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Date 8/13/2013 Time 10:22:34AM
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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 Heath G. Hershey and Esther M. Hershey

Address 1228 North 4th St., Manchester, IA 52057

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

TRANSFEREE:

Name Jamie J. Reth and Shannon M. Reth

Address 17911 223rh St., Manchester, IA 52057

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

Address of Property Transferred:

1634 195th St.	Manchester	IA	52057
Number and Street or RR	City, Town or P.O.	State	Zip

Legal Description of Property: (Attach if necessary) Lot Three (3) of "Ridgeway Acres" a subdivision of part of the Southeast Quarter of the Northwest Quarter (SE¼-NW¼) and part of the Northeast Quarter of the Southwest Quarter (NE¼-SW¼) of Section 19, Township 89 North, Range 8 West of the 5th P.M., Delaware County, Iowa, according to plat recorded in Book 7 Plats, page 208

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:

Drilled well approx. 60' Northeast of dwelling. Private - not shared.

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

Signature: _____ (Transferor or Agent) Telephone No.: (563) 608-9129

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

Property information

Current owner Esther & Heath Hershey 563-608-9138 563-927-1428
Buyer Jamie & Shannon Reth Realtor GNB Real Estate
Mailing address 104 N Tama St Manchester Iowa

Site Address/County 1634 195th St manchester Iowa
Legal Description

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

Permit/installation date 6-20-05 Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1500 material concrete condition good
Tank pumped? yes date 8-12-12 licensed pumper ST 49
Septic/trash/processing tank: size NA material condition
Tank pumped? 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 4 condition good
Header pipe(s) NA # of lines Pressure dosed?

Secondary treatment:
length of absorption fields 300 Ft determined by permit
condition of fields good determined by 30 minute water test
type of trench material wide chamber

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 WA Working? _____ disinfection _____ working? _____

Control box WA Timers_____ inspection ports _____

Other components _____

_____

Overall condition of the private sewage disposal system

Report system status is newer system in good working order

Explain (attach additional pages as needed): _____

_____

Comments: 30 minute water test 5 gallons/minute OK

_____

_____

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: 8-12-12
Name (print): Bill Downs Certificate #: 6880
Address: 1497 110th Ave Dunlap Iowa 51535
Phone # 563-924-2225

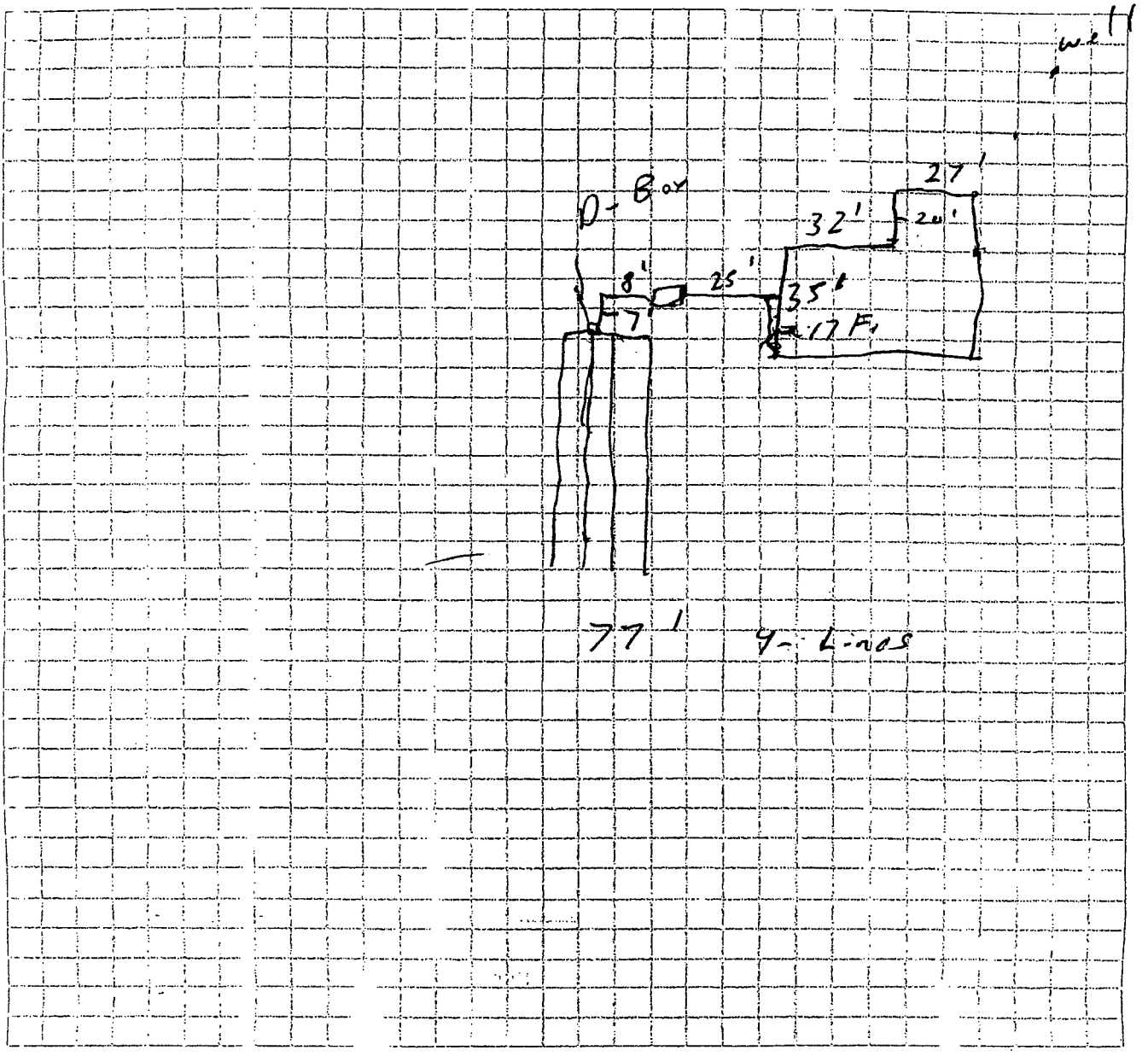
Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

Evaluation Map

Designer Hubbard

List any construction Issues: _____



Mapping Checklist

Map scale: _____ ___ indicate north ___ show slope _____ % direction ___

Locate

___ lot dimensions/property lines
___ dwellings and other improvements
___ existing and/or proposed system(s)
___ replacement area
___ unsuitable area(s)
___ public water supply wells
___ pumping access
___ inner wellhead zone

___ **easements**
___ phone
___ electric
___ gas
___ **elevations**
___ borings
___ benchmark
___ perc tests
___ horiz&vert reference pts

___ **setbacks**
___ building
___ all water wells within 100ft
___ pressure pipe
___ water suction pipe
___ streams, lakes, rivers
___ floodway and fringe