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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 Richard G. Koch and Jolene M. Koch

Address 1543 - 165th Street, Manchester, Iowa 52057

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

TRANSFEREE:

Name David M. Marolf and Heather L. Marolf

Address 22638 - 205th Avenue, Manchester, Iowa 52057

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

Address of Property Transferred:

1543 - 165th 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.
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:

1. Well is located 30 - 40 feet East of the house.

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) 927-2063

Addendum

1. That part of the Southeast quarter (SE¼) of the Northwest quarter (NW¼) of Section 1, Township 89 North, Range 6, West of the 5th P.M., described as commencing at a point 1171.5 feet North and 600 feet West of the center of said Section 1, running thence South 480 feet, thence West 181.5 feet, thence North 480 feet, thence East 181.5 feet to point of beginning;
   Also, an easement for roadway for ingress and egress, in common with Sellers and successors in interest of title of sellers to adjoining lands over and across a strip of land 20 feet in width adjoining the tract herein sold on the East side thereof and extending in a southerly and southeasterly direction to intersect with the present public highway located on the South boundary line of said Southeast quarter of the Northwest quarter of said Section 1, at a point where the West line of said roadway easement is not more than 445.5' West of the center of said Section 1.

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

Property information

Current owner Dick Koch 927-2063
Buyer _____ Realtor None
Mailing address 1543 165th St. Manchester

Site Address/County 1543 165th St Manchester
Legal Description _____

No. of bedrooms 2 Last occupied? Still Records available _____

Permit/installation date _____ Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1000 material Concrete condition Fair
Tank pumped? yes date 7-7-13 licensed pumper 5749
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 3 condition Fair
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields per map determined by _____
condition of fields _____ determined by _____
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? NA permitted? _____ NOI provided _____

Time of Transfer Inspection Worksheet

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

Control box NA Timers_____ inspection ports _____

Other components _____

_____

Overall condition of the private sewage disposal system

Report system status old in Fair work condition

Explain (attach additional pages as needed): 30 minute water test all line took slow But never Backed up

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.

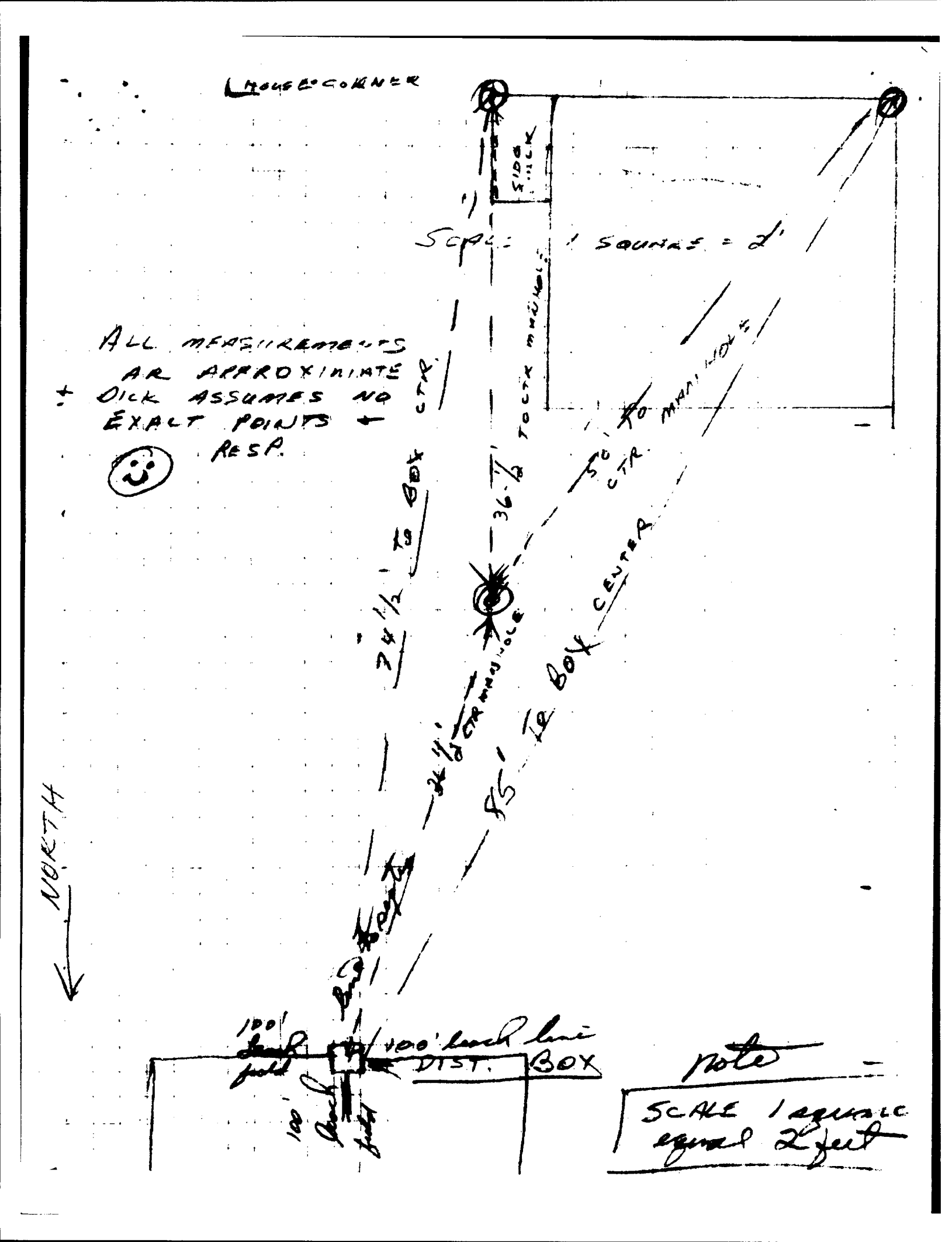
Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

