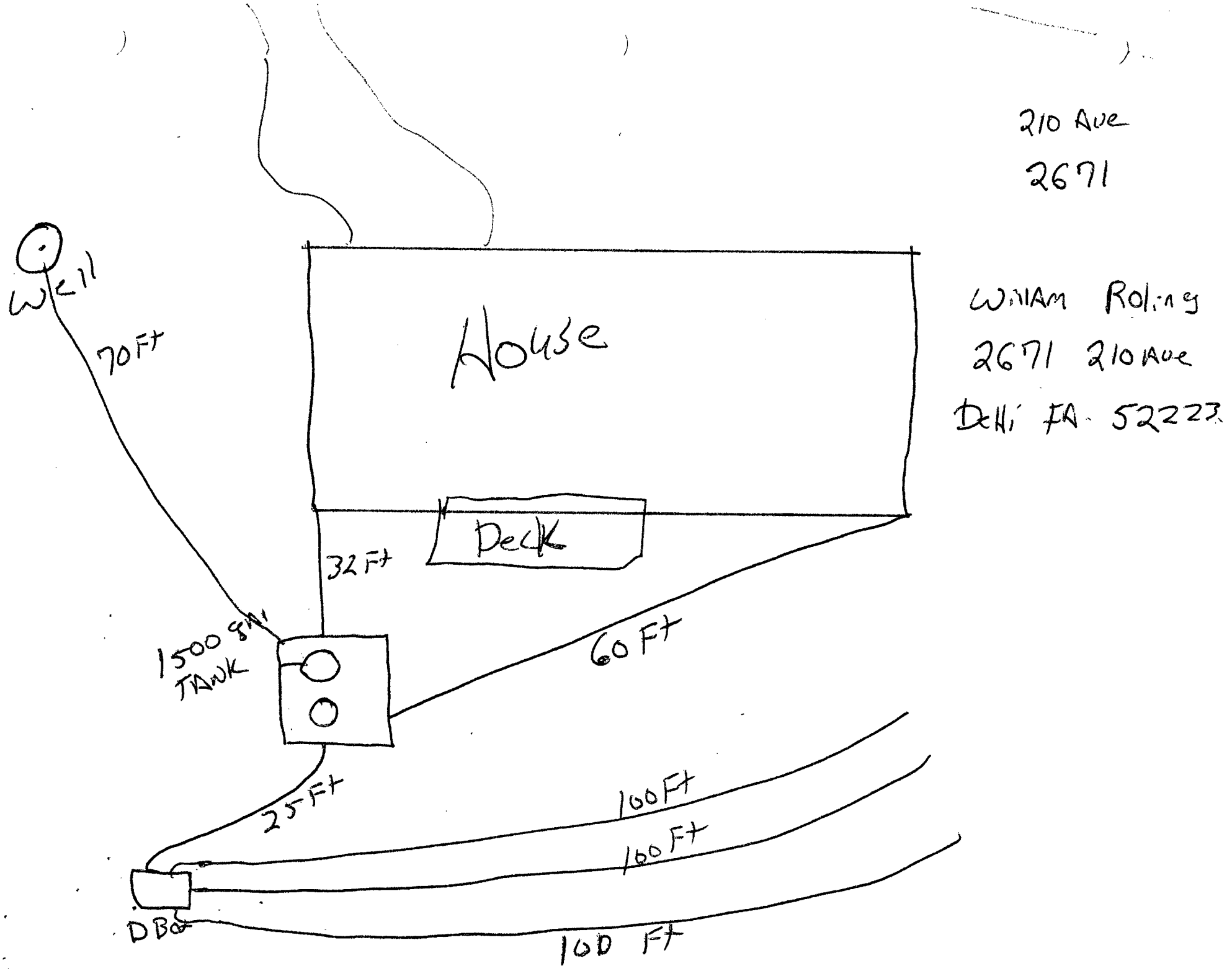
Distribution system: distribution box _____ outlets used _____ condition _____
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields 300 Ft determined by Robb
condition of fields good determined by Robb
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 _____


210 Ave
2671
Well
70Ft
House
William Roling
2671 210 Ave
Dell FA 52223
Deck
32 Ft
1500 gal
TANK
60 Ft
25 Ft
100 Ft
100 Ft
DBo
100 Ft

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 All in working condition.

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: 4-17-2010
Name (print): Robb HARTER Certificate #: 358
Address: 3031 160 St Dyersville IA 52040
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