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DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Matthew D. and Jennifer L. Mineart

Address 21865 275th St, Earlville, IA 52041

Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:

Name Samuel D. and Bethany M. Shroyer

Address 115 E Main St, Lime Springs, IA 52155

Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
21865 275th St, Earlville, IA 52041

Number and Street or RR | City, Town, or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) Lot Nine (9), Block Four (4), of the Subdivision of Lot Two (2) of Timbergate Subdivision in Section Thirty Six (36), Township Eighty Nine (89) North, Range Four (4), West of the Fifth Principal Meridian in Delaware County, Iowa, according to plat recorded in Book 4 Plats, Pages 65-67.

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.
2. **Solid Waste Disposal (check one)**
   - X 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)**
   - 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:

Well located 50' on SE Quarter of property.

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) 239-9541

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

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a. Solid Waste Disposal (check one)

__ There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.

__ There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.

b.. Hazardous Wastes (check one)

__ There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.

__ There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.

Further descriptive information:

_____

_____

_____

_____

_____

_____

_____

_____

_____

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) 239-9541

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

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

Property information

Current owner Jennifer • Matt Mineart
Buyer _____ Realtor _____
Mailing address 21865 275th Ave Dyer Earlville, Ia 52040

Site Address/County 21865 275th Ave Earlville Ia 52041
Legal Description _____

No. of bedrooms 3 Last occupied? Yes Records available N/A

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

Septic system information

Septic tank(s): size 1000 material concrete condition ok
Tank pumped? Yes date 7-14-2010 licensed pumper 99-200206
Septic/trash/processing tank: size 600 material concrete condition ok
Tank pumped? Yes date 7-14-2010 licensed pumper _____

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 3 100 Ft determined by Probe
condition of fields ok 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 _____

Matt Minear+

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 OK

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 Hte Date: 7-14-2010
Name (print): Robb Horter Certificate #: 358
Address: 3031 160 St Pleasantville 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

Harter Custom Pumping, Inc & Septic Service

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

****

Homeowners: Jennifer · Matt Minear
21865 275th Ave
Farmville IA 52041

Age of Property _____
Occupied
(Yes) or No

Inspection Co: Harter Robb

Date of Inspection: 7-14-2010

Does this evaluation/inspection meet the requirements of state and local agencies? Yes X 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 Gallons 1000 *Basis for estimate*
What is the separation between well and septic? Yes
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:

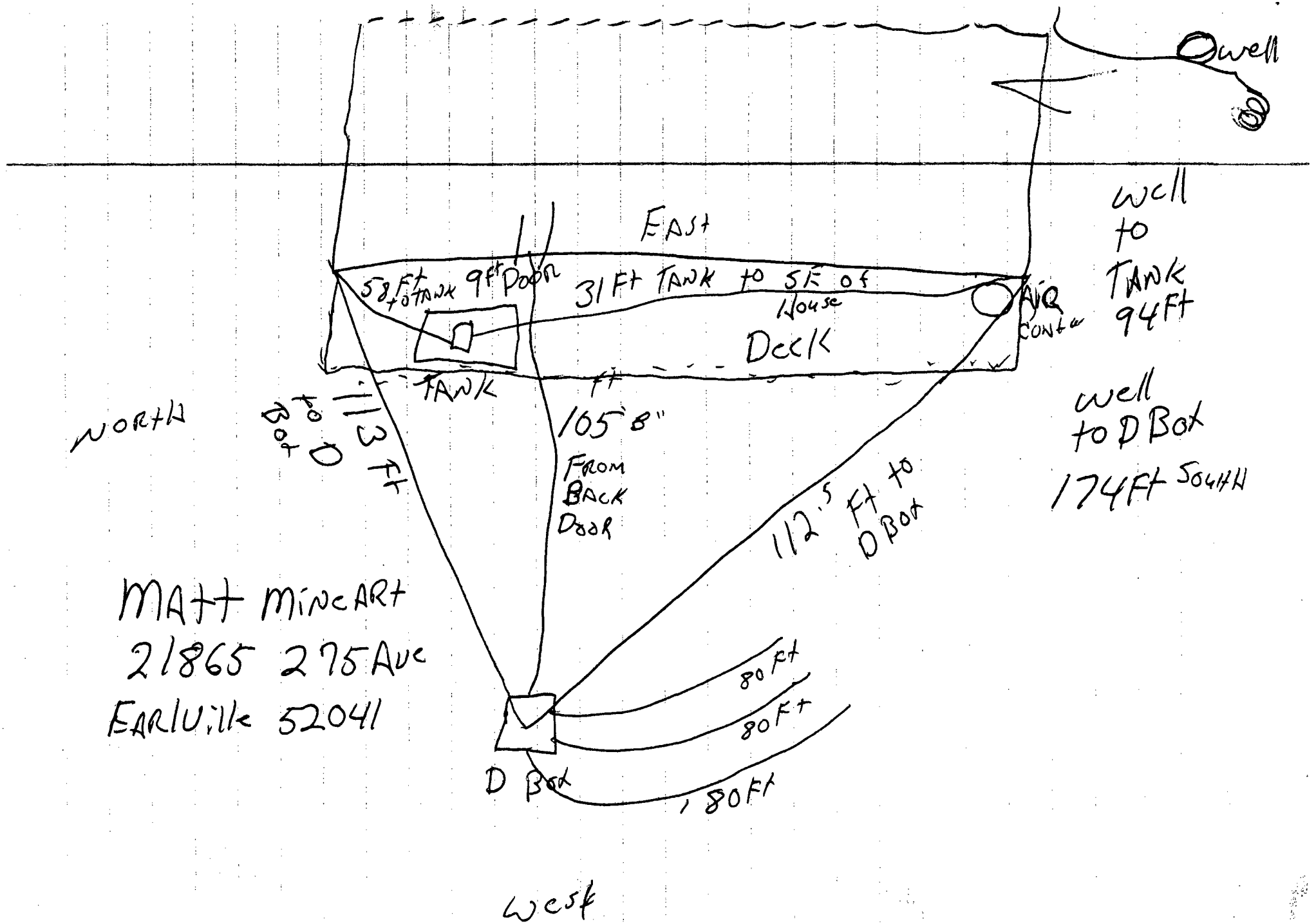
Septic tank material X Concrete ___ Fiberglass ___ Other
Liquid Level in tank X Normal ___ Below Normal ___ Above Normal
Access opening in tank X One ___ Two ___ Three ___ None
Number of risers ___ One ___ Two ___ Three X None
Condition of baffles and or sanitary tees:
Inlet baffle or "T" X Present and 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:

TANK WAS PUMP 7-14-2010 KEEP TANK PUMP
EVERY 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: 7-14-2010



MATT MINCART
21865 275 Ave
EARLVILLE 52041