Book 2012 Page 2173

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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 Michael A. Lynch and Morgan A. Lynch

Address 17800 - 185th Street, Manchester, Iowa 52057

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

TRANSFEREE:

Name Garrett J. Soppe and Shari L. Soppe

Address 300 East Fayette Street, Manchester, Iowa 52057

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

Address of Property Transferred:
17800 - 185th 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)**
   - X 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)**
   - 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:

_____

_____

_____

_____

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

Signature: _____ Telephone No.: (563) 608-1031
(Transferor or Agent)

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

Addendum

1. Lot Three (3) of Oak Park Second Subdivision, A Subdivision of the East One-Half (E½) of the Northwest Quarter (NW¼) of the Southeast Quarter (SE¼) and Part of the Northeast Quarter (NE¼) of the Southeast Quarter (SE¼) of Section Seventeen (17), Township Eighty-Nine North (T89N), Range Five West (R5W) of the Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 2001, Page 2846, as amended by Affidavit recorded in Book 2002, Page 3613.

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

Property information

Current owner Mike Lynch
Buyer _____ Realtor Self
Mailing address 17800 165th st. Manchester Iowa

Site Address/County 17800 165th St. Manchester IA (Delaware Co.)
Legal Description on seperate Page

No. of bedrooms 3 Last occupied? Present Records available Yes
1457 Permit #
Permit/installation date Aug. 2006 Separation distances ok/ no? ok

Septic system information

Septic tank(s): size 1250 material concrete condition _____
Tank pumped? Yes date 4-18-12 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 Good
Header pipe(s) _____ # of lines _____ Pressure dosed? No

Secondary treatment:
length of absorption fields 300' determined by Permit + Probe
condition of fields Good - determined by Hydraulic test
type of trench material Infiltrator -

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? N-A 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 _____

Overall condition of the private sewage disposal system

Report system status System was install in 06 & Hydric test Vout good.

Explain (attach additional pages as needed): Dug up distrubution Box & Ran 7.0 gpm two 32 min for hydric test. every thing Vout good. & in good was each line 22"-30" in depth and

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.

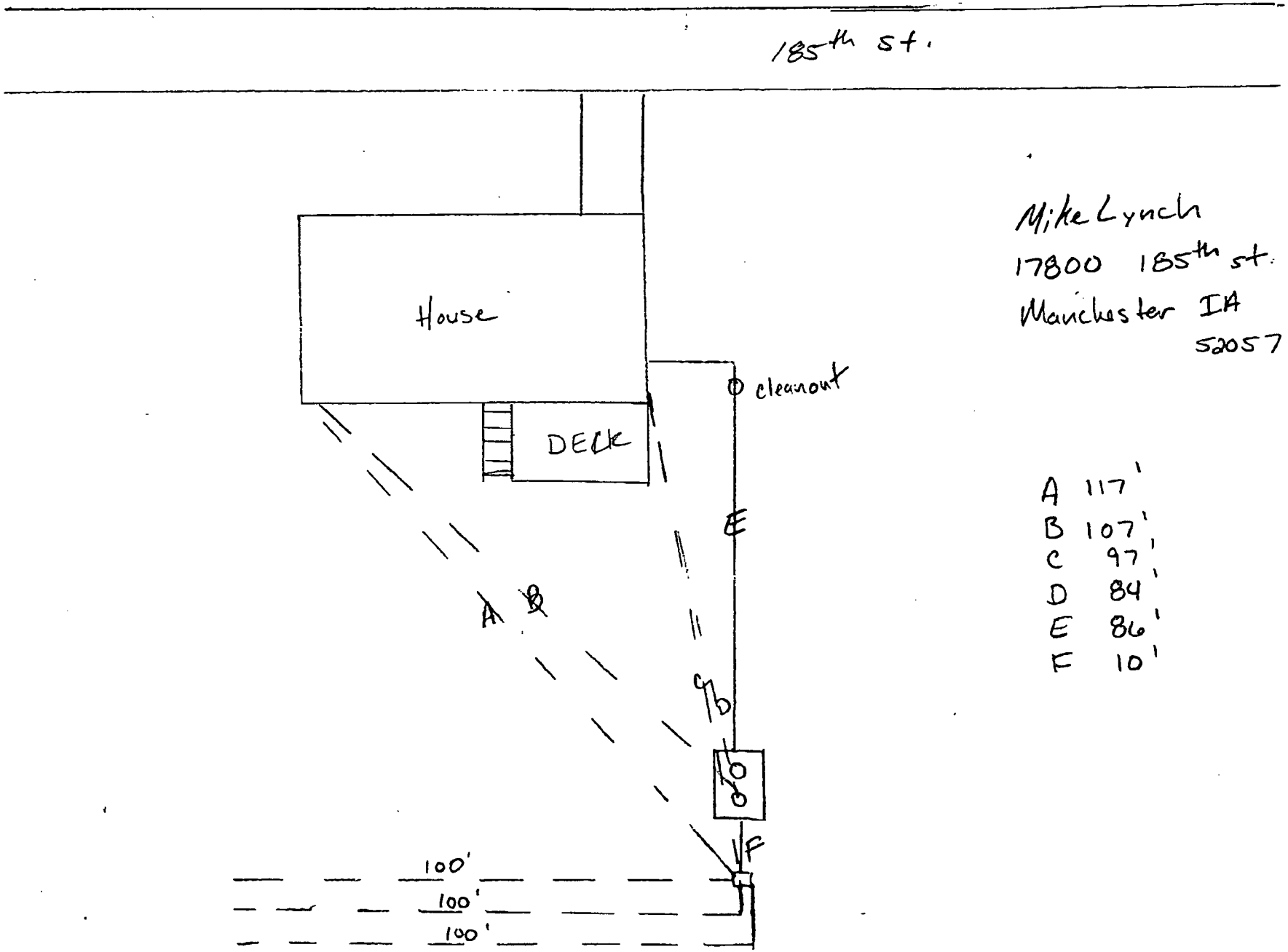
Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

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: _____ Date: 5-15-12
Name (print): Luke Ogden Certificate #: 6517
Address: 17120 165th Manchester IA.
Phone # 563-920-5148

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



Mike Lynch
17800 185th st.
Manchester IA
52057

A 117'
B 107'
C 97'
D 84'
E 86'
F 10'

Lot 3. Oak Park 2nd Sub

SECTION OR LOT | TOWNSHIP OR BLOCK | RANGE OR ADDI

CONTINUATION NO: 57621 CARBON NO: 9915

PREPARED FOR: First State Bank

DESCRIPTION:

Lot Three (3) of Oak Park Second Subdivision, A Subdivision of the East One-Half (E ½) of the Northwest Quarter (NW ¼) of the Southeast Quarter (SE ¼) and Part of the Northeast Quarter (NE ¼) of the Southeast Quarter (SE ¼) of Section Seventeen (17), Township Eighty-Nine North (T89N), Range Five West (R5W) of the Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 2001, Page 2845, as amended by Affidavit recorded in Book 2002, Page 3613.

Revised 12/29/09

FROM THE 18 DAY OF June 2007, 8AM

TO THE 16 DAY OF March 2009, 8AM

Mike Lynch

Septic

Inspector