Recorded: 11/2/2016 at 8:11:56.0 AM
Fee Amount: $0.00
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2016 PG: 3040

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Tamarra Oltrogge

Address 1059 Declaration Dr, Bethlehem, PA 18017

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

TRANSFEREE:

Name Charles W. and Maureen E. Albritton

Address 1124 Promenade St, Hercules, CA 94547-2711

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

Address of Property Transferred:
20607 263rd St, Manchester, IA 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)**
   - X 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)**
   - 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:

_____

_____

_____

_____

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

Signature: Tamara Oltrogge (Transferor or Agent) Telephone No.: (319) 270-5347

Addendum

1. Lot Five (5) of Turtle Creek Camp Replat being part of the Southwest Quarter (SW¼) of the Northeast Quarter (NE¼), part of the Northeast Quarter (NE¼) of the Northeast Quarter (NE¼), and part of the Southeast Quarter (SE¼) of the Northeast Quarter (NE¼) all in Section Twenty-six (26), Township Eighty-eight North (T88N), Range Five West (R5W) of the Fifth Principal Meridian, Delaware County, Iowa; also being part of the Northwest Quarter (NW¼) of the Northwest Quarter (NW¼), and part of the Southwest Quarter (SW¼) of the Northwest Quarter (NW¼), Section Twenty-five (25), Township Eighty-eight North (T88N), Range Five West (R5W) of the Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 1999, Page 4340; also all lake frontage running to the waterfront and then at right angles to the middle of Lake Delhi adjoining said Lot Five (5).

Time of Transfer Inspection Report

Property information

Current owner_ **Tami Oltrogge**_____
Buyer __ ____ Realtor _**Susie- Exit Reality**_____
Mailing address _____

Site Address/County _ **20607 263rd Street Manchester, IA –Delaware County** ___
Legal Description _____
No. of bedrooms _**3**___ Last occupied? _ **>16 months** __ Records available _ _____
Permit/installation date ___ Separation distances ok/ no? ____**OK**_____

Septic system information

Septic tank(s): size _**1250**_____ material __**Concrete**_ condition ___**GOOD**__
Tank pumped? _**Yes**_ date _**9-29-16** 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 _**Concrete**__ size __**500**_ condition __**Good**_____

Distribution system: distribution box _**NONE**_ outlets used _____ condition _____
Header pipe(s) ___**YES**____ # of lines _**4**____ Pressure dosed? _**Yes**___
Secondary treatment:
Length of absorption fields _**25' x 45' BED**___ determined by _ **Probe**____
condition of fields __**OK**_____ determined by _____**Probe, visual inspection** _____
type of trench material ___**Rock and 4" pipe (ROCK BED)** _____

Size of sand filter___ _____Determined by_____
Vent pipes above grade?__**YES**_____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 __**NO**_____ 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:



10-7-16

Name (print): ___Corey Groth_____ Certificate #: __**8810**_____
Address: _____20623 263rd street Manchester, IA 52057_____
Phone # ___**563-608-3567**_____

A copy of this report, the narrative report and sketch has been sent to the following:

YES- Seller/agent --Email
NO- Buyer
YES- County sanitarian/environmental health office ---Email
YES- Iowa DNR in Des Moines --- Email

NARRENTIVE INSPECTION REPORT

Tami Oltrogge Property

This is a certified septic TOT inspection for a three bedroom, three bathroom home with an on-site septic system. The deep well is greater then 200' from the septic tank, and from the absorption system. There is a full walkout basement and the home waste water drains towards the north through the basement floor via gravity to a septic tank. The yard has a lot of grade towards the north (lake side) allowing for gravity drainage without being to deep. The primary treatment is a 1250 gallon concrete tank. There is a effluent filter on the outlet in the septic tank and the tank has a concrete inlet baffle. It is gravity to a concrete effluent lift tank just west of the septic tank. The effluent pumps towards the south to a rock bed absorption field, thus completing the secondary treatment. There is an audio visual alarm for the effluent tank if the power or pump were to fail.

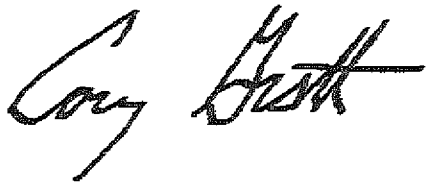
CONDITION:

The concrete septic tank was pumped on Sept. 29, 2016, with a 4" scum layer and 65% solids. The tank is suggested to be cleaned every 3-4 years. The septic tank does have a single plastic surface access riser, and is in good repair. The septic tank liquid level was at the normal level during the time of inspection. The outlet exits the dual compartment tank through a single but long effluent filter 4"x36" to an effluent lift pump tank. This tank has a liquid storage area for the pump to dose the absorption bed. The secondary treatment is a bed type rock and pipe soil absorption system, 1100 square feet in size. There is no distribution box, just a header pipe with tee's that distribute effluent by gravity into the rock bed behind the garage.

No hydraulic load test was calculated for this home because the results would be inaccurate, since the seller has not lived there for more then 16 months. There was two circuit breakers that were switched off, both control the lift pump and alarm. After turning them on -the alarm and pump functioned as it should. Mrs. Oltrogge believes that the deck contractor may have switched them off, and after checking the label on the power panel they were marked wrong. I relabeled the correct breakers for the future. The absorption system took the pump dose cycle from the effluent tank as it should after power was restored.

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.

Certified by Corey J Groth # 8810 **Cell Phone 563-608-3567**



10-7-16

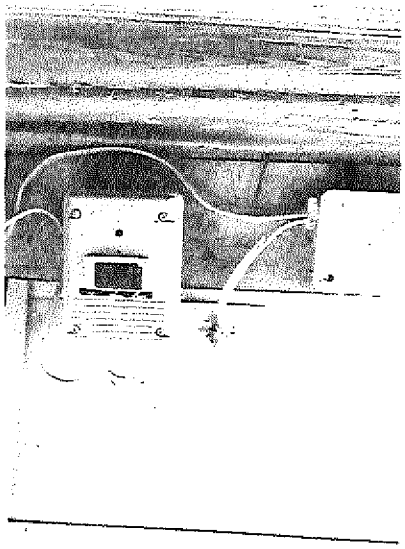
Disclaimer

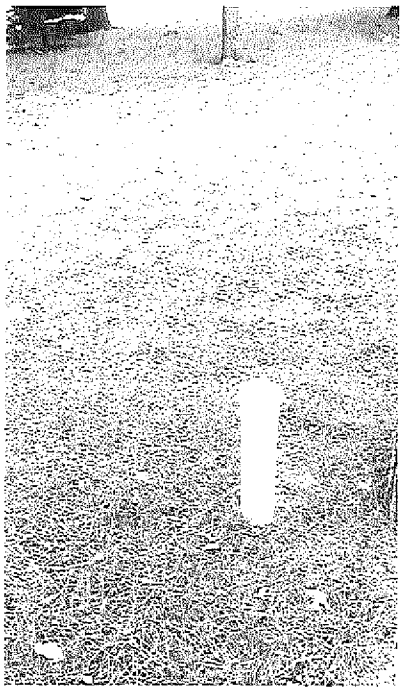
Based on what we were able to observe and our experience with on-site waste-water technology, we submit this sanitary sewage disposal system inspection report based on the present condition of the on-site sewage disposal system. I have not been retained to warrant, guarantee, or certify the proper functioning of the

