Recorded: 9/28/2016 at 2:28:43.0 PM
Fee Amount: $0.00
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2016 PG: 2639

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Gary L. Jackson and Roxanne R. Jackson

Address 1951 - 145th Avenue, Manchester, IA 52057

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

TRANSFEREE:

Name Moyle Real Estate, LLC

Address 112 E. Fayette Street, Manchester, IA 52057

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

Address of Property Transferred:
1953 - 145th Avenue, Manchester, IA 52057

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

Legal Description of Property: (Attach if necessary) Parcel J, part of the NE¼ SW¼, Sec. 23, T89N, R6W of the Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 2012, Page 3313.

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.

X 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:

1. Working well located on Northwest part of property.

4. There is a 1500 gallon septic tank on the south side of the 54 X 90 building.

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) 608-2063

42.505843
-91.520939

13 023600 0510

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

1253
C. 6. 23

Septic Inspection
Gary Jackson
1953 145th Ave.
Manchester, IA 52057

On February 16, 2015 a Septic Inspection was performed at the above address.

Shop Description:
The shop has an office and 1 full bathroom.

Septic Description:
The Septic system @ 1953 145th Ave. Manchester, IA consist of 1-1000 Gallons concrete septic tank. 60 Ft. Infiltrator and has no distribution box. The Septic was pumped 8-21-12 and system was installed new 8-16-04.

Septic Condition:
On February 16, 2015 a hydraulic load test was performed on leach field @ 9 GPM @ 44 minutes for a total of 396 Gallons of water and took water well. This system appears to be in good working order.

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 **Date** Feb 12, 2015

Owner: Gary Jackson @ 1953 145th Ave. Manchester, IA

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

Invoice

DATE	INVOICE #
2/13/2015	6876

BILL TO

Gary Jackson
1953 145th Ave
Manchester, IA 52057

DESCRIPTION	QTY	PRICE	AMOUNT
Septic Inspection		100.00	100.00

All Accounts Due 15 Days After Date of Purchase or on Completion of Job. 1½% (18% Ann) Service Charge Added to Overdue Accounts. Minimum Charge $4.00.

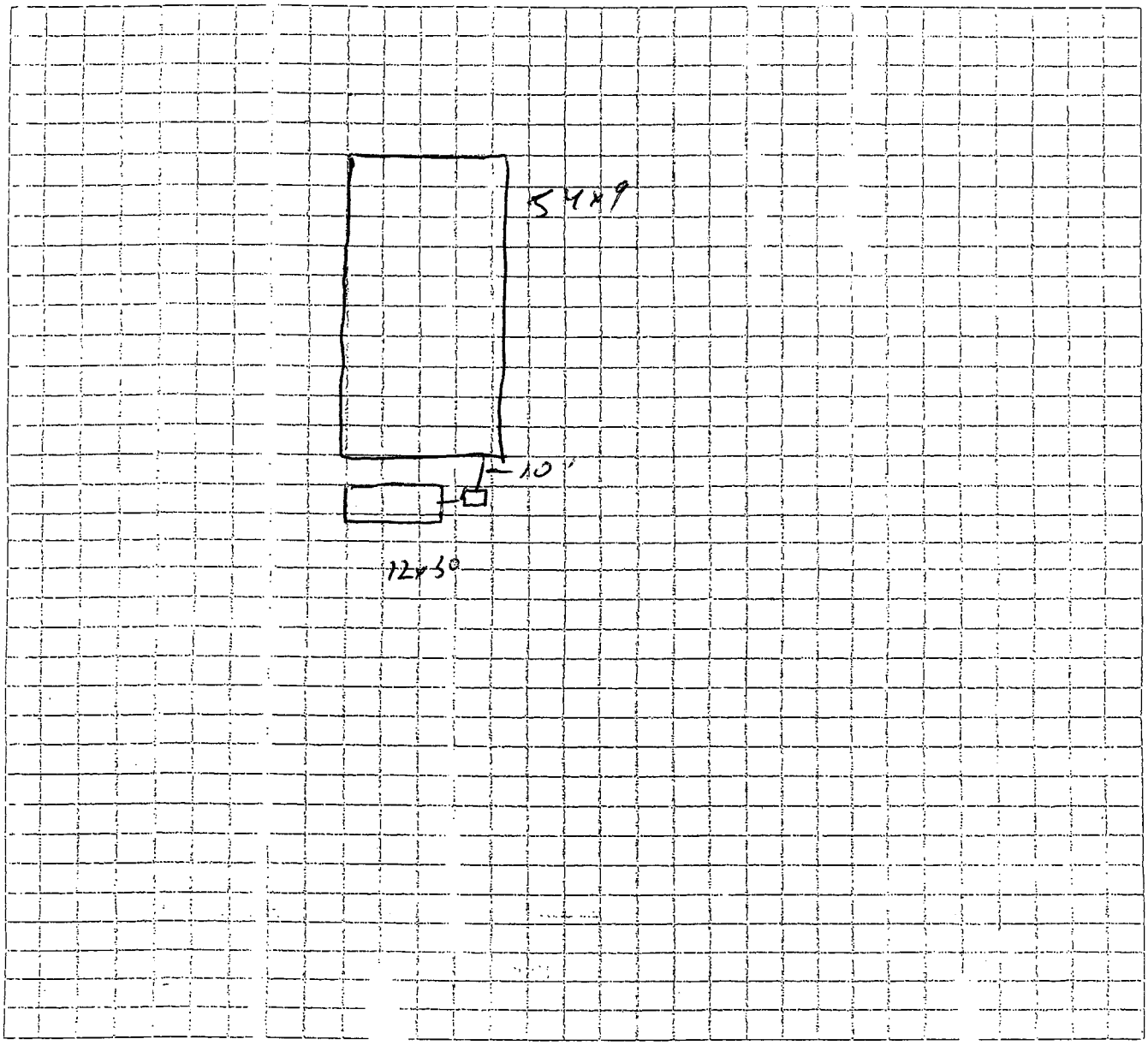
Thank you for your business.

