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Document 2014 GWH-2313 Type 53 001 Pages 5
Date 9/17/2014 Time 10:38:51AM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Patti L. Kelchen and Daniel G. Kelchen

Address 1845 Honey Creek Road, Manchester, Iowa 52057

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

TRANSFEREE:

Name Aaron T. Pauls and Amy J. Pauls

Address 708 W Marion Street, Manchester, Iowa 52057

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

Address of Property Transferred:

1845 Honey Creek Road, 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:

Well located South west of garage.

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

Signature: Patti L. Kelchen (Transferor or Agent) Telephone No.: 563 608-7577

Addendum

1. That part of the Southeast Quarter (SE¼) of the Northwest Quarter (NW¼) of Section Sixteen (16), Township Eighty Nine (89) North, Range Five (5), West of the Fifth Principal Meridian described as commencing at a point four hundred forty six and three-tenths (446.3) feet West of the Southeast corner of said Northwest Quarter (NW¼) and running thence North two hundred (200) feet, thence East one hundred thirty (130) feet, thence South two hundred (200) feet, thence West one hundred thirty (130) feet to the point of beginning.

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

Property information

Current owner Dan Kelchen
Buyer _____ Realtor _____
Mailing address 1845 Honey Creek Rd. Manchester IA. 52057

Site Address/County 1845 Honey Creek Rd. Manchester Iowa
Legal Description _____

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

Permit/installation date N/A Separation distances ok/ no? No

Septic system information

Septic tank(s): size 750 material Concrete condition Good.
Tank pumped? Yes date 5/7/14 licensed pumper St. 48
Septic/trash/processing tank: size N/A material N/A condition N/A
Tank pumped? N/A date N/A licensed pumper N/A

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

Pump tanks/vaults: type N/A size N/A condition N/A

Distribution system: distribution box No outlets used 0 condition _____
Header pipe(s) N/A # of lines N/A Pressure dosed? N/A

Secondary treatment:
length of absorption fields 20' determined by Camera
condition of fields Good determined by Hydraulic load test
type of trench material Rock & Pipe

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

Media filters: type N/A
Maintenance contract? N/A expiration date N/A service provider N/A
Condition N/A

NPDES General Permit No. 4: required? N/A permitted? N/A NOI provided N/A

Time of Transfer Inspection Worksheet

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

Control box N/A Timers N/A inspection ports N/A

Other components N/A.

Overall condition of the private sewage disposal system

Report system status System is in good working order.

Explain (attach additional pages as needed): _____

Comments: This System Maintains Downstairs Bathroom & Floor Drain (only)

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: _____ Date: 5/20/14
Name (print): Luke Ogden Certificate #: 6715
Address: 17120 165th St. Manchester IA 52057
Phone # 563-920-5148

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