Book 2016 Page 2678
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Date 9/30/2016 Time 2:27:49PM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:
Name Joan A. Schmidt a/k/a Joan A. Kelley a/k/a Joan Kelley and LeRoy M. Schmidt
Address 1549 165th Street, Manchester, IA 52057
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Nathaniel R. Lahr and Megan M. Lahr
Address 16202 188th Street, Manchester, IA 52057
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
1549 165th Street, Manchester, IA 52057
Number and Street or RR | City, Town or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) See 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. N of house by 15 feet
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:

_____

_____

_____

_____

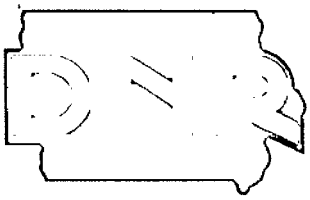
I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature: Joan A. Schmidt (Transferor or Agent) Telephone No.: (563) 608-2522

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

Joan A. Scmidt and Leroy M. Schmidt, Sellers
Nathaniel R. Lahr and Megan M. Lahr, Buyers

The West one-half (W½) of the Southwest Quarter (SW¼) of the Southeast Quarter (SE¼) of Section Thirty Six (36), Township Ninety (90) North, Range Six (6), West of the Fifth P.M.; and the West one-half (W½) of the Northwest fractional Quarter (NWfr¼) of the Northeast Quarter (NE¼) and the North one-half (N½) of the Northeast fractional Quarter (NEfr¼) of the Northwest Quarter (NW¼) and the Southeast Quarter (SE¼) of the Northeast fractional Quarter (NEfr¼) of the Northwest Quarter (NW¼), all in Section One (1), Township Eighty Nine (89) North, Range Six (6), West of the Fifth P.M.; also Parcel F Part Of The Southeast Quarter (SE¼) Of The Northwest Quarter (NW¼) In Section One (1), Township Eighty-Nine (T89N), Range Six West (R6W) Of The Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 2003, Page 4465; also that part of the following description lying in the Southeast Quarter (SE¼) of the Northwest Quarter (NW¼) of Section One (1), Township Eighty Nine (89) North, Range Six (6), West of the Fifth P.M.: That part of the East one-half (E½) of the Northwest Quarter of Section One (1), Township Eighty Nine (89) North, Range Six (6), West of the Fifth P.M., described as commencing at a point seventy eight (78) rods North and two (2) rods West of the center of said Section One (1), running thence West two hundred sixty (260) feet, thence North two hundred sixty (260) feet, thence East one hundred seventy five (175) feet, thence South one hundred seventy (170) feet, thence East eighty five (85) feet, thence South ninety (90) feet to the point of beginning



Time of Transfer Inspection Report

Property information
Current owner_ **Joan Schmidt-Kelly**_____
Buyer __ **Lahr**_____ Realtor _____**Barb Sailer-GNB**_____
Mailing address _____

Site Address/County _ **1549 165th St. Manchester, IA --Delaware County** ___
Legal Description _____
No. of bedrooms _**3**___ Last occupied? _ **Now** __ Records available _**YES** _____
Permit/installation date _ **7-9-2012**__ Separation distances ok/ no? ____**OK**_____

Septic system information

Septic tank(s): size _**1250**_____ material __**Concrete**_ condition __**good**__
Tank pumped? _**Yes**_ date _**4-15-16** 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 100'** ___ determined by _ **MAP and Probe**____
condition of fields __**Good**_____ determined by _____**Hydraulic load test** _____
type of trench material ___**Rock and 4" 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 __**YES**_____ Working? _**YES**_____ 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: 8-19-16

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
Joan Schmidt-Kelly Property

This is a certified septic TOT inspection for a three bedroom home with an on-site septic system. The deep well is greater then 50' from the septic tank, and 140' from the absorption system. There is a 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:

