Book 2013 Page 1480

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Date 5/01/2013 Time 11:28:39AM
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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 Larry L. Hon and Donna Rae Hon

Address 613 Line Street, Manchester, Iowa 52057

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

TRANSFEREE:

Name Joseph Farmer and Carrie Farmer

Address 1329 270th Avenue, Earlville, Iowa 52041

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

Address of Property Transferred:
613 Line 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 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: Larry L Hom (Transferor or Agent) Telephone No.: 563-927-5250

Addendum

1. Lot Three (3), except the West one thousand sixty four and eight-tenths (1064.8) feet thereof, of Putz Subdivision part of the South one half (S½) of the Southwest Quarter (SW¼) of Section Twenty (20), Township Eighty Nine North (T89N), Range Five West (R5W) of the Fifth Principal Meridian, City of Manchester, Delaware County, Iowa, according to plat recorded in Book 6 Plats, Page 141.

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

Property information

Current owner Larry & Donna Hon
Buyer _____ Realtor Barb Sailor GNB
Mailing address _____

Site Address/County 613 Line St Manchester Iowa 52057
Legal Description _____

No. of bedrooms 2 Last occupied? still Records available No

Permit/installation date _____ Separation distances ok/ no? City water

Septic system information

Septic tank(s): size 1000 material concrete condition Fair
Tank pumped? yes date Fall 2012 licensed pumper _____
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? NA date _____ licensed pumper _____

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

Pump tanks/vaults: type NA size _____ condition _____

Distribution system: distribution box yes outlets used 3 condition Fair
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields unknown determined by _____
condition of fields Fair determined by 30 minute water test
type of trench material _____

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

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

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

Time of Transfer Inspection Worksheet

Other components:
Alarms NA Working? _____ disinfection _____ working? _____

Control box _____ Timers_____ inspection ports _____

Other components NA

Overall condition of the private sewage disposal system

Report system status old system in Fair condition

Explain (attach additional pages as needed): 30 minute water test
2 line good / 1 line Fair

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.

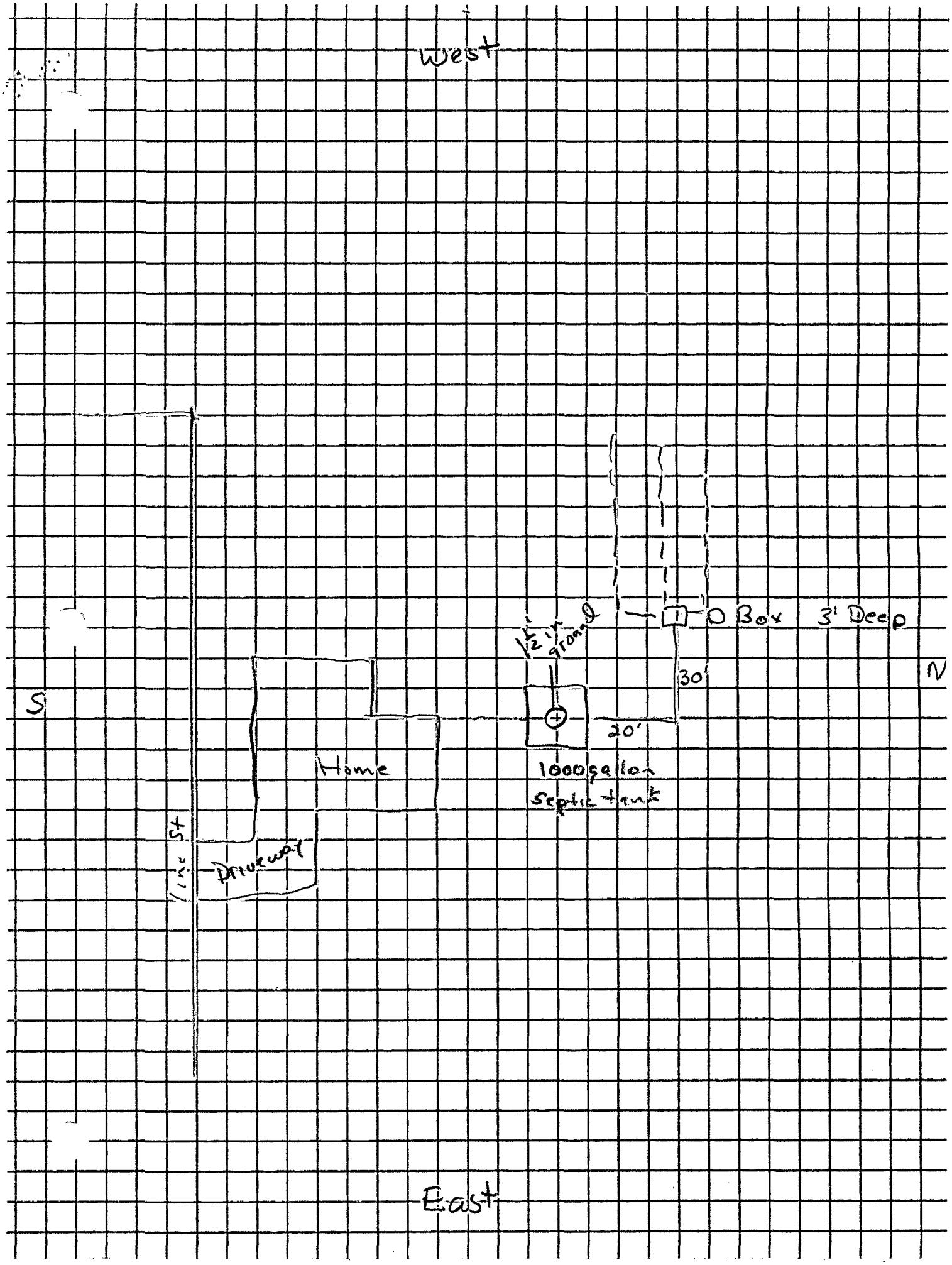
Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

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: Bree Downs Date: 4-8-13
Name (print): Bree Downs Certificate #: 8880
Address: 1497 110th Ave Dunlee IA 52038
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


West
S
N
Box
3' Deep
1½' in ground
30'
20'
Home
1000 gallon
Septic tank
Driveway
East

Addendum

Legal Description of Property

Lot Three (3), except the West one thousand sixty four and eight-tenths (1064.8) feet thereof, of Putz Subdivision part of the South one half (S½) of the Southwest Quarter (SW¼) of Section Twenty (20), Township Eighty Nine North (T89N), Range Five West (R5W) of the Fifth Principal Meridian, City of Manchester, Delaware County, Iowa, according to plat recorded in Book 6 Plats, Page 141.