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: Bill Downs Date: 7->-13
Name (print): Bill Downs Certificate #: 8880
Address: 1487 110th Ave Dunlap Iowa
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


HOUSE CORNER
SIDE WALK
SCALE: 1 SQUARE = 2'
ALL MEASUREMENTS ARE APPROXIMATE ± DICK ASSUMES NO EXACT POINTS ← RESP.
TO CTR MANHOLE
TO MANHOLE
CTR.
74½' TO BOX
36.6' TO CTR MANHOLE
34½' TO CTR MANHOLE
45' TO BOX CENTER
NORTH
100' back property
100' back line
DIST.
BOX
100' back property
note
SCALE 1 square equal 2 feet

CHEM RIGHT LABORATORIES, INC.
117 N. Main St. - Maquoketa, IA 52060 - IA Lab# 379 - Phone 563-652-4226 - Fax 563-652-6137

TESTING REPORT

Dennis Lyons
Delaware County Health Department
Courthouse, 301 East Main
Manchester, IA 52057

Report Date: 07/17/13
Report Number: 12364
Sample Received: 07/16/13
Order Number: 11410

Sample ID	Parameter	Sample Matrix	Analysis Time	Method	Analyst	Codes		Result	Units
Dick Koch (drinking water) 1543 165th St Manchester, IA									
130716-W-5788	Coliform (e-coli) MPN	Water	07/16/13 11:11	9223B-QT	SG/HH	ND	<	1.0	cfu/100 ml
130716-W-5788	Coliform (total) MPN	Water	07/16/13 11:11	9223B-QT	SG/HH	ND	<	1.0	cfu/100 ml
130716-W-5788	Nitrate-N	Water	07/16/13 14:06	300.0	SG/HH			2.2	ppm
Dick Koch (kitchen-faucet)									
130716-W-5789	Coliform (e-coli) MPN	Water	07/16/13 11:11	9223B-QT	SG/HH	ND	<	1.0	cfu/100 ml
130716-W-5789	Coliform (total) MPN	Water	07/16/13 11:11	9223B-QT	SG/HH	ND	<	1.0	cfu/100 ml
130716-W-5789	Nitrate-N	Water	07/16/13 14:11	300.0	SG/HH			2.5	ppm

Code	Description
ND	Non-Detect. The value given is the detection limit.

No coliform bacteria was detected.
The infant health advisory limit for nitrate-N is 10 ppm.

Susan E. Gossman, Operations Manager — 07/17/2013
Technical Review — Date