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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Donna Morris

Address 2353 Jefferson Road, Manchester, Iowa 52057

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

TRANSFEREE:

Name Eric T. Wilkinson

Address 630 S Dubuque Street, Solon, Iowa 52333

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

Address of Property Transferred:

2353 Jefferson Road, 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.
   - _✓_ 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:

Front Sand Point is right in Front of Garage to left Behind storage shed

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

Signature: Donna Foster Mora (Transferor or Agent) Telephone No.: (563) 929-6604

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a. Solid Waste Disposal (check one)

__✓__ There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.

___ There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.

b.. Hazardous Wastes (check one)

___ There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.

___ There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.

Further descriptive information:

_____

_____

_____

_____

_____

_____

_____

_____

_____

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.: (563) 929-6604
(Transferor or Agent)

Addendum

1. THAT PART OF THE SOUTHWEST QUARTER (SW ¼) OF THE NORTHEAST QUARTER (NE ¼) OF SECTION TEN (10), TOWNSHIP EIGHTY EIGHT (88) NORTH, RANGE FIVE (5), WEST OF THE FIFTH P.M. DESCRIBED AS COMMENCING AT A POINT FORTY (40) FEET WEST OF THE SOUTHEAST CORNER OF SAID SOUTHWEST QUARTER (SW ¼) OF THE NORTHEAST QUARTER (NE ¼), AND RUNNING THENCE WEST TWO HUNDRED EIGHTY (280) FEET, THENCE NORTH THREE HUNDRED FORTY (340) FEET, THENCE EAST TWO HUNDRED EIGHTY (280) FEET, THENCE SOUTH THREE HUNDRED FORTY (340) FEET TO THE PLACE OF BEGINNING.

Time of Transfer Inspection Report

Property information
Current owner_ **Donna Morris**_____
Buyer __ _____ Realtor __**Rita Goebel**_____
Mailing address _____

Site Address/County _ **2353 Jefferson Rd. Manchester, IA --Delaware County** ___
Legal Description _____
No. of bedrooms _**2**___ Last occupied? _ **Now** __ Records available _**YES** _____
Permit/installation date _ **#** **/2010**__ Separation distances ok/ no? ____**OK**_____

Septic system information

Septic tank(s): size _**1500**_____ material __**Concrete**_ condition __**good**__
Tank pumped? _**Yes**_ date _**7-11-16** licensed pumper _**Groth Services LLC**___
Septic/trash/processing tank: size ____ material ____ condition _____
Tank pumped? _____ date _____ licensed pumper ____
Maintenance contract? _____ expiration date _____ service provider _____

Pump tanks/vaults: type ___ size ___ condition _____

Distribution system: distribution box _**Concrete/plastic** _ outlets used _**3**_ condition __**Good**_
Header pipe(s) ___**YES**____ # of lines _**3**____ Pressure dosed? _**NO**___
Secondary treatment:
Length of absorption fields _**3 x 90'** ___ determined by _ **MAP and Probe**____
condition of fields __**Good**_____ determined by _____**Hydraulic load test** _____
type of trench material ___**Rock and pipe** _____

Size of sand filter___ _____Determined by_____
Vent pipes above grade?_____Discharge pipe located?_____
Effluent sample taken?_____

Media filters: type _____
Maintenance contract? _____ expiration date _____ service provider _____

NPDES General Permit No. 4: required? __**NO**____ permitted? _____ NOI provided _____

Time of Transfer Inspection Report

Other components:
Alarms __**NO**_____ Working? _____ disinfection _____ working? _____

Control box _____ Timers_____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status _____**Has required components**

Explain (attach additional pages as needed) ___**See Attached Narrative Report**____

_____

Comments: _____

Signature of Certified inspector: _____ Date: 7-24-16

Name (print): ___Corey Groth_____ Certificate #: __**8810**_____
Address: _____1690 165th Street Manchester, IA 52057_____
Phone # ___563-927-5823_____

A copy of this report, the narrative report and sketch has been sent to the following by us:
YES- Seller/agent
NO- Buyer
YES- County sanitarian/environmental health office
YES- Iowa DNR in Des Moines

GROTH SERVICES LLC

NARRENTIVE INSPECTION REPORT
Donna Morris Property

This is a certified septic TOT inspection for a two bedroom home with an on-site septic system. There is no basement and the home waste water drains via gravity to a septic tank which is the primary treatment. There are two effluent filters on the outlet in the septic tank and the tank has plastic tee baffles. It again is gravity to the distribution box and absorption field, thus completing the secondary treatment.

CONDITION:

The concrete septic tank was pumped with 14" scum layer, and 80% solids. The tank is suggested to be cleaned in 5 years, or sooner if the filters plug. There is no alarm on the filters, and when I arrived they were mostly plugged. The septic tank does have two plastic risers to the surface, one on each end of the septic tank. The septic tank liquid level was at the normal level, however the inlet line to the house was plugged. There was excessive cooking grease discovered in the tank, and inlet line. The inlet line needed to be Hydro-jetted clean from the tank to the east side of home. The problem has been fixed with the pipe being cleaned, but can occur anytime in the future if the home owner dumps cooking grease down the drains. The outlet exits the dual compartment tank to a absorption system west of the home. There is a concrete/plastic lined distribution box that is in good condition.

The secondary treatment is a trench type rock and pipe soil absorption system with three lines, 270 linear feet in size. A hydraulic load test was calculated for 250 gallons for this home, and completed for a time period of 67 minutes at 3.7 GPM. The absorption system took all the water without rising the flow line in the distribution box.

YES - this septic system does meet the Time of Transfer inspection criteria in it having primary / secondary treatment.
This inspection was completed at 2353 Jefferson Rd. Manchester, IA on 07-18-2016 and is valid for two years from this date.

Company Disclaimer

Based on what we were able to observe and our experience with on-site waste-water technology, we submit this sanitary sewage disposal system inspection report based on the present condition of the on-site sewage disposal system. Groth Services LLC 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 the 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 construed as a warranty by our Company that the system will function properly for any particular buyer. Groth Services LLC 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. This Narrative report may not be copied without written approval from Groth Services LLC.

Certified by Corey J Groth # 8810

_____ **DATE** 7-24-16







