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Date 2/23/2011 Time 1:26:59PM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name DONNA J. SUTTON REVOCABLE TRUST

Address 6445 HWY 30, ELY, IA 52227
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:

Name DANIEL J. GOEBEL

Address 1356 150TH ST, DUNDEE, IA 52038
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
2313 110TH AVE, MASONVILLE, IA 50654
Number and Street or RR | City, Town, or P.O. | State | Zip

Legal Description of Property: (Attach if necessary)

THE NORTHEAST QUARTER (NE 1/4) OF THE NORTHEAST QUARTER (NE 1/4) OF THE NORTHEAST QUARTER (NE 1/4) OF SECTION SEVEN (7), TOWNSHIP EIGHTY EIGHT (88) NORTH, RANGE SIX (6), WEST OF THE FIFTH P.M.

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:

Well is located between the SW Corner of the 2 stall detached garage by 20 ft. Also 27 feet NW of the NW Corner 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: Donna J. Sutton Trustee (Transferor or Agent) Telephone No.: (563) 495-6829

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

Property information

Current owner Donna Sutton
Buyer _____ Realtor F & G Realty
Mailing address 202 W Franklin Manchester IA

Site Address/County 2313 110 Ave Masonville Iowa
Legal Description ~~[illegible]~~ @ ~~[illegible]~~

No. of bedrooms 2 Last occupied? _____ Records available _____

Permit/installation date 7-29-97 Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1000 material concrete condition good
Tank pumped? yes date 10-25-2009 licensed pumper ST 49
Septic/trash/processing tank: size NA material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

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

Pump tanks/vaults: type NA size _____ condition _____

Distribution system: distribution box plastic outlets used 2 condition good
Header pipe(s) NA # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields 100' determined by permit
condition of fields good determined by 30 minute test
type of trench material 10" with sock no Rock

Size of sand filter NA determined by _____
Vent pipes above grade? _____ discharge pipe located? _____
Effluent sample taken? _____ Results _____

Media filters: type NA
Maintenance contract? _____ expiration date _____ service provider _____
Condition _____

NPDES General Permit No. 4: required? _____ permitted? _____ NOI provided _____

Time of Transfer Inspection Worksheet

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

Control box N A Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status System in good condition

Explain (attach additional pages as needed): _____

Comments: tank under concrete patio / D Box under Patio (Cut concrete to get to D Box / Run 30 minute test No Backup /

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: Bill Downs Date: 10-4-2010
Name (print): Bill Downs / D&S Portables Inc Certificate #: 8880
Address: 1497 110th Ave Dunlee IA 52038
Phone # 563-924-2225

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

SEWAGE DISPOSAL SYSTEM

INFORMATION — FINAL INSPECTION

PERMIT NO: 594 — APPLICANT: Greg Sutton

PLUMBER: Eastern Sanitation — LOCATION _____

ADDRESS: _____

PERCOLATION TESTS: #1 _____ #2 _____ #3 _____ #4 _____

SEPTIC TANK SIZE: _____ COMPARTMENTS: _____

MANUFACTURER: Swales — DEPTH: 1'

