Book 2013 Page 1194

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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 Edward Holtz

Address 17190 189th Street, Manchester, Iowa 52057

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

TRANSFEREE:

Name Tyler J. Murphy

Address 1108 N. Third Street, Manchester, Iowa 52057

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

Address of Property Transferred:
17190 189th 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.
   - 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. Located on the ~~East~~ North side of House
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. Located on the South East side of 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 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:

_____

_____

_____

_____

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.: (319) 981-1965
(Transferor or Agent)

Addendum

1. That part of Lot Two (2), Block Three (3) and of vacated Sunset View Road described as commencing at the Northeast corner of said Lot Two (2) and running thence East twenty (20.0) feet, thence South sixty (60.0) feet, thence West one hundred twenty (120.0) feet, thence North to the South line of Shady Lane, thence Easterly on the South line of Shady Lane to the place of beginning, in Sunset Beach, a Subdivision of part of Sections Seventeen (17), Eighteen (18) and Twenty (20), Township Eighty Nine (89) North, Range Five (5), West of the Fifth P.M., according to plat recorded in Book 2 Plats, Page 20, excepting rights of flowage

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

Property information

Current owner Mike Holtz
Buyer Tyler Morphy Realtor F & M
Mailing address 1790 185th St Dyersville

Site Address/County 1790 - 185th St. Manchester
Legal Description

No. of bedrooms 2 Last occupied? Current Records available yes

Permit/installation date 1-10-06 Separation distances ok/ no? ok

Septic system information

Septic tank(s): size material condition
Tank pumped? date licensed pumper
Septic/trash/processing tank: size material condition
Tank pumped? date licensed pumper

Aerobic treatment unit (ATU) mfgr Norweco size 1500gal
Tank pumped? yes date 4-4-13 licensed pumper D & S portables
Maintenance contract? yes expiration date 11-1-2013 service provider JDC Works
Condition Good

Pump tanks/vaults: type Effluent size 500gal condition Good

Distribution system: distribution box yes outlets used 4 condition Good
Header pipe(s) # of lines Pressure dosed?

Secondary treatment:
length of absorption fields 30' determined by Print
condition of fields Good determined by Hyd Test
type of trench material Domes

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 Worksheet

Other components:
Alarms yes Working? yes disinfection NO working? _____

Control box yes Timers_____ inspection ports NO

Other components _____

_____

Overall condition of the private sewage disposal system

Report system status Every thing working fine good Condition @ time of Inspection.

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.

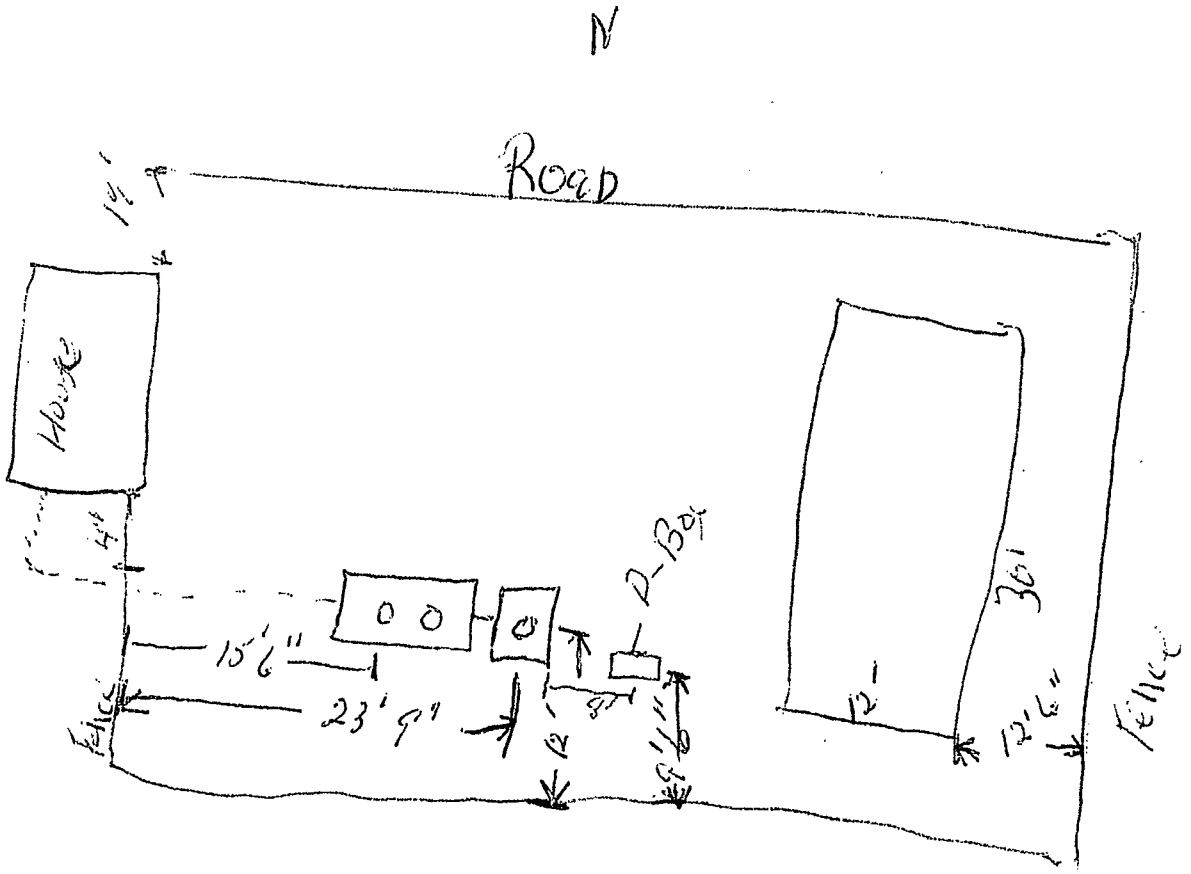
Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

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: Jody Cintron Date: 4-4-2013
Name (print): Jody Dintron Certificate #: 8374
Address: 20984 - 265th St. Manchester
Phone # 563-920-9388

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



D-Box - 9' 6" From Fence
9' 0" From Center of lid on pump tank