Book 2011 Page 2117

Document 2011 GWH-2117 Type 53 001 Pages 7
Date 7/01/2011 Time 9:30:01AM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:
Name Helen D. Shelly

Address P.O. Box 160, Manchester, Iowa 52057
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Robert H. Essig

Address 340 N. 17th Avenue, Hiawatha, Iowa 52233
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
18889-171st Street, 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.
   - ✓ 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. LOCATED 15' S.E. of House
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)**
   - __ 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.
   - ✓ 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:

Located 15' S.E. of House

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

Signature: Robert D. Shelly (Transferor or Agent) Telephone No.: (563) 927-4409

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

Addendum

1. Lots Seventeen (17) and Eighteen (18), Block Four (4) of Sunset Beach, a Subdivision of parts of Sections Seventeen (17), Eighteen (18) and Twenty (20), Township Eighty Nine (89) North, Range Five (5), West of the Fifth Principal Meridian, according to plat recorded in Book 2 Plats, Page 20, except Parcel "J" Being Part of Lot 17, Block 4, Sunset Beach, A Subdivision of Parts of Sections 17, 18 And 20, Township 89 North, Range 5 West Of The 5th P.M., Delaware County, Iowa, according to plat recorded in Book 2011, Page 1956; excepting rights of flowage.

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

Property information

Current owner **Helen Shelly**
Buyer **Robert & Sarah Essig** Realtor **Iowa Realty**
Mailing address **340 N 17th Ave., Hiawatha, IA 52233**

Site Address/County **18889 171st Ave, Manchester, IA 52057 / Delaware Co.**
Legal Description _____

No. of bedrooms **2** Last occupied? **8-months** Records available **yes**

Permit/installation date **12-9-1993** Separation distances ok/ no? **ok**

Septic system information

Septic tank(s): size **N/A** material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _
Septic/trash/processing tank: size **N/A** material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

Aerobic treatment unit (ATU) mfgr **Multi-Flo** size **500**
Tank pumped? **yes** date **7-26-2010** licensed pumper **Groth Services LLC**
Maintenance contract? **no** expiration date _____ service provider _____
Condition _____

Pump tanks/vaults: type **Plastic** size **300** condition **good**
Distribution system: distribution box **concrete** outlets used **4** condition **good**
Header pipe(s) **4** # of lines **4** Pressure dosed? **no**

Secondary treatment:
length of absorption fields **4 - 25' lines (100')** determined by **map**
condition of fields **unknown** determined by __
type of trench material **graveless 10" with gravel bed under**

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

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

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

Time of Transfer Inspection Report

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

Control box _____ Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status **Aerobic system and soil absorption system is functioning without any backups in the house and no sewage is surfacing in yard.**

Explain (attach additional pages as needed) **see attached narrative report**

Comments: **The aerobic system should have a maintenance contract. I could not perform a hydraulic load test because the house has not been lived in for 8 months.**

Site status at conclusion of Time of Transfer inspection:

1. Verify that controls are set on the appropriate mode.
2. Power is on to all components.
3. Revisit all components to verify lids are secure.
4. Gather all tools for removal from the site.
5. 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: **5/10/2011**
Name (print): **Roger Groth** Certificate #: **8813**
Address: **1690 165th Street, Manchester, IA 52057**
Phone # **563-927-5823**

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

GROTH SERVICES

05-10-2011 **INSPECTION REPORT**

Helen Shelly
18889 171st Ave
Manchester, IA 52057

HOME DESCRIPTION:

Two bedroom home. Full Basement with in floor drains. Water softener waste discharges into floor drain. There is no kitchen garbage disposal. System consists of a 300 gallon plastic lift tank with a sawage pump and a 500 gal Multi-Flo aerobic tank followed by a soil absorption system.

CONDITION:

Groth Services LLC pumped the Multi-Flo aerobic tank and changed the filters on 7-26-2010. All components looked and checked out ok on 5-10-11. I could not perform a hydraulic load test on the soil absorption system as it had been 8- months since home had been lived in.

COMMENTS:

Aerobic system is required by State and County to have a service contract.
Keep in mind that this system cannot be turned off even when home is not lived in.
Water softener waste discharge needs to be re-plumbed away from sewer system.

Company Disclaimer

Based on what we were able to observe and our experience with on-site wastewater technology, we submit this sanitary sewage disposal system inspection report based on the present condition of the on-site sewage disposal system. Groth Services LLC has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future. Because of the numerous factors (usage, soil characteristics, previous failures, etc.) which effect the proper operation of a septic system as well as the inability of our Company to supervise or monitor the use or maintenance of the system, this report shall not be construed as a warranty by our Company that the system will function properly for any particular buyer. Groth Services LLC DISCLAIMS ANY WARRANTY, either expressed or implied, arising from the inspection of the septic system or this report. We are also not ascertaining the impact the system is having on the ground water.

