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Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Allen D./Keila R. Monaghan

Address 1619 180th Avenue, Manchester, Iowa 52057

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

TRANSFEREE:

Name Walter C./Amy N. Zehr

Address 706 1st Street NW, Elkader, Iowa 52043

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

Address of Property Transferred:
1580 162nd Avenue, 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.
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 which has or is required by law to have a sewage disposal system.
   - 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:

Septic permit #2104

Well is located east of house - approx 20 ft.

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) 927-3805
(Transferor or Agent)

Addendum

1. That part of the Southeast Quarter (SE 1/4) of the Southwest Quarter (SW 1/4) of Section Thirty One (31), Township Ninety (90) North, Range Five (5), West of the Fifth Principal Meridian described as commencing at the Northwest corner of said Southeast Quarter (SE 1/4) of the Southwest Quarter (SW 1/4) and running thence East on the North line of said Southeast Quarter (SE 1/4) of the Southwest Quarter (SW 1/4) a distance of six hundred ninety (690.0) feet, thence South four hundred twenty five (425.0) feet, thence Westerly to a point on the West line of said Southeast Quarter (SE 1/4) of the Southwest Quarter (SW 1/4) which point is three hundred eighty (380.0) feet South of the point of beginning, thence North three hundred eighty (380.0) feet to the point of beginning

42.56001
-91.48473

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type)

Permit No. 2104

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 1580 162nd Ave Section 31 Township Delaware

LOCATION: SE¼ SW¼ sec 31 T-90-N R-5-W

Owner: Al Monnahan Tenant: _____ Plumber: Guth

Lot Size: Farm Type Commercial: _____ Residential: (No. Bedrooms) 4

Fixtures: Stools 1 Lavatories ___ Bath Tubs 1 Showers 1 Sinks 2 Automatic Laundry ___ Sump Pump ___ old 1000 add 750

Septic Tank made by Swales Garbage Grinder _____ Construction Material Concrete Gallons Cap. ___

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

Absorption Field: Total length of laterals 300 No. of lateral lines 3

This system is new X Existing ___. In Filtralite

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 8-28-12

By Dennis Lyons
INSPECTOR

[signature]
APPLICANT'S SIGNATURE

SEAL

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

Property information

Current owner **Allen Monaghan**
Buyer _____ Realtor **F&M Realty- Jennifer Finn**
Mailing address _____

Site Address/County **1580 162nd St., Manchester, IA**
Legal Description _____
No. of bedrooms **4** Last occupied? **?** Records available **NO**
Permit/installation date **1990's** Separation distances ok/ no? **OK**

Septic system information

Septic tank(s): size **1000** material **concrete** condition **Fair**
Tank pumped? **Yes** date **04/06/12** licensed pumper **Groth Services LLC**
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

Aerobic treatment unit (ATU) mfg. _____ size _____
Tank pumped? _____ date _____ licensed pumper _____
Maintenance contract? _____ expiration date _____ service provider _____
Pump tanks/vaults: type _____ size _____ condition _____

Distribution system: distribution box **NONE** outlets used _____ condition _____
Header pipe(s) _____ # of lines _____ Pressure dosed? **NO**

Secondary treatment:
length of absorption fields **NONE** determined by **Probe-Video Pipe Inspection**
condition of fields _____ determined by _
type of trench material _____

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 _____

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 __**NO Legal Secondary treatment** _____

Explain (attach additional pages as needed) ___**See Attached Narrative Report**____

Comments: _____

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: 4-11-12
Name (print): ___Corey Groth_____ Certificate #: __8810_____
Address: _____1690 165th Street Manchester, IA 52057_____
Phone # ___563-927-5823_____

A copy of this report, the narrative report and sketch has been sent to the following by us:

YES- seller/agent,
NO- buyer/agent, please give them a copy
YES- county sanitarian/environmental health office,
NO - closing attorney for seller
YES – Iowa DNR in Des Moines

GROTH SERVICES LLC

04-10-2012 **NARRATIVE INSPECTION REPORT**

Allen Monaghan
1580 162nd St.
Manchester, IA 52057

HOME DESCRIPTION:

This site is a four bedroom old farm house with a basement and floor drain. Currently the water softener, sinks, tub, and wash machine bypass the septic and are plumbed into the floor drain which goes to illegal open outlet in the ditch . The toilet goes to a 1,000 gallon dual compartment concrete tank, which is on the north side of house. Distance from tank to well is 40'.

CONDITION:

Concrete tank when pumped was at normal operating level without any scum. Septic tank is in fair condition with very little gas damage. The inlet and outlet baffles are in place and in fair condition. Video pipe inspected outlet to determine secondary treatment, I found a tee approximately two feet from outlet baffle. Hand dug up and cut an access into pipe so I could check both directions. Unable to push camera the entire length, but after 65' on both pipes it appears someone installed two runs of 4" perforated plastic field tile as an attempt for some sort of leech field. It is determined from the findings that this site will need two things done. **1)** a new leech system installed and **2)** the basement plumbing routed through the septic tank. The state of Iowa does not approve field tile as secondary leech system treatment. Open outlet discharge from sinks, tub, and washing machine is also illegal according to Iowa law. The new owners will be required to fix and replace the system, and possibly increase tank capacity according to a four bedroom home

This septic system inspection was conducted at 1580 162nd Street, Manchester, IA on April 5th 2012. The septic was pumped out on April 6th, 2012 by us.

NO - this septic system does NOT meet the Time of Transfer inspection criteria in it having secondary treatment, and new owners will need to replace by July 1st, 2012.

Tank capacity was verified by interior liquid measurements
(L x W x H = in.3 x 0.00433 = US Gals) 115"x60"x36"

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 Corey J Groth # 8810

_____ **DATE** 4-11-12

GROTH SERVICES

TIME OF TRANSFER INSPECTION MAP

DATE 4-10-2012 SELLER ALLEN MONAGHAN BUYER _____

ADDRESS 1580 162ND Street CITY MANCHESTER IA

