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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 Frederick F. Fisher Revocable Trust u/d/o 8/22/08

Address 542 Boca Ciega Pt. Blvd. North, Madeira Beach, FL 33708-2732

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

TRANSFEREE:

Name Thayne C. Short and Brenda L. Short

Address 1425 Maple Street, Robins, Iowa 52328

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

Address of Property Transferred:
21031 263 Street, Manchester, Iowa

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

Legal Description of Property: (Attach if necessary) See Exhibit "A" attached hereto.

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:

Deep Well- in use ; 25 feet in a Northeast direction from the Northeast Corner of House

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

Signature: Frederick Oste (Transferor or Agent) Telephone No.: 319-551-6409

EXHIBIT "A"

LOT THIRTY ONE (31) OF TURTLE CREEK CAMP REPLAT BEING PART OF THE SOUTHWEST QUARTER (SW1/4) OF THE NORTHEAST QUARTER (NE1/4), PART OF THE NORTHEAST QUARTER (NE1/4) OF THE NORTHEAST QUARTER (NE1/4), AND PART OF THE SOUTHEAST QUARTER (SE1/4) OF THE NORTHEAST QUARTER (NE1/4) ALL IN SECTION TWENTY-SIX (26), TOWNSHIP EIGHTY-EIGHT NORTH (T88N), RANGE FIVE WEST (R5W) OF THE FIFTH PRINCIPAL MERIDIAN, DELAWARE COUNTY, IOWA; ALSO BEING PART OF THE NORTHWEST QUARTER (NW1/4) OF THE NORTHWEST QUARTER (NW1/4), AND PART OF THE SOUTHWEST QUARTER (SW1/4) OF THE NORTHWEST QUARTER (NW1/4), SECTION TWENTY-FIVE (25), TOWNSHIP EIGHTY-EIGHT NORTH (T88N), RANGE FIVE WEST (R5W) OF THE FIFTH PRINCIPAL MERIDIAN, DELAWARE COUNTY, IOWA, ACCORDING TO PLAT RECORDED IN BOOK 1999, PAGE 4340; ALSO ALL LAKE FRONTAGE RUNNING TO THE MIDDLE OF THE MAQUOKETA RIVER BED WITH REGARD TO SAID LOT THIRTY ONE (31).

Time of Transfer Inspection Worksheet

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

Control box NA Timers NA inspection ports Added Rizer

Other components Added rizer for easy access for next pumping. This system was pumped 2005, 2010 maintenco

Overall condition of the private sewage disposal system

Report system status Excavated leech line rock pipe very clean rock pipe.

Explain (attach additional pages as needed): The day of inspection this Septic System was in good working condition

Comments: This septic system has been pumped 2005, 2010, baffle outlet in good condition 1000 gal, Dual compartment. This home was summer use

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: 6-2-2015
Name (print): Scott Harbach Certificate #: 8815
Address: 3403 210th Ave Dolhi Ia
Phone # 563-920-7632

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

Property information

Current owner Fredrick F Fisher
Buyer Thayne & Brenda Short Realtor NA
Mailing address 1425 Malpest Robins Ia 52328
Site Address/County 2102 31 - 263rd St Manchester Ia 52057
Legal Description T-88-N R5-W section 26

No. of bedrooms 3 Last occupied? current Records available NA

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

Septic system information

Septic tank(s): size 1000 gal material concrete condition good
Tank pumped? yes date 6-2-2015 licensed pumper yes sf 347
Septic/trash/processing tank: size X material X condition X
Tank pumped? ✓ date X licensed pumper X

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 X outlets used X condition X
Header pipe(s) yes # of lines 2 Pressure dosed? X