Total $100.00

Site Evaluation Map

Designer Oasis

List any construction issues: Jackson



Mapping Checklist

Map scale: _____ _____ ___ indicate north ___ show slope _____ % direction ___

Locate

___ lot dimensions/property lines
___ dwellings and other improvements
___ existing and/or proposed system(s)
___ replacement area
___ unsuitable area(s)
___ public water supply wells
___ pumping access
___ inner wellhead zone

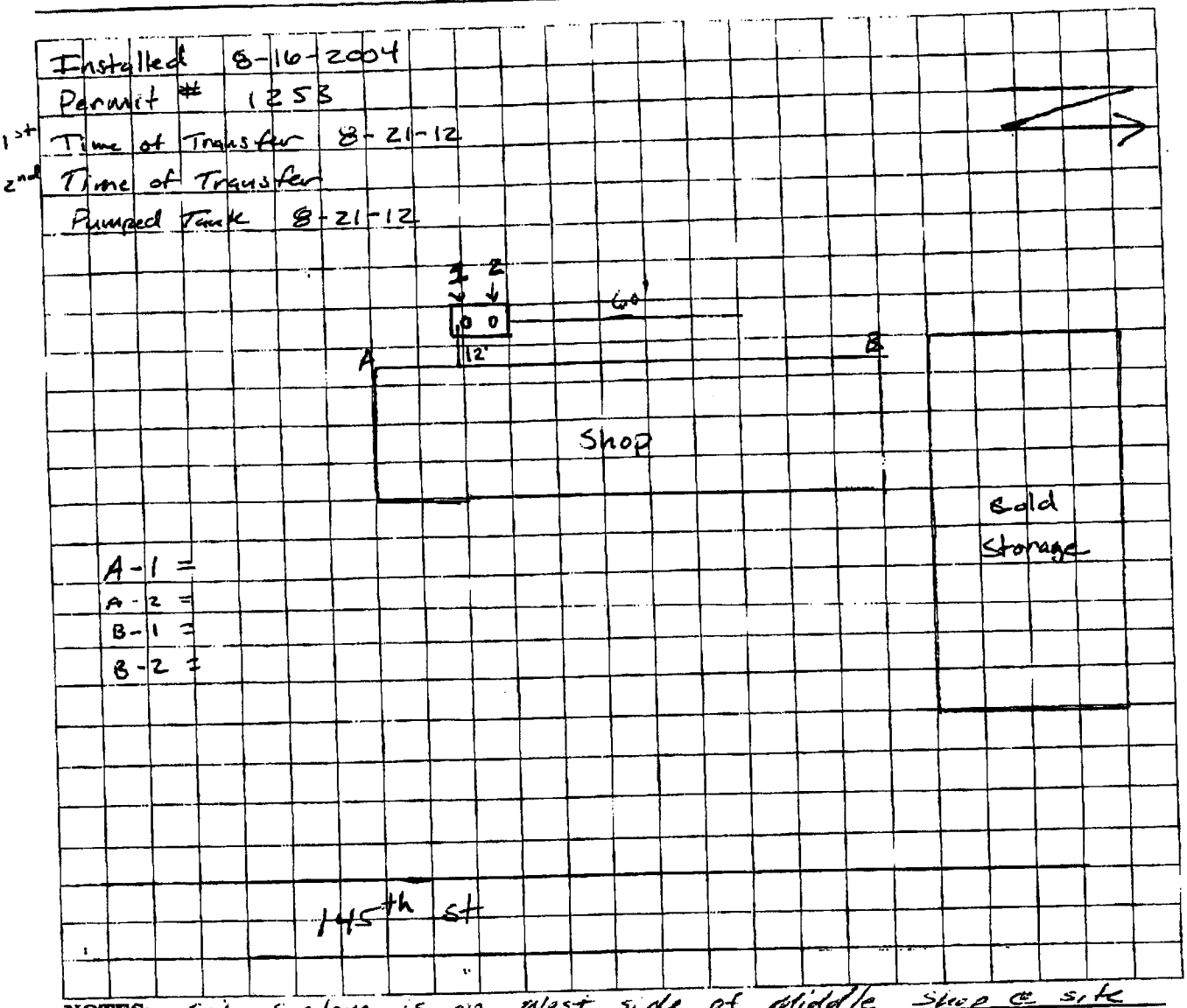
___ **easements**
___ phone
___ electric
___ gas
___ **elevations**
___ borings
___ benchmark
___ perc tests
___ horiz&vert reference pts

___ **setbacks**
___ building
___ all water wells within 100ft
___ pressure pipe
___ water suction pipe
___ streams, lakes, rivers
___ floodway and fringe

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

OWNER: Gary Jacleson **DATE:** 2-16 15
SITE ADDRESS: 1953 145th Ave **TOWN/COUNTY:** Manchester / Delaware
GPS: Long: -91.520 Lat: 42.505
TANK SIZE: 1000 Plastic ~~OR Concrete~~ **D-BOX:** ~~1 or 9~~ **OUTLETS USED:**
SECONDARY TREATMENT: 60' EQ24 Infiltrator

Installed 8-16-2004
Permit # 1253
1st Time of Transfer 8-21-12
2nd Time of Transfer
Pumped Tank 8-21-12



NOTES: Septic System is on West side of middle Shop @ site
1,000 gal. tank & 60' Infiltrator heading North

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

Property information

Current owner Gary Jackson
Buyer Moyle Masonry Realtor
Mailing address

Site Address/County 1953 145th Ave Manchester Iowa / Delaware Co.
Legal Description GPS: -91.520 42.505

No. of bedrooms 0 Last occupied? Present Records available Yes
Permit/installation date 8/16/04 # 1253 Separation distances ok/ no? ok

Septic system information

Septic tank(s): size 1000 material Concrete condition Good
Tank pumped? Yes date 8/21/12 licensed pumper St. 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 No outlets used 0 condition —
Header pipe(s) 1 # of lines 1 Pressure dosed? No

Secondary treatment:
length of absorption fields 60' determined by Permit / Map
condition of fields Good determined by Hydraulic load test
type of trench material EQ 24 Infiltrator

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 _____

Overall condition of the private sewage disposal system

Report system status Separate sheet.

Explain (attach additional pages as needed): _____

Comments: _____

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: 2-16-15
Name (print): Luke Ogden Certificate #: 6715
Address: 17120 185th St. Manchester IA.
Phone # 563-927-5790

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