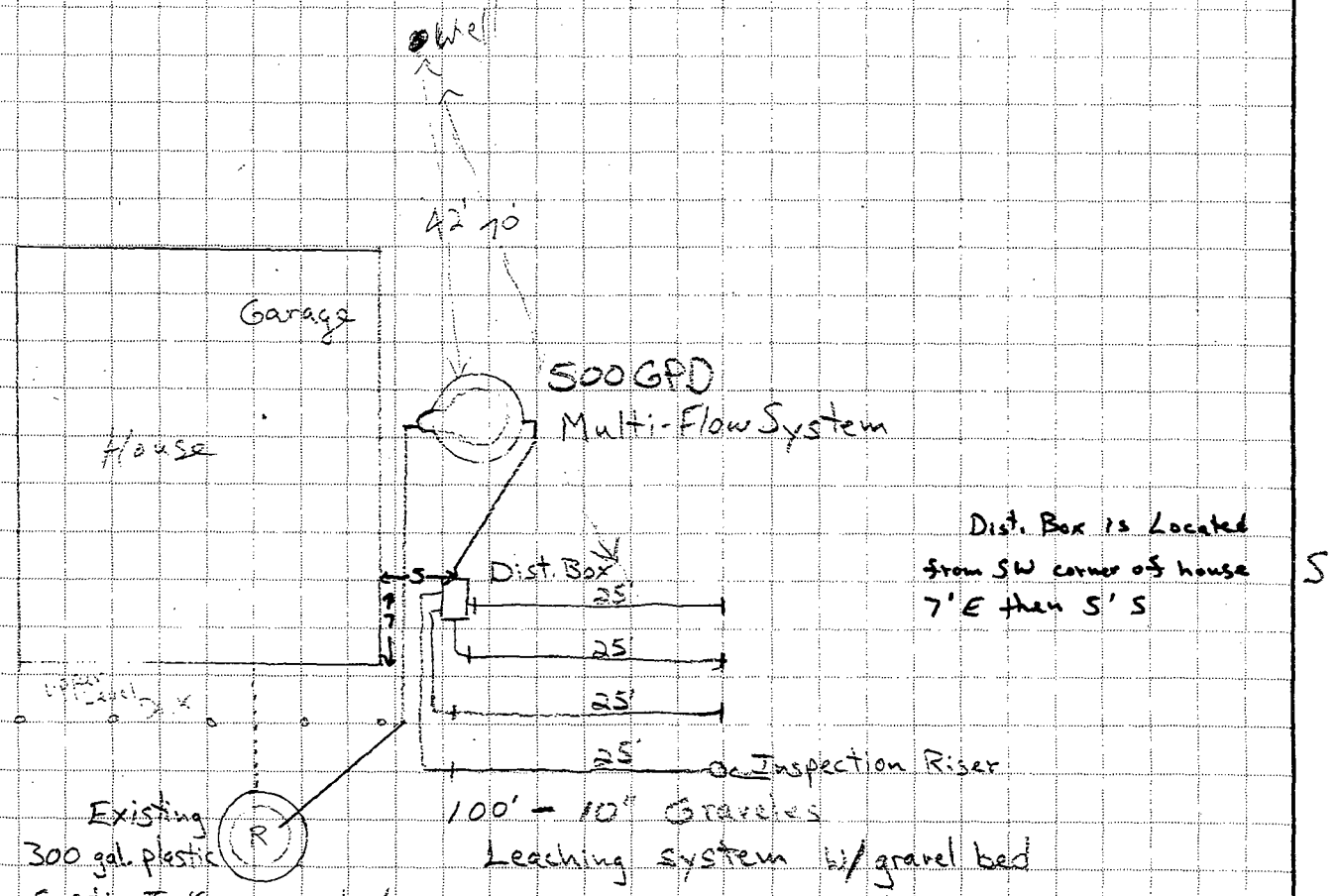
I have studied the information contained herein and that my assessment is honest, thorough, and to the best of my ability correct.

Certified by Roger D Groth # 8813

_____ **DATE** **5-10-2011**

GROTH CUSTOM PUMPING
RR 3 BOX 200
MANCHESTER, IA 52057
319-927-5823

JOB Howard Shelly
SHEET NO. 1 OF
~~CALCULATED BY~~ Sunset Beach DATE 12-9-93
~~CHECKED BY~~ Manchester, IA. DATE
E ~~SCALE~~ 927-4409



Dist. Box is Located from SW corner of house 7'E then 5'S

LAKE