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Document 2016 GWH-1835 Type 53 001 Pages 6
Date 7/18/2016 Time 2:58:37PM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Timothy M. Salow

Address 1927 210th Street, Manchester, Iowa 52057

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

TRANSFEREE:

Name Andrew M. Barrett

Address 305 E Union Street, Manchester, Iowa 52057

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

Address of Property Transferred:
1927 210th Street, Manchester, Iowa 52057

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:

The well is located at the NORTH SIDE of House App. 30 ft from HOUSE

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

Signature: Timothy M Sidow (Transferor or Agent) Telephone No.: (563) 920-1712

Addendum

1. That part of the Southeast Quarter (SE¼) of the Southwest Quarter (SW¼) of Section Twenty Seven (27), Township Eighty Nine (89) North, Range Five (5), West of the Fifth Principal Meridian described as commencing at a point twenty (20.0) feet East of the Southwest corner of said quarter-quarter section, thence North three hundred forty five (345.0) feet, thence East three hundred thirty (330.0) feet, thence South three hundred forty five (345.0) feet, thence West on the South line of said Section Twenty Seven (27) three hundred thirty (330.0) feet to the point of beginning

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

Property information

Current owner Tim & Becky Salow 563-920-1712
Buyer _____ Realtor F&M Realty (Mary Kay Starks)
Mailing address [redacted] Manchester 108 S Franklin St

Site Address/County 1927 210th St Manchester
Legal Description _____

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

Permit/installation date 4-18-04 Separation distances ok/ no? 0 ft

Septic system information

Septic tank(s): size 1000/500 material Concrete condition Good
Tank pumped? Yes date 6-18-16 licensed pumper ST 49
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

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 Yes outlets used 3 condition Good
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields 275' determined by per map
condition of fields Good determined by water test
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 NA
Maintenance contract? _____ expiration date _____ service provider _____
Condition _____

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

Time of Transfer Inspection Worksheet

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

Control box _____ Timers _____ inspection ports _____

Other components _____

_____

Overall condition of the private sewage disposal system

Report system status Has 2 tank @ 1000 gallons First tank waste / second tank

Explain (attach additional pages as needed): water (500 gallons) D Box good

Comments: 30 minute water test OK

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.

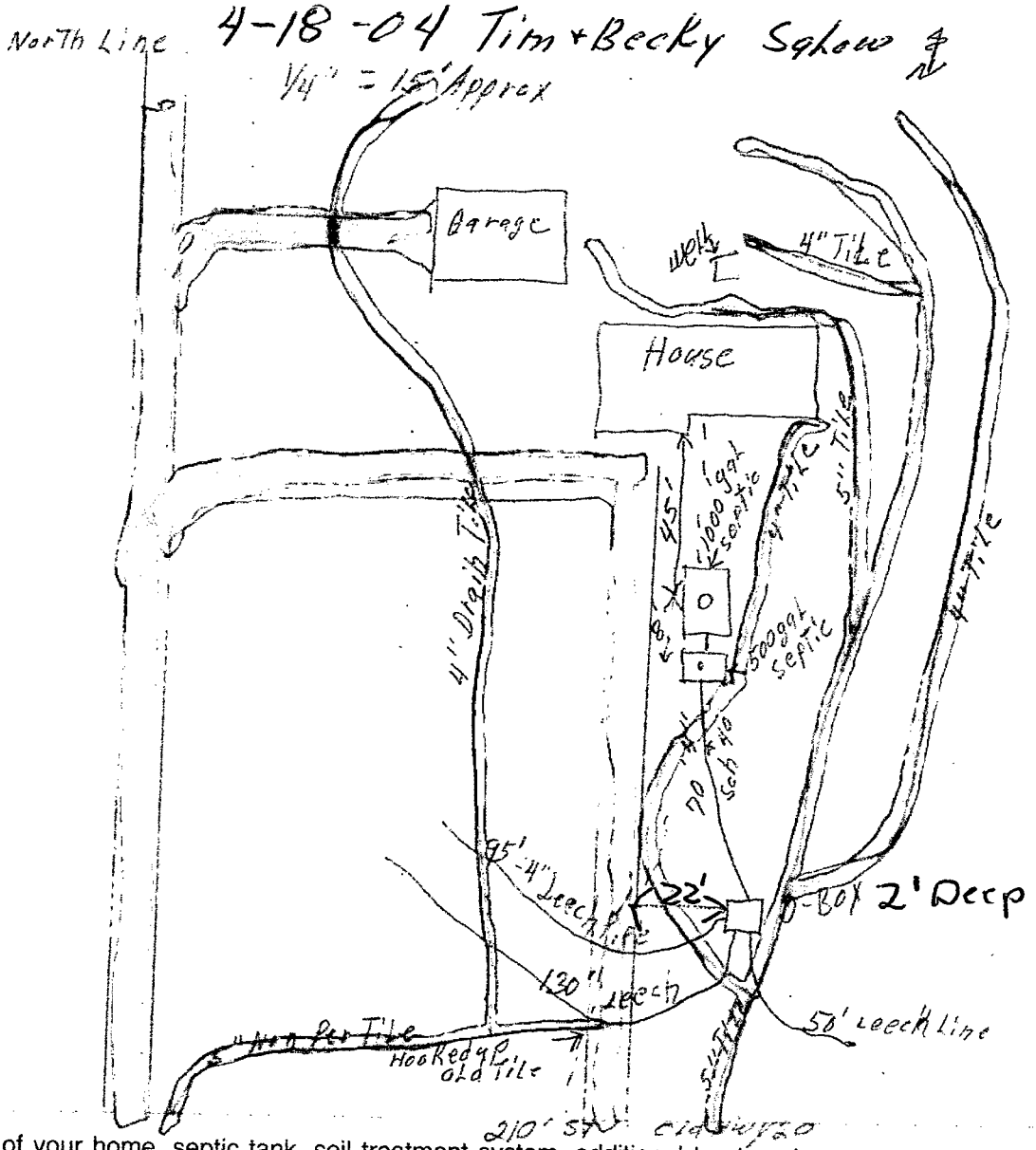
Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

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: Bill Dorn Date: 6-18-16
Name (print): Bill Dorn Certificate #: 8880
Address: 1497 110th Ave Dunlap IA 51538
Phone # 563-924-2225

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



Sketch location of your home, septic tank, soil treatment system, additional treatment components, accessories, drinking w supply, and other pertinent reference points. Record any known distances or dimensions above. Note: A sketch of your system have been provided along with the permit or may be available from the installer/contractor if your system was recently installed

Designer (engineer, site evaluator):

Firm/Company: C & D Construction Co

Address: _____

Telephone #: _____ Designer/Site Evaluator/Engineer #: _____

Installer:

Firm/Company: C & D Construction Co.

Address: 500 Seeley St. Manchester Iowa

Telephone #: _____ Certification/Permit #: _____

Pumper:

Firm/Company: _____

Address: _____

Telephone #: _____ Certification/Permit #: _____

Operation & Maintenance Provider: