Book 2016 Page 1156
Document 2016 GWH-1156 Type 53 001 Pages 7
Date 5/06/2016 Time 10:27:37AM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Sheryl L. Schnittjer

Address 24695 207th Avenue, Delhi, Iowa 52223

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

TRANSFEREE:

Name Leo J. Strauser and Ronda L. Strauser

Address 504 Buchanan Street, Manchester, Iowa 52057

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

Address of Property Transferred:
10 Franklin Street, Delhi, Iowa 52223

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: Drilled well in working order located in SW quardrant of lot

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

Signature: Sheryl L Schrietter (Transferor or Agent) Telephone No.: 3197216190

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

Addendum

1. Lot Six (6) Doolittle Addition to Delhi, Iowa, according to plat recorded in Book G, L.D., Page 501.

   This sale includes a Type C, 1994 FBRK Mobile Home, Model 43012FKSB, Gray White, 728 Sq. Ft., VIN #1W300709G.

   -AND-

   The East four (4) rods of Lot Two (2), Harding's Addition to the Town of Delhi, Iowa.

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

Property information

Current owner Sheryl Schnitker
Buyer _____ Realtor _____
Mailing address 24695 207th Ave Delhi IA 52223

Site Address/County 10 Franklin st. Delhi IA 52223
Legal Description _____

No. of bedrooms 2 Last occupied? _____ Records available Yes

Permit/installation date 6/16/2000? Separation distances ok/ no? ok

Septic system information

Septic tank(s): size 750 material Concrete condition Good
Tank pumped? Yes date 4/8/16 licensed pumper SF 49
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 Yes outlets used 3 condition Good
Header pipe(s) No # of lines N/A Pressure dosed? N/A

Secondary treatment:
length of absorption fields 14x40 Bed determined by Map
condition of fields Poor 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 Seperate Report

Explain (attach additional pages as needed): _____

Comments: Seperate Report.

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: 4/8/10
Name (print): Luke Ogden Certificate #: 6715
Address: 17120 185th St. Manchester
Phone # 563-927-6503

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

OASIS PUMP SERVICE
1332 N. Franklin, Manchester, Iowa 52057
563-927-6503 888-666-6503
www.oasiswell.com

Septic Inspection
Sheryl Schnittjer
10 Franklin St.
Delhi, IA 52223

On April 8, 2016 a septic inspection was performed at the above address.

House Description:

Approximately 700 sq. ft. home (main floor) consists of 1½ bathrooms, 2 bedrooms. Lot size is approximately ½ acre. Property does have a water softener.

Septic Description:

Septic system has a 750 gallon concrete two compartment tank, with a 14 x 40 septic bed, 1 – 7 hole PVC/concrete distribution box. Field is rock and pipe system.

Septic Condition:

Condition of septic tank is good, distribution box is good. Leach lines are approximately 4' in depth and 39" to the top of distribution box. The distribution box and lines were 70% full when opening distribution box. System took water very slowly on the hydraulic load test. The water was over outlet lines. No water was surfacing on septic field before or after hydraulic load test. The hydraulic load test was run at 5 GPM for 30 minutes.

Company Disclaimer

Based on what we were able to observe and our experience with on-site wastewater technology, we submit this sanitary sewage disposal system inspection report based on the present condition of the on-site sewage disposal system. Oasis Pump Service has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future. Because of numerous factors (usage, soil characteristics, previous failures, etc.) which effect the proper operation of a septic system as well as the inability of our Company to supervise or monitor the use or maintenance of the system, this report shall not be constructed as a warranty by our Company that the system will function properly for any particular buyer. Oasis Pump Service **DISCLAIMS ANY WARRANTY**, either expressed or implied, arising from the inspection of the septic system or this report. We are also not ascertaining the impact the system is having on the ground water.

I have studied the information contained herein and that my assessment is honest, thorough, and, to the best of my ability correct.

