Book 2010 Page 3121
Document 2010 GWH-3121 Type 53 001 Pages 6
Date 10/13/2010 Time 9:35:24AM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:
Name Melissa A. Hite, n/k/a Melissa A. Traver & Daniel Robert Traver

Address 2407 Buckingham Drive NW, Apt. 306, Cedar Rapids, IA 52405
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Chad A. Mormann and Natalie Mormann

Address 1197 Candle Rd., Manchester, IA 52057
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
1197 Candle Rd., Manchester, IA 52057
Number and Street or RR | City, Town, or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) Parcel B located in the NE 1/4 of Section 29 Twp. 89 North, Range 6 West of the 5th P.M. Delaware County, Iowa, according to plat recorded in Book 7 Plats, Page 114

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)**
   - [X] 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)**
   - [ ] All buildings on this property are served by a public or semi-public sewage disposal system.
   - [ ] This transaction does not involve the transfer of any building.
   - [X] 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.
   - [ ] 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.
   - [ ] There is a building served by private sewage disposal system on this property. 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.
   - [ ] 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 #9]
   - [ ] This property is exempt from the private sewage disposal inspection requirements pursuant to the following exemption [Note: for exemption #9 use prior check box]: _____.
   - [ ] 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:

SEE WELL LOCATION ON DIAGRAM ON PAGE #6

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.: (319) 721-4764

FILE WITH RECORDER **DNR form 542-0960 (Sept. 1, 2010)**

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:	Age of Property	Inspection Co:
Melissa Traver	6-7-00	Robb Harter
1197 Cardic Rd	Occupied	3031 160 St Dyersville IA 52040
Manchester 52057	Yes or No	Date of Inspection:

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 1250 Gallons *Basis for estimate*

What is the separation between well and septic? 91 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 X Concrete Fiberglass Other

Liquid Level in tank X Normal Below Normal Above Normal

Access opening in tank One X Two Three None

Number of risers One X 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:

Keep Hand Pump. 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: 9-17-2010

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

Property information

Current owner Melissa Traver
Buyer Chad & Natalie Mormann Realtor Robert Wendt, First State
Mailing address _____

Site Address/County 1197 Candle Rd Manchester, IA 52057 Delaware
Legal Description _____

No. of bedrooms 5 Last occupied? 4-1-2010 Records available _____

Permit/installation date 6-7-00 Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1250 material Concete condition good
Tank pumped? Yes date 9-17-2010 licensed pumper 99-200206
Septic/trash/processing tank: size 1250 material concete condition good
Tank pumped? 99-200206 date 9-17-2010 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 Yes outlets used 3 condition good
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields 3x 100FT determined by Probe
condition of fields good determined by Probe
type of trench material Rock-Pipe

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 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 good working condition.

Explain (attach additional pages as needed): _____

Comments: Keep tank pump every 3-5 years.

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.

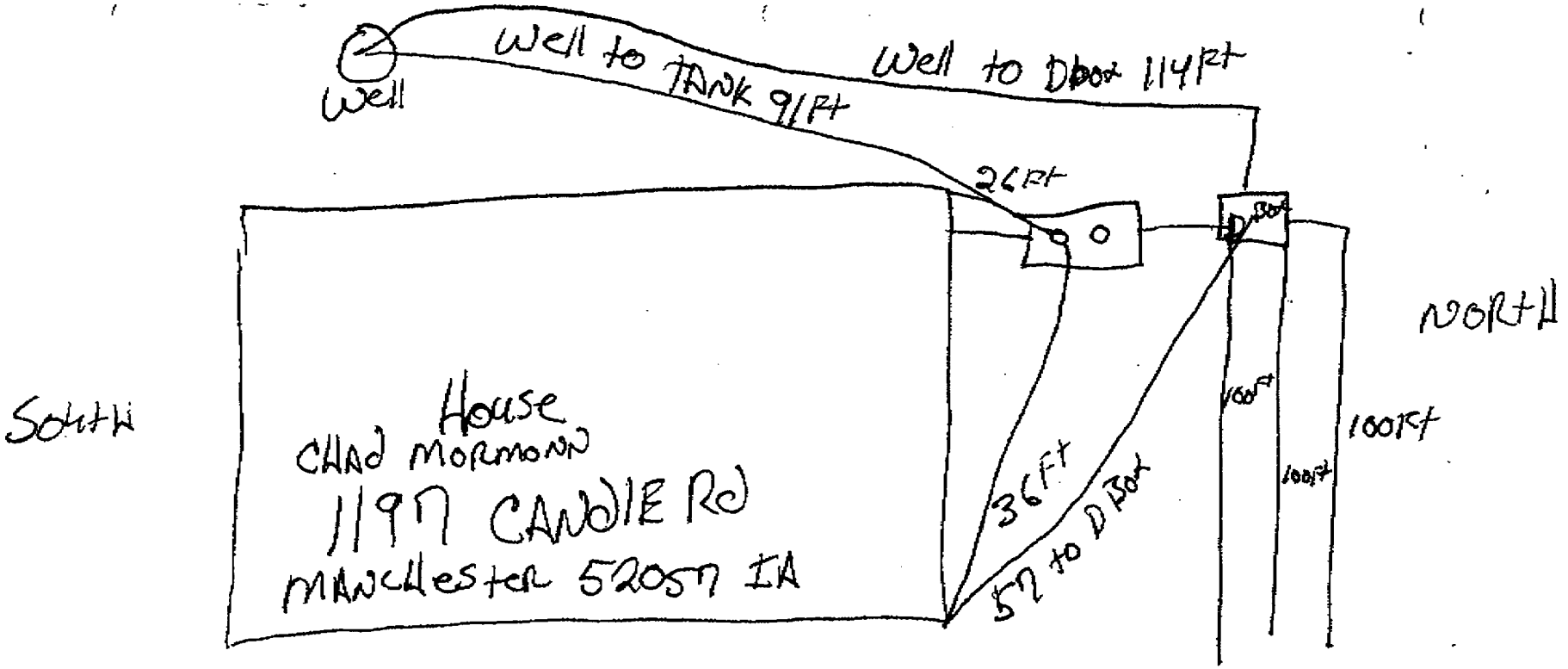
Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

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: 9-17-2010
Name (print): Robb Harter Certificate #: 358
Address: 3031 160 St Dyersville 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



N.E. OF House to TANK 36 Ft
N.E of House to D Box 57 Ft
N.W of House to TANK 26 Ft
TANK to well 91 Ft
Well to D Box 114 Ft

EAST

09/20/2010 18:38 5638758730 HARTER CUSTOM PUMPIN PAGE 06/06
09/21/2010 5:44AM (GMT-07:00)