Book 2014 Page 1570

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Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name David J. Fink Victoria A. Fink

Address 20249 246th St (Number and Street or RR) Manchester (City, Town or P.O.) Iowa (State) 52057 (Zip)

TRANSFEREE:

Name ARK Properties, L.L.C.

Address 3570 Rogers Road SW, Cedar Rapids, IA 5 2404 (Number and Street or RR / City, Town or P.O. / State / Zip)

Address of Property Transferred:
20105 247th Street, Manchester, IA 52057 (Number and Street or RR / City, Town, or P.O. / State / Zip)

Legal Description of Property: (Attach if necessary)
See attached legal description

1. **Wells (check one)**
   - ☐ 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)**
   - ☒ 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)**
   - ☒ 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)**
   - ☒ 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)

☒ 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.

☒ 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:

Well location on Page 6 of this report

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.: (563) 927-2040
(Transferor or Agent)

FILE WITH RECORDER

Lots Thirty One (31), Fifty One (51), Sixty Five (65), and the East one-half (E½) of Lot Sixty Six (66) of Willie's Second Subdivision of Part of the Southeast Quarter (SE¼) of the Northeast Quarter (NE¼) of Section Fifteen (15), and Part of the Northeast Quarter (NE¼) of the Southeast Quarter (SE¼) of Section Fifteen (15), and Part of the Northwest Quarter (NW¼) of the Southwest Quarter (SW¼) of Section Fourteen (14), and Part of the Southwest Quarter (SW¼) of the Northwest Quarter (NW¼) of Section Fourteen (14), all in Township Eighty Eight (88) North, Range Five (5), West of the Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 4 Plats, Page 106, and Retracement Survey recorded in Book 2007, Page 3073

Site A

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

Property information

Current owner Dave Fink
Buyer _____ Realtor _____
Mailing address PO Box 213 Delhi, IA 52223

Site Address/County 20105 247th st Manchester, IA 52057
Legal Description NW 1/4 Section 14 T-88-N R-5-W Site A

No. of bedrooms 4 Last occupied? current Records available yes

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

Septic system information

Septic tank(s): size 1500 material concrete condition good
Tank pumped? yes date 8-9-13 licensed pumper SF 3417
Septic/trash/processing tank: size x material x condition x
Tank pumped? x date x licensed pumper x

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

Pump tanks/vaults: type x size x condition x

Distribution system: distribution box yes outlets used 5 condition good
Header pipe(s) x # of lines x Pressure dosed? x

Secondary treatment:
length of absorption fields 18x60 Bed determined by map
condition of fields good determined by Excavation of D-Box
type of trench material Rock & Pipe

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

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

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

Time of Transfer Inspection Worksheet

Other components:
Alarms X Working? X disinfection X working? X

Control box X Timers X inspection ports X

Other components X

Overall condition of the private sewage disposal system

Report system status please see attached sheet

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: Scott Harbach Date: 5-29-14
Name (print): Scott Harbach Certificate #: 8815
Address: 2443 210th Ave Delhi Ia 52223
Phone # 563 920 7622

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

Septic Systems

Name and Telephone Number where you can be reached: Dave Fink 563-920-9270

Property Address: 20105 247th St Manchester

(circle one) (a) Septic tank or (b) holding tank size 1500 gal material Cement (Cement, Plastic, Fiberglass, other)

Choose one of the following:

(a) leach field

(b) drain field

(c) sand filter

(d) other media filters (e.g., peat or textile filters)

(e) aerobic treatment units (e.g., multi-flo, aqua safe, etc.)

Other _____

Estimated Installation date of system (if known) 12/6/05

County permit # (if known) 1400

Location of leach field or discharge points with latitude and longitude coordinates: 42° 25.184' N 091° 24.041' W

Location of Septic Tank /holding tank 42° 25.177' N 091° 24.057' W

(Please see attachment on how to provide this information)

Estimated Date and Description of last known clean-out or maintenance of system: None

Do you own a lot without a building structure that would not require a septic system? ____ Yes/No X

If yes, what is the address of that lot? _____

Wells

Is there a well/sand point located on the property? X Yes/No ___ If on your property, do you share the well/sand point with other properties/property owners? ____ Yes/No X If yes, please provide the address of the properties sharing the well _____