Certified by Luke Ogden #6715

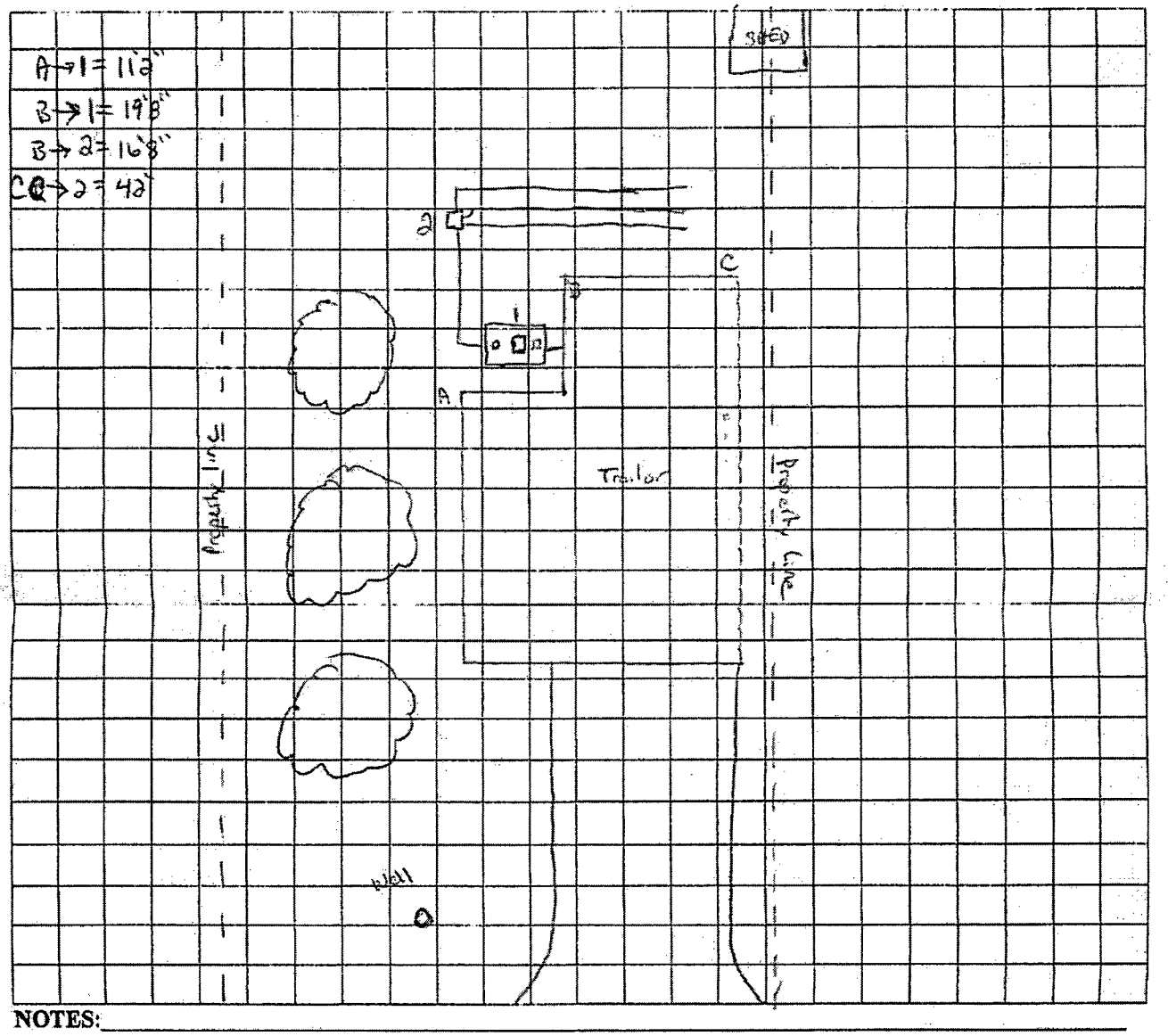
Luke Ogden T.O. **Date** 4/8/16

Owner: **Sheryl Schnittjer 10 Franklin St. Delhi, IA 52223**

OASIS PUMP SERVICE

1332 N. Franklin, Manchester, Iowa 52057
563-927-6503 888-666-6503
www.oasiswell.com

OWNER: Sheryl Schnittjer **DATE:** 4/8/16
SITE ADDRESS: 10 [illegible] Franklin St **TOWN/COUNTY:** Delh.
GPS: Long: Lat:
TANK SIZE: 750 Plastic **OR** (Concrete) **D-BOX:** (7) or 9 **OUTLETS USED:** 3
SECONDARY TREATMENT: Rock & Pipe 14x40 Bed.



NOTES: