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Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Kristopher D. Sutter*

Address 2537 150th Ave, Manchester, Iowa 52057
Number and Street or RR | City, Town or PO | State | Zip

TRANSFEREE:

Name Shane Michael Carpenter

Address 1898 Hwy 13, Mancester, Iowa 52057
Number and Street or RR | City, Town or PO | State | Zip

Address of Property Transferred:

1865 Honey Creek Rd, Manchester, Iowa 52057
Number and Street or RR | City, Town or PO | State | Zip

Legal Description of Property: (Attach if necessary)

THAT PART OF THE SOUTHWEST QUARTER (SW1/4) OF THE NORTHWEST QUARTER (NW1/4) OF SECTION SIXTEEN (16), TOWNSHIP EIGHTY NINE (89) NORTH, RANGE FIVE (5), WEST OF THE FIFTH P.M. DESCRIBED AS COMMENCING AT A POINT ONE THOUSAND NINE HUNDRED THIRTY NINE AND THREE-TENTHS (1939.3) FEET WEST OF THE SOUTHWEST CORNER OF THE NORTHWEST QUARTER (NW1/4) OF SECTION SIXTEEN (16), RUNNING THENCE WEST ONE HUNDRED FORTY EIGHT AND THREE-TENTHS (148.3) FEET, THENCE NORTH 2° 22' WEST ONE HUNDRED SEVENTY FIVE (175.0) FEET, THENCE NORTH 79° 30' EAST ONE HUNDRED FIFTY EIGHT AND TWO-TENTHS (158.2) FEET, THENCE SOUTH TWO HUNDRED (200.0) FEET TO THE POINT OF BEGINNING

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 is located on the North East side 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: _____ (Transferor or Agent) Telephone No.: 563-920-4927

FILE WITH RECORDER

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

Property information

Current owner Sutter Kristopher
Buyer _____ Realtor _____
Mailing address 1865 Honey Creek Rd Manchester IA 52057

Site Address/County FD # 1406600/300
Legal Description _____

No. of bedrooms 3 Last occupied? new Records available Yes

Permit/installation date 2008 Separation distances ok/ no? _____

Septic system information

Septic tank(s): size 1500 material Concrete condition good
Tank pumped? Yes date 11-18-15 licensed pumper JSP
Septic/trash/processing tank: size 1000 material Concrete condition good
Tank pumped? Yes date 11-18-15 licensed pumper 358

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

Pump tanks/vaults: type — size _____ condition _____

Distribution system: distribution box Yes outlets used 6 condition good
Header pipe(s) _____ # of lines — Pressure dosed? —

Secondary treatment:
length of absorption fields 30 x 40 determined by Prob
condition of fields good determined by Dug up
type of trench material _____

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 provided _____

Time of Transfer Inspection Report

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

Control box _____ Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status All in good working condition.

Explain (attach additional pages as needed): Keep tank pump ever 3-5 years.

Comments: Has filter need to be cleaned ever year.

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.