If yes, longitude and latitude coordinates of well:
42° 25.945' N 091° 24.056' W

# of service connections to the well 5 rental cabins

If served by a community well or a shared well with a neighbor, indicate the name of your association that provides the well or the address where the well is located _____
Lakes End Cabin Resort

Lakes End Cabin Resort

42.433113

Willis 2nd 1080 -91.400808

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) **Permit No.** 1400

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 20105 247th St Section 14 Township Mi10

LOCATION: NWK sec 14 T-88-N R-5-W

Owner: Dave Fink Tenant: _____ Plumber: Fink

Lot Size: 2.5 Type Commercial: _____ Residential: (No. Bedrooms) 3

Fixtures: Stools 4 Lavatories__ Bath Tubs__ Showers 3 Sinks 4 Automatic Laundry / 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 _____ No. of lateral lines _____

This system is new X Existing ____. 18x60 - Bed

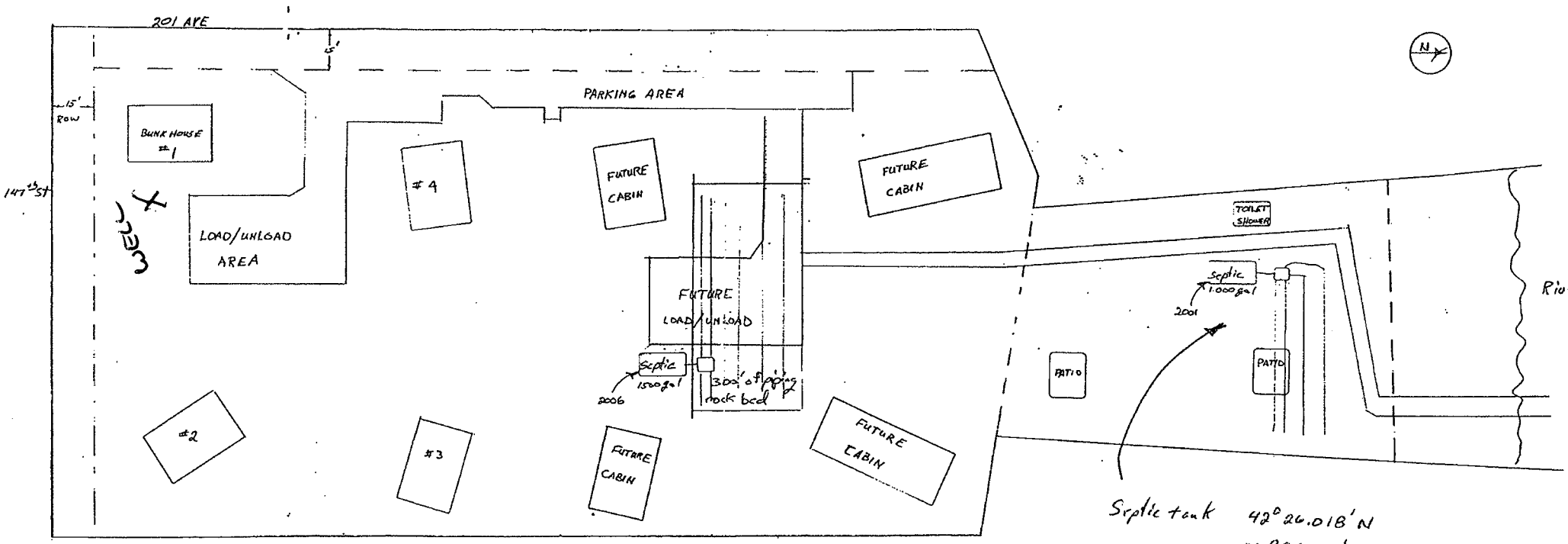
I certify that the above information is correct and that all proposed work will be completed in accordance with the Delaware County Regulations.

Date Approved 12-6-05

By Dennis Lyons
INSPECTOR

SEAL

X Dave Fink
APPLICANT'S SIGNATURE



LAKES END CABIN RESORT

1" = 40'

911 Address
20105 247th St
Manchester Iowa

Septic tank 42° 26.018' N
091° 24.051' W

Leach field 42° 26.017' N
091° 24.041' W