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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 Mills Group, LLC

Address 301 Bentler Avenue, Houghton, Iowa 52631

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

TRANSFEREE:

Name Jeff Nefzger

Address 2182 265th Ave Earlville, IA 52041

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

Address of Property Transferred:
2182 265th Ave, Earlville, Iowa 52041

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

Legal Description of Property: (Attach if necessary)
See 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:

Located approx. 15' north of building on west end.

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.: (319) 759-5841

Mills Group, LLC, by Brad Mills, Member

ADDENDUM

That part of the Southeast Quarter (SE ¼) of the Southwest Quarter (SW ¼) and of Southwest Quarter (SW ¼) of the Southeast Quarter (SE ¼) of Section Thirty-five (35), Township Eighty-nine (89) North, Range Four (4), West of the 5th P.M., in Delaware County, Iowa, described as: Commencing at a point which is two hundred sixty-one and seven-tenths (261.7) feet North and one hundred ninety-two and three-tenths (192.3) feet East of the Southwest Corner of the Southwest Quarter (SW ¼) of the Southeast Quarter (SE ¼) of Section Thirty-five (35), running thence North five hundred (500) feet, thence West one hundred twenty-one and two-tenths (121.2) feet, thence South 29°18' West four hundred fifty-two (452.0) feet, thence South 23°07' East sixty-one and six-tenths (61.6) feet, thence South 25°45' East fifty-eight and three-tenths (58.3) feet, thence North 89°15' East two hundred ninety (290.0) feet to the point of beginning; Delaware County, Iowa.

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

Property information
Current Owner Mills Group
Buyer _____ Realtor _____
Mailing Address 2182 265th Ave Earlville 52041
Site Address/County 2182 265th Ave Earlville 52041
No. of Bedrooms 11 Last Occupied? Nov Disposal? Y (N) Softener? Y (N) H_2O Supply? well
Records Available — Permit/Installation Date — Installer — 210Ft

Septic System Information
Septic Tank(s): Size 1100 Material Concrete Condition OK
Tank Pumped? Yes Date 5-16-15 Licensed Pumper _____
Septic/Trash/Processing Tank: Size — Material Concrete Condition OK
Tank pumped? Yes Date 5-16-15 Licensed Pumper 358

Aerobic treatment unit (ATU) MFGR — Size _____
Tank Pumped? _____ Date — Licensed Pumper _____
Maintenance Contract? _____ Expiration Date _____ Service Provider _____
Condition —

Pump Ttanks/Vaults: Type _____ Size _____ Condition _____

Distribution System: Distribution Box Yes Outlets Used 2 Condition OK
Header Pipe(s) _____ Number of Lines 2
Pressure Dosed? No

Secondary Treatment
Length of Absorption Fields 2 x 100 Determined by Prob
Condition of Fields OK Determined by 10 Acre test
Type of Trench Material Rock & Pipe

Size of Sand Filter _____ Determined by _____
Vent Pipes Above Grade? _____ Discharge Pipe Located? _____
Effluent Sample Taken? _____ Results _____

Media Filters: Type _____
Maintenance Contract? _____ Expiration Date _____ Service Provider _____
Condition _____

NPDES General Permit No. 4: Required? _____ Permitted? _____ NOI submitted _____

Time of Transfer Inspection Worksheet

Other Components

Alarms NO Working? _____ Disinfection _____ Working? _____

Control Box _____ Timers _____ Inspection Ports _____

Other Components All in working condition

Overall condition of the private sewage disposal system

Acceptable? Yes Unacceptable? _____

Explain (attach additional pages as needed): Keep tank pump once 2-3 years

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.

Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.

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: Robb Hunter Date: 5-16-15
Name (print): Robb Hunter Certficate #: 358
Address: 3031 160th St Dyersville, Iowa 52040
Phone #: 563-542-1010

****

Homeowners: Mills Group
2182 265 Ave
Granville 51041

Age of Property 5

Occupied
(Yes) or No

Harter Custom Pumping, Inc
3031 160th Street
Dyersville, IA 52040

Date of Inspection: 5-16-15

Does this evaluation/inspection meet the requirements of state and local agencies? Yes ✓ No ___ N/A ___

Section 1:

Location of the system: East West (North) South
Was Water run into the system for 30 minutes? (Yes) No
Does the septic tank have a visible riser? (Yes) No
Estimated size of tank 1100 Gallons *Basis for estimate*
What is the separation between well and septic? over 100ft
Does the separation of the well and septic meet local requirements? (Yes) No N/A

Section2: Disposal Field

Any evidence of malfunction (No) Yes (Please check all applicable observed conditions)
___Wet Areas ___Unusual green/lush vegetation
___Liquid Discharges to surface ___Discharge pipe of unknown origin
___Localized surface settling ___Other (Describe below)

Septic Tank:

Septic tank material ✓ Concrete ___ Fiberglass ___ Other
Liquid Level in tank ✓ Normal ___ Below Normal ___ Above Normal
Access opening in tank ✓ One ___ Two ___ Three ___ None
Number of risers ✓ One ___ Two ___ Three ___ None
Condition of baffles and or sanitary tees:
Inlet baffle or "T" ✓ Present and functional ___ Not functional ___ None present ___ Not Visible
Outlet baffle or "T" ✓ Present and functional ___ Not functional ___ None present ___ Not Visible
Tank was pumped ✓ Yes ___ No (if no please explain below
Is system adequately sized for # of Bedrooms ✓ Yes ___ No # of Bedrooms: ___
Is system adequately sized for # of Bathrooms ✓ Yes ___ No # of Bathrooms: ___
System working Properly ✓ Yes ___ No (if no please explain below)

Additional Comments / Repairs needed:

THIS IS A 2 COMPT TANK. KEEP PUMP EVERY 2-3 YEARS
1100 GAL

Septic systems are subterranean, it is impossible to determine their overall condition. No prediction can be made as to when or if a system might fail.
This report comments on the workability of the system on the day of the inspection only, and is in no way intended to be a warranty.
Workability can be altered by factors such as excessive rainfall, heavy water usage, faulty plumbing, neglect or physical damage to the system. All tanks require pumping maintenance.

Inspected by: [signature] Date: 5-16-15

ADDRESS 4182 265th AVE CITY EARLVILLE

