Book 2013 Page 1397
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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 David M. Malausky and Beverly J. Malausky

Address 18919 161st Avenue, Manchester, Iowa 52057

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

TRANSFEREE:

Name Kerry A. Ryan and Scott A. Elrod

Address 1180 S 26th Street, Marion, Iowa 52302-5150

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

Address of Property Transferred:
18919 161st Avenue, Manchester, Iowa 52057

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

Legal Description of Property: (Attach if necessary) Lot Nineteen (19) of Prairie Hill Estates, a subdivision of Parcel C and E in the Southwest Quarter of Section 18, and Parcel C in the Northwest Quarter of Section 19, Township 89 North, Range 5, West of the 5th P.M., according to plat recorded in Book 1999, Page 1731.

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. Shared well
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:

_____

_____

_____

_____

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

Signature: D. M. Malay (Transferor or Agent) Telephone No.: 563-608-4560

FILE WITH RECORDER **DNR form 542-0960 (July 18, 2012)**

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

Property information

Current owner ~~Mark Ditt~~/Dave Malansky
Buyer _____ Realtor First State Realty / Barb Sailor
Mailing address 104 W Tama Manchester Iowa 52057

Site Address/County 18919 161st Ave Manchester Iowa
Legal Description per permit

No. of bedrooms 3 Last occupied? Still Records available yes

Permit/installation date 7-20-2000 Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1500 material concrete condition good
Tank pumped? May 2012 date May 2012 licensed pumper S + G
Septic/trash/processing tank: size WA material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

Aerobic treatment unit (ATU) mfgr WA size _____
Tank pumped? _____ date _____ licensed pumper _____
Maintenance contract? _____ expiration date _____ service provider _____
Condition _____

Pump tanks/vaults: type _____ size _____ condition _____

Distribution system: distribution box yes outlets used 7 condition good
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields 7 x 50' lines determined by permit
condition of fields good determined by water test
type of trench material per permit

Size of sand filter WA determined by _____
Vent pipes above grade? _____ discharge pipe located? _____
Effluent sample taken? _____ Results _____

Media filters: type WA
Maintenance contract? _____ expiration date _____ service provider _____
Condition _____

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

Time of Transfer Inspection Worksheet

Other components:
Alarms N/A Working? _____ disinfection _____ working? _____

Control box _____ Timers_____ inspection ports _____

Other components _____

_____

Overall condition of the private sewage disposal system

Report system status 15 only 12yrs old in good condition

Explain (attach additional pages as needed): Did 30 minute water test 4-5 gallon / minute OK

Comments: put speed levelers on to even Flow out

_____

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: Bill Downs Date: 6-26-12
Name (print): Bill Downs Certificate #: 8880
Address: 1487 110th Ave Dunlee Iowa 51038
Phone # 563-924-2225

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

DOWAS

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) **Permit No.** 905

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 1891 9 161st Ave Lot 19 Manchester Section 18 Township Delaware

LOCATION: 1/4 1/4 1/4 T-89 R5W

Owner: Dan Schulte Tenant: _____ Plumber: Schulte

Lot Size: 1.15 acres Type Commercial: _____ Residential: (No. Bedrooms) 3

Fixtures: Stools 2 Lavatories 2 Bath Tubs 1 Showers 1 Sinks 1 Automatic Laundry 1 Sump Pump _____

Septic Tank made by Swales Garbage Grinder ✓ Construction Material Concrete Gallons Cap 1500

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

Absorption Field: Total length of laterals 300 No. of lateral lines 3-4

This system is new ✓ Existing _____. 4" w Rock 36" w a Trench

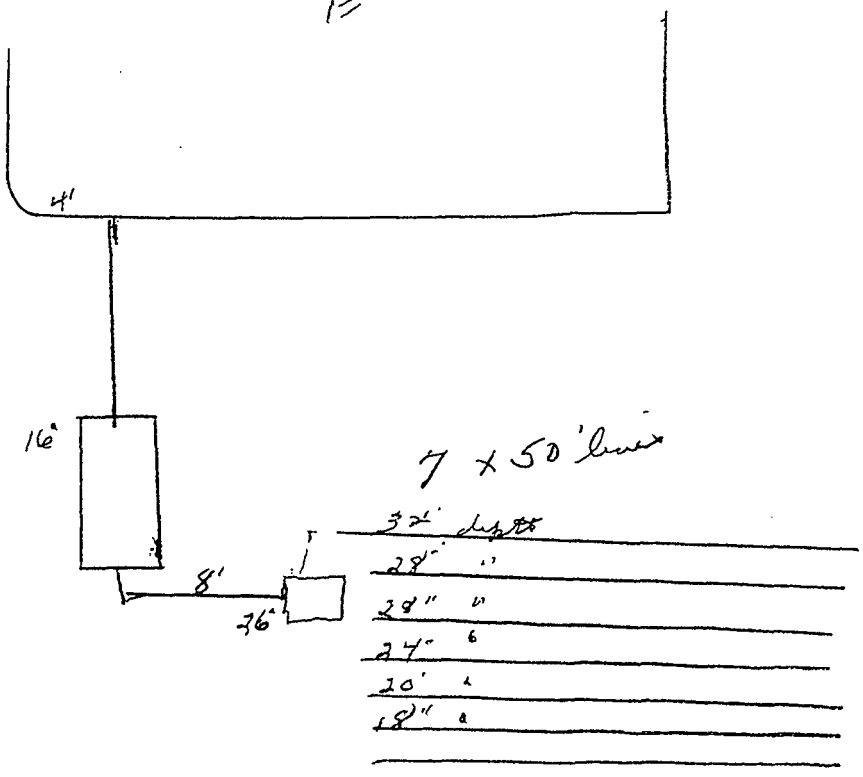
I certify that the above information is correct and that all proposed work will be completed in accordance with the Delaware County Regulations.

Date Approved 7-20-00

By _____
INSPECTOR

_____
APPLICANT'S SIGNATURE

SEAL



Street