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Document 2011 GWH-1782 Type 53 001 Pages 6
Date 5/31/2011 Time 2:00:15PM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:
Name Gregory D. Lee

Address 1878 Honey Creek Road, Manchester, Iowa 52057
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Barry J. Francois

Address 313 S. Tama Street, Manchester, Iowa 52057
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
1878 Honey Creek Road, Manchester, Iowa 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.
   - X 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. - Sandpoint in the basement
2. **Solid Waste Disposal (check one)**
   - __ There is no known solid waste disposal site on this property.
   - X There is a solid waste disposal site on this property and information related thereto is provided in Attachment #1, attached to this document. -behind the house
3. **Hazardous Wastes (check one)**
   - X 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)**
   - X 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:

_____

_____

_____

_____

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

Signature: GREGORY A LEE (Transferor or Agent) Telephone No.: (563) 920-5880

Addendum

1. That part of the Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4) of Section Sixteen (16), Township Eighty Nine (89) North, Range Five (5), West of the Fifth Principal Meridian, described as commencing at the Southwest corner of said Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4) and running thence North two hundred eleven and eight-tenths (211.8) feet to the centerline of County Road D-13, thence North 30° 56' East two hundred thirty eight and two-tenths (238.2) feet to the point of beginning, thence South 59° 04' East one hundred ninety (190.0) feet, thence North 30° 56' East one hundred (100.0) feet, thence North 59° 04' West one hundred ninety (190.0) feet, thence South 30° 56' West one hundred (100.0) feet to the point of beginning

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

Property information

Current owner Greg Lee
Buyer _____ Realtor Self
Mailing address 1878 Honey Creek Rd. Manchester, IA 52057

Site Address/County 1878 Honey Creek Rd Manchester IA
Legal Description _____

No. of bedrooms 3 Last occupied? Present Records available No

Permit/installation date N/A Separation distances ok/ no? No

Septic system information

Septic tank(s): size 1000 material Concrete condition Good
Tank pumped? Yes date 7-19-10 licensed pumper St 49
Septic/trash/processing tank: size N/A material N/A condition N/A.
Tank pumped? N/A date N/A licensed pumper N/A

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

Pump tanks/vaults: type N/A size N/A condition N/A

Distribution system: distribution box Yes outlets used 3 condition Fair
Header pipe(s) - # of lines 3 Pressure dosed? No

Secondary treatment:
length of absorption fields U/K determined by Cuke Gabel
condition of fields U/K determined by Cuke Gab
type of trench material Rock + Pipe

Size of sand filter N/A determined by N/A
Vent pipes above grade? N/A discharge pipe located? N/A
Effluent sample taken? N/A Results N/A

Media filters: type N/A
Maintenance contract? NA expiration date N/A service provider N/A
Condition N/A

NPDES General Permit No. 4: required? N/A permitted? N/A NOI provided N/A.

Time of Transfer Inspection Worksheet

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

Control box N/A Timers N/A inspection ports N/A

Other components N/A.

Overall condition of the private sewage disposal system

Report system status Working - slow Above Avarge amount of Rain Before inspection

Explain (attach additional pages as needed): _____

Comments: Hydrac load test 6gpm @ 25 min system working slow But still leaching - leach lines are 5½ - 6½ feet in depth Sandy soil

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.

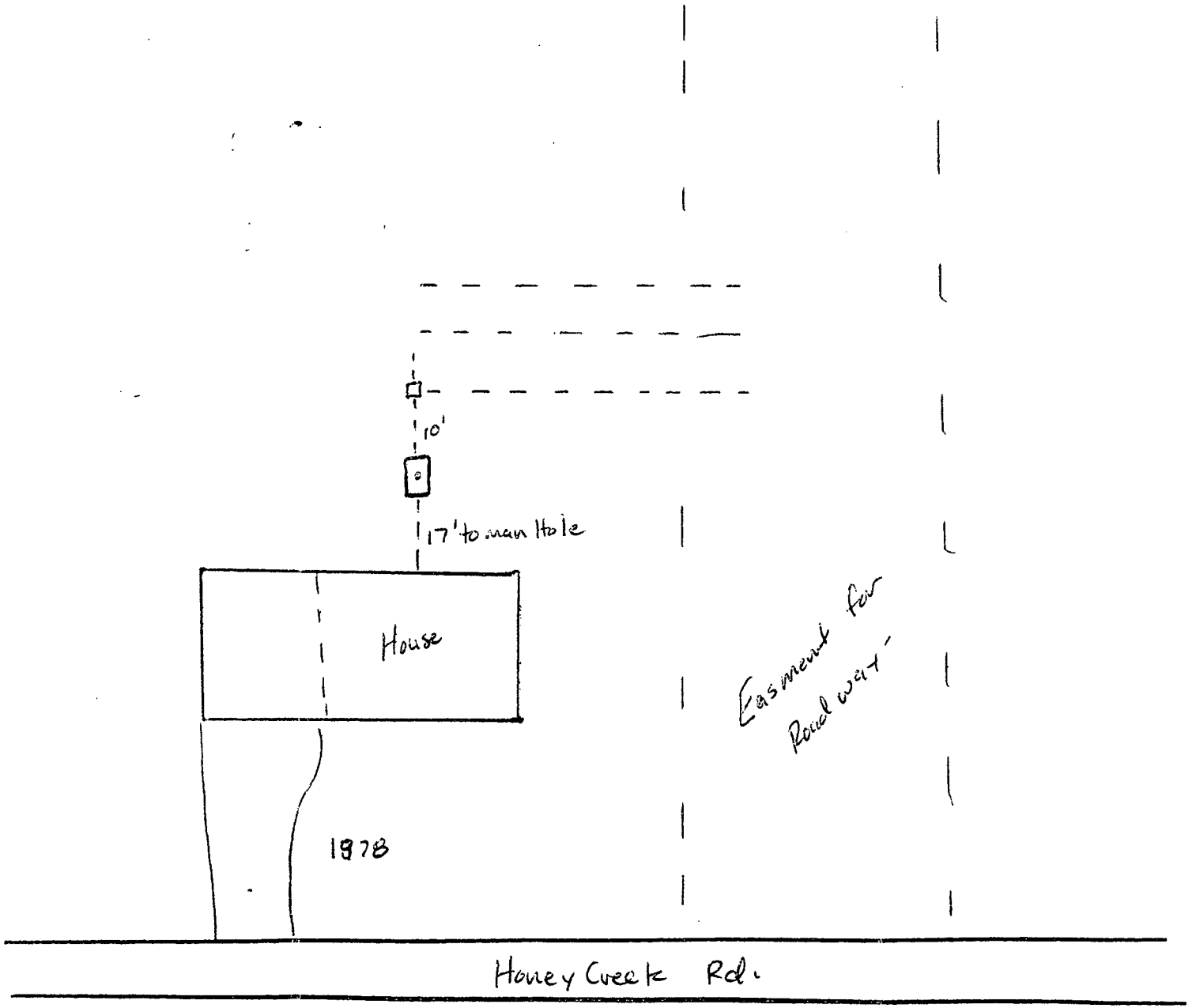
Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

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: _____ Date: 7-15-10
Name (print): Luke Ogden Certificate #: 6715
Address: 17120 185th st Manchester IA 52057
Phone # 563-927-5790

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



Greg + Alice Lee
1878 Honey Creek Rd.
Manchester IA 52057