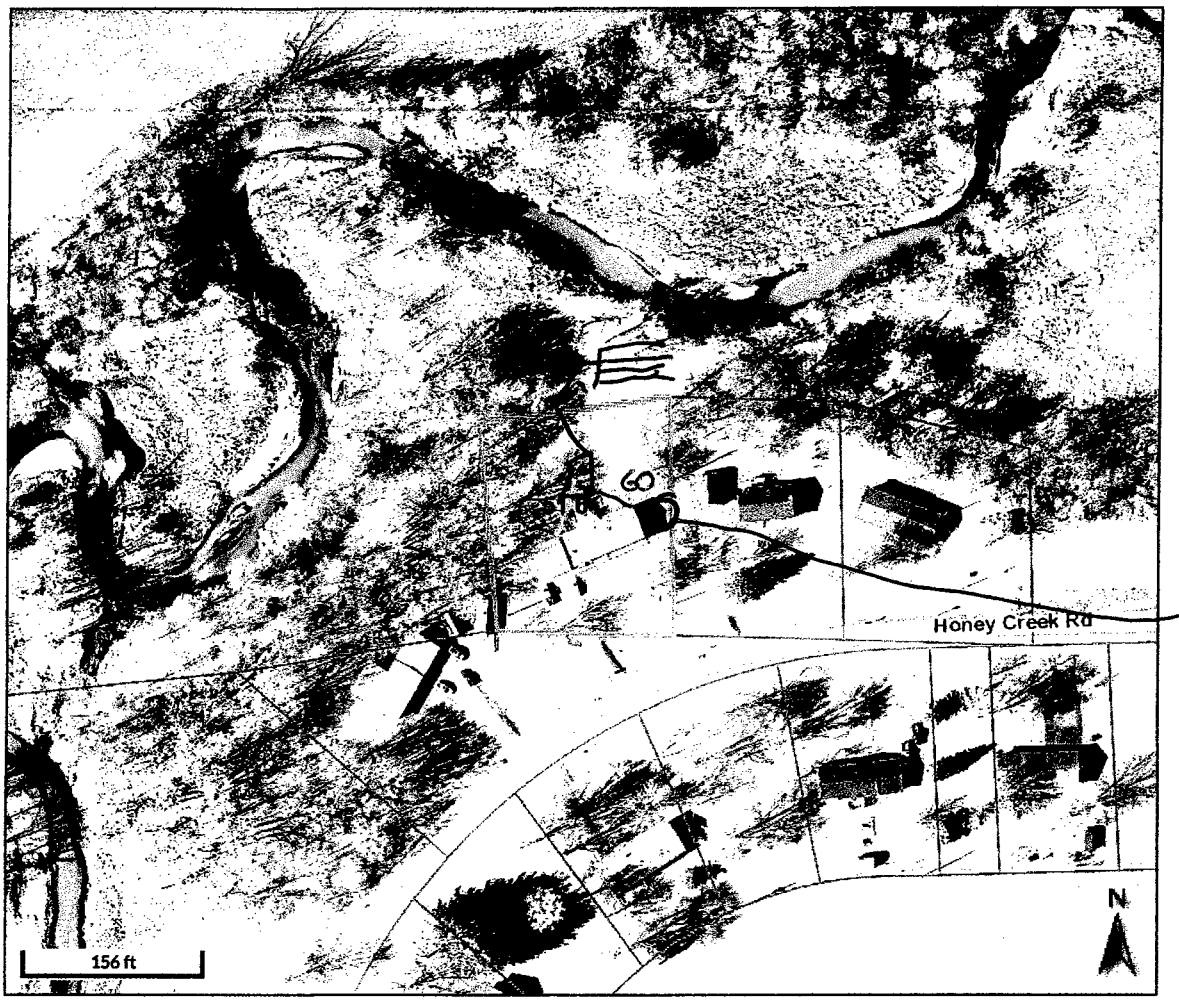
This report indicates the condition of the private sewage disposal system at the time of the inspection. It does not guarantee that it will continue to function satisfactorily.

Signature of Certified inspector: _____ Date: 11-18-15
Name (print): Robb Haan Certificate #: 359
Address: 3031 160 St Dysart IA 52040
Phone # 562 562-1010

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office, county Recorder in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

Beacon Delaware County, IA



Overview

Legend

- Corporate Limits
- Political Township
- Parcels
- Roads

well to TANK 50Ft

D Box to TANK 39Ft

Parcel ID	140160001300	**Alternate ID**	n/a	**Owner Address**	Sutter, Kristopher D
Sec/Twp/Rng	16-89-5	**Class**	R		1865 Honey Creek Rd
Property Address	1865 HONEY CREEK RD MANCHESTER	**Acreage**	n/a		Manchester, IA 52057-
District	DELAWARE				
Brief Tax Description	PT SW NW AS DESC. B 128 P 193				

1500 gal TANK with Filter

Rock 3 Pipe Bed

Date created: 11/19/2015
Last Data Upload: 11/19/2015 5:45:31 AM

Developed by
The Schneider Corporation

****

Homeowners: Kristopher Sutter
1865 Honey Creek Rd
Manchester IA 52057

Age of Property 1970
Occupied
Yes or No

Inspection Co: Cobb Septic
3031 160th Dyersville 52040
Date of Inspection: 11-15-15

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 1500 Gallons *Basis for estimate*
What is the separation between well and septic? 10'
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:

TANK HAS A FILTER THAT NEED TO BE CLEAN EVERY YEAR

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: 11-18-15