DISTANCE FROM HOUSE: 16' — WELL: 100 +

DISTRIBUTION BOX: DEPTH: 23" — LEVEL: ✓

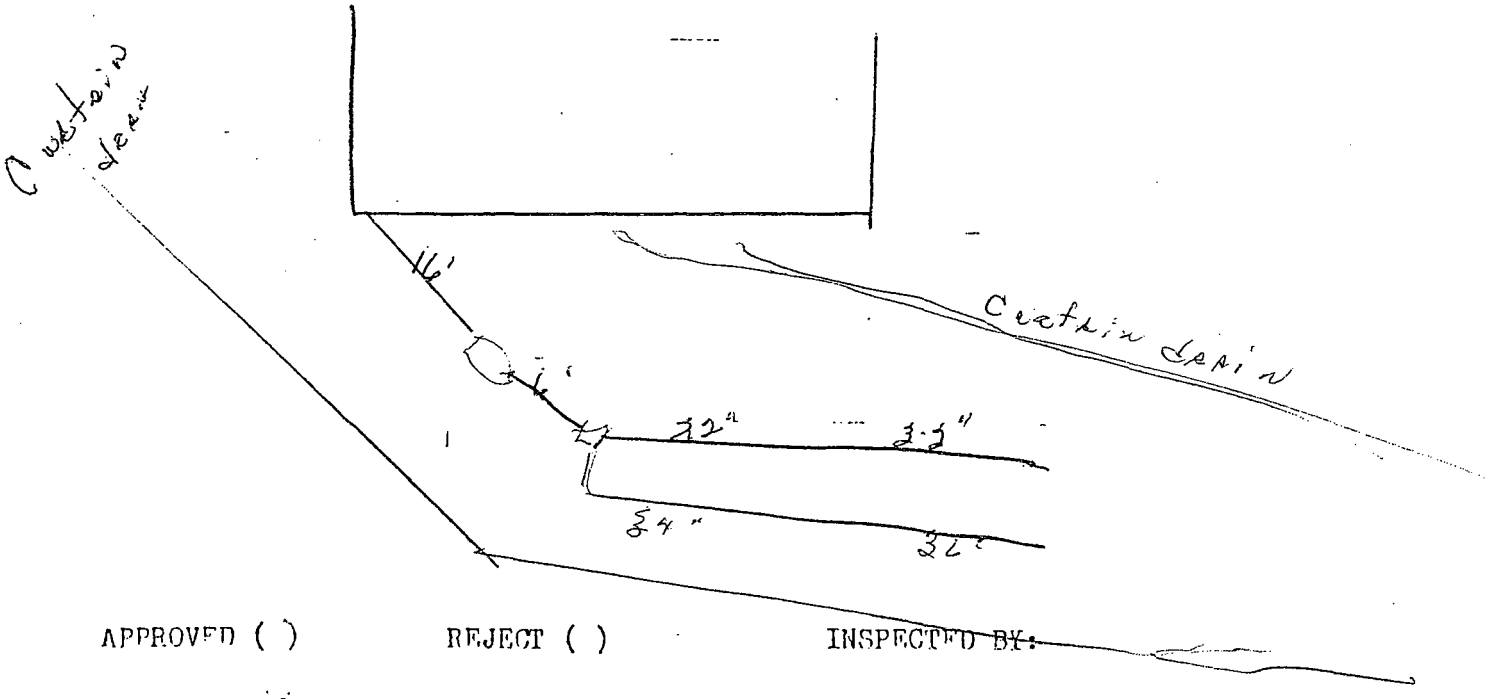
DISTANCE FROM HOUSE: 25' — WELL: 180 +

TRENCH #1 LENGTH: 100' WIDTH: 24 DEPTH: 29" - 31"

TRENCH#2 LENGTH: 100 WIDTH: 24 DEPTH: 34" - 36"

TRENCH#3 LENGTH: _____ WIDTH: _____ DEPTH: _____

TRENCH#4 LENGTH: _____ WIDTH: _____ DEPTH: _____



APPROVED ( ) REJECT ( ) INSPECTED BY: _____

DELAWARE COUNTY
BOARD OF SUPERVISORS (Print or Type) **Permit No.** 594

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 110 Nue Manchester Section 4 Township Treire

LOCATION: NE/4 of SW/4 of NE/4 T-38 N R6W

Owner: Greg Sutton Tenant: _____ Plumber: Eastern Pa Drainage

Lot Size: 12 Acres Type Commercial: _____ Residential: (No. Bedrooms) 3

Fixtures: Stools 1 Lavatories 1 Bath Tubs 1 Showers 1 Sinks 1 Automatic Laundry 1 Sump Pump _____

Septic Tank made by Precast Eastern Garbage Grinder _____ Construction Material Concrete Gallons Cap. 1000 750

Percolation Test: 1. _____ 2. _____ 3. _____ 4. _____ Made by: _____

Absorption Field: Total length of laterals 200 No. of lateral lines 2-3

This system is new ✓ Existing _____. 4" w Rock 760 10" Trench

I certify that the above information is correct and that all proposed work will be completed in accordance with the Delaware County Regulations.

Date Approved 7-27-77

By _____
INSPECTOR

X Greg Sutton
APPLICANT'S SIGNATURE

SEAL