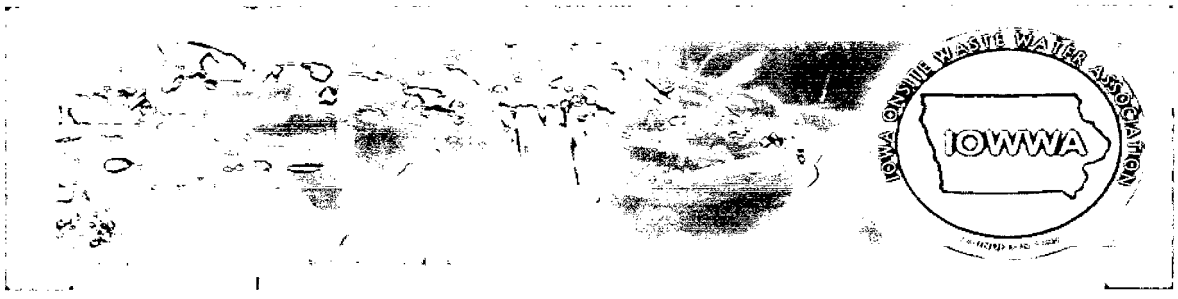
The concrete septic tank was pumped on April 15, 2016. The tank is suggested to be cleaned in 4 years, or sooner if the filters plug. There is a alarm on the filters, which will tell the new owner when they need to be cleaned. The septic tank does have two concrete risers to the surface, one on each end of the septic tank. The septic tank liquid level was at the normal level during the time of inspection. The outlet exits the dual compartment tank to a absorption system south 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, 300 linear feet in size. A hydraulic load test was calculated for 250 gallons for this home, and completed for a time period of 35 minutes at 8 GPM from an outside faucet. 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 on 08-19-2016
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.

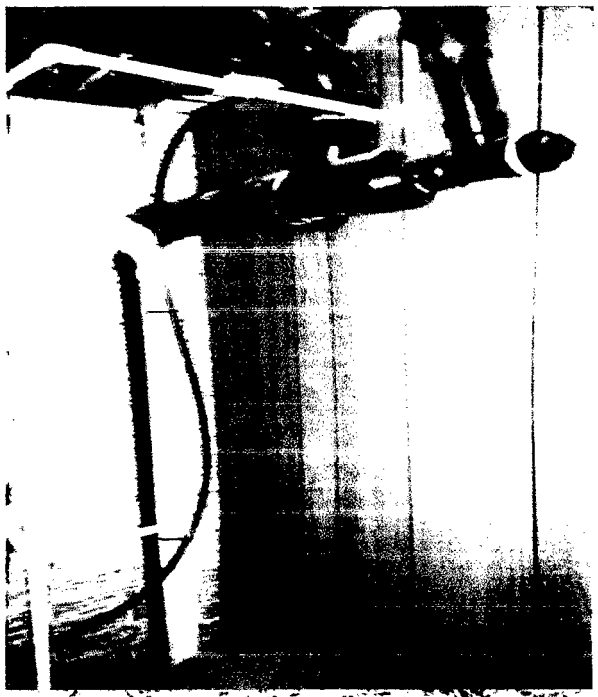


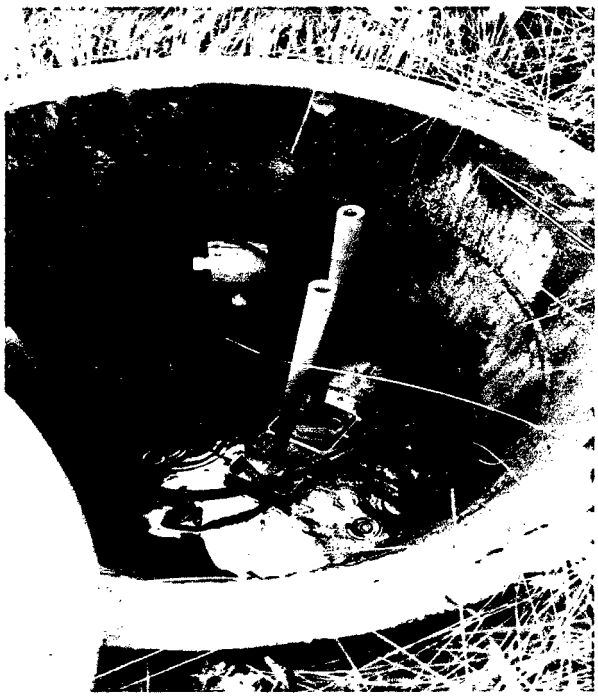
I have studied the information contained herein and that my assessment is honest, thorough, and to the best of my ability correct. This Narrative report may not be copied without written approval from Groth Services LLC.

Certified by Corey J Groth # 8810

_____ **DATE** 8-19-16









GROTH SERVICES

TIME OF TRANSFER INSPECTION MAP

DATE 8-19-16 SELLER JOAN KELLY-SCHMIDT BUYER LAHR

ADDRESS 1549 165TH ST. CITY MANCHESTER