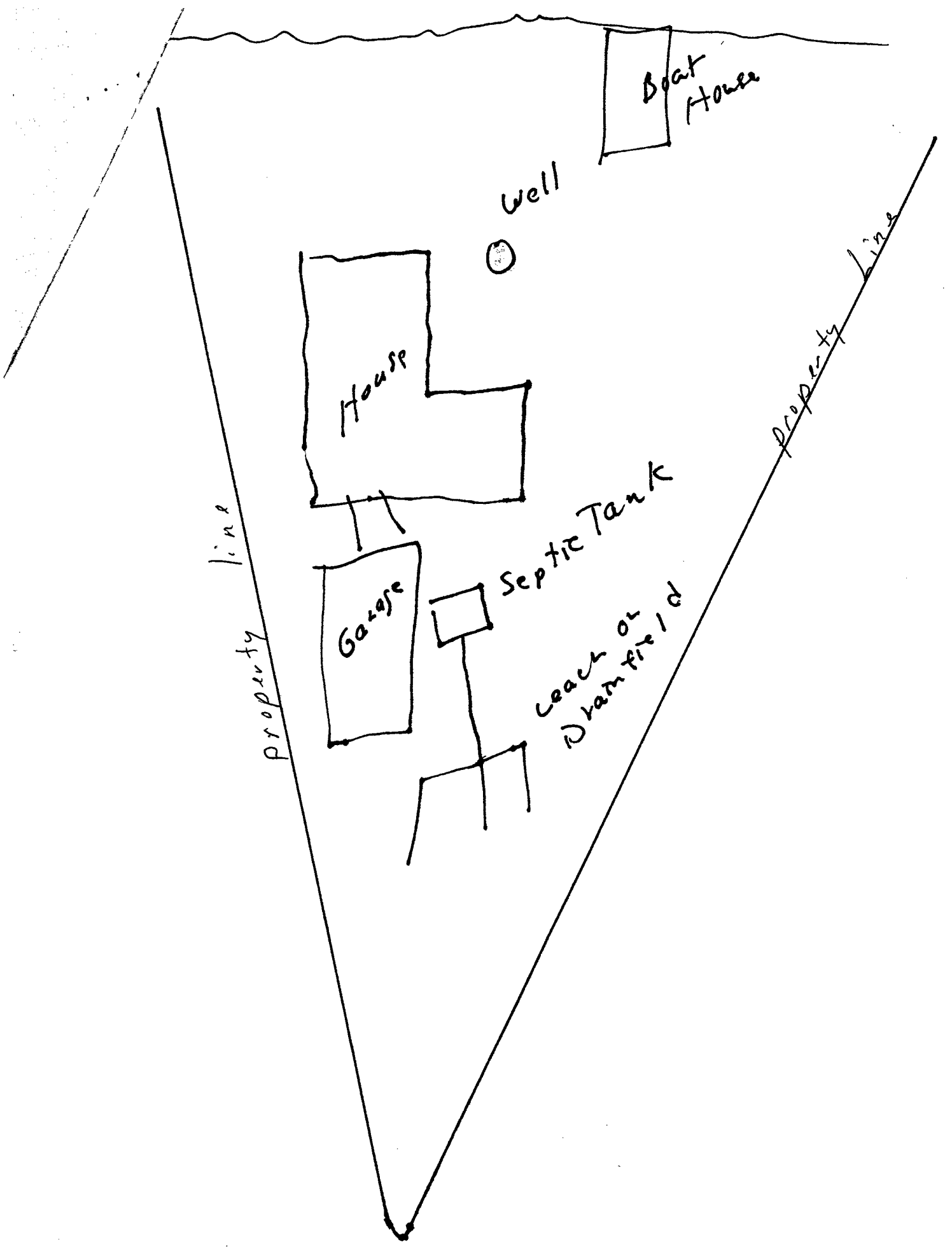
Secondary treatment:
length of absorption fields 2-40' lines determined by Excavating + Witching
condition of fields Good determined by Excavating
type of trench material Rock & Pipe

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

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

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

Time of Transfer Inspection Worksheet


Boat House
Well
House
Garage
Septic Tank
Leach or Drainfield
property line
property line