Book 2016 Page 1111

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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Donald F. Moriarty and Donna R. Moriarty

Address 20300 247th St., Manchester, IA 52057

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

TRANSFEREE:

Name Cynthia M. Recker

Address 114 Monterey Trail, Monticello, IA 52310

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

Address of Property Transferred:
20300 247th St., Manchester, IA 52057

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

Legal Description of Property: (Attach if necessary) See attached EXHIBIT A for full 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)**
   - 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 Location- Rear Well behind garage, in working order

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

Signature: X Donald J. Mohan (Transferor or Agent) Telephone No.: 319-533-4376

FILE WITH RECORDER **DNR form 542-0960 (July 18, 2012)**

EXHIBIT A

~~EXCEPTIONS~~: Lots Three (3) and Four (4) of Bahndorf's First Addition to Delaware County, Iowa, according to plat recorded in Book 5 Plats, Page 1, except Parcel H Part of Lot 3 of Bahndorf's First Addition, Part of the N 1/2 of the SW 1/4 Section Fourteen (14), Township Eighty-Eight North (T88N), Range Five West (R5W) of the Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 8 Plats, Page 160; also Parcel I Part of the NE 1/4 of the SW 1/4, and Part of lot Four (4) of Breezy Point Subdivision of the NE 1/4 of the SW 1/4, all of Section Fourteen (14), Township Eighty-Eight North (T88N), Range Five West (R5W) of the Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 8 Plats, Page 160.

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

operty information

urrent owner Don Moriarty 20300 247th St Manchester Ia 52057
yer Cynthia Recker Realtor
ailing address 20301 247th St. Manchester, Ia. 52057

e Address/County 20300 247th St Manchester Ia 52057
gal Description Section 14 T-88-N R-5-W (Delaware County)

. of bedrooms 3 Last occupied? current Records available no

rmit/installation date no Separation distances ok/ no? ok

ptic system information

ptic tank(s): size 1000 gal. material concrete condition good
nk pumped? yes date 3-20-16 licensed pumper yes Ust 347
ptic/trash/processing tank: size x material x condition x
nk pumped? x date x licensed pumper x

robic treatment unit (ATU) mfgr x size x
nk pumped? x date x licensed pumper x
intenance contract? x expiration date x service provider x
ndition x

mp tanks/vaults: type x size x condition x

stribution system: distribution box yes outlets used 3 condition good
Header pipe(s) x # of lines x Pressure dosed? x

ondary treatment:
ngth of absorption fields 15'x40' Bed determined by Installer
ndition of fields good determined by Hydraulic test
e of trench material Rock & Pipe Excavating D-Box

e of sand filter x determined by x
nt pipes above grade? x discharge pipe located? x
luent sample taken? x Results x

dia filters: type x
intenance contract? x expiration date x service provider x
ndition x

DES 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 _____

_____

Overall condition of the private sewage disposal system

Report system status The day of inspection this system was

Explain (attach additional pages as needed): in good working condition.

Comments: Hydraulic loading test for 40 min. successful. No size 9h effulent in D-Box. Excavated end of tank & D-Box, outlet baffle good-D-Box good shape

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.

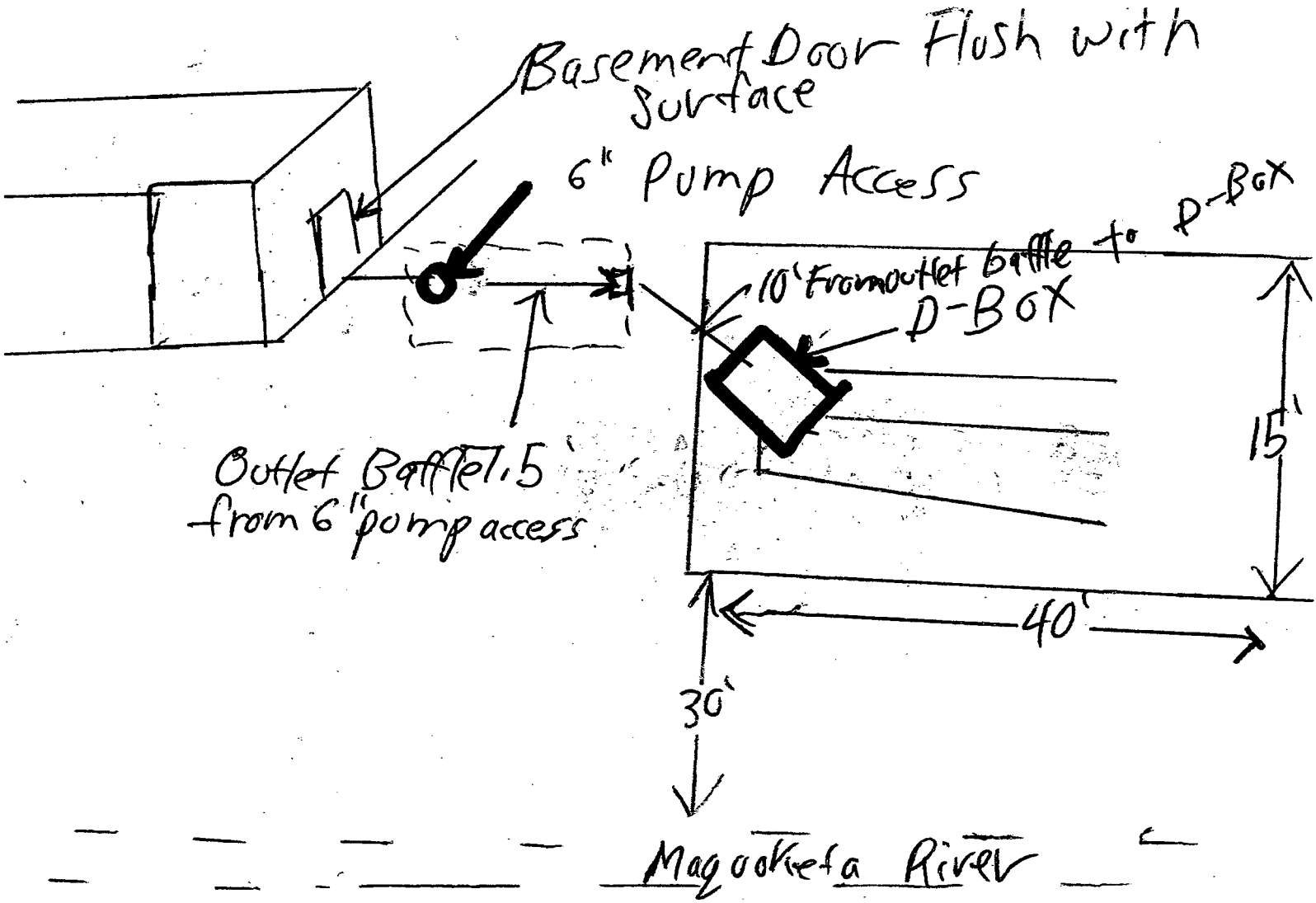
Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

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: 3-20-16
Name (print): Scott Harbach Certificate #: 8815
Address: 2443 216th 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



This has been in over 20 years. Excavated Outlet baffle - D-Box. The rock was clear, D-Box was clean, Tank had beer pumped about every 3 years since installed. This system was in good working condition the day of inspection 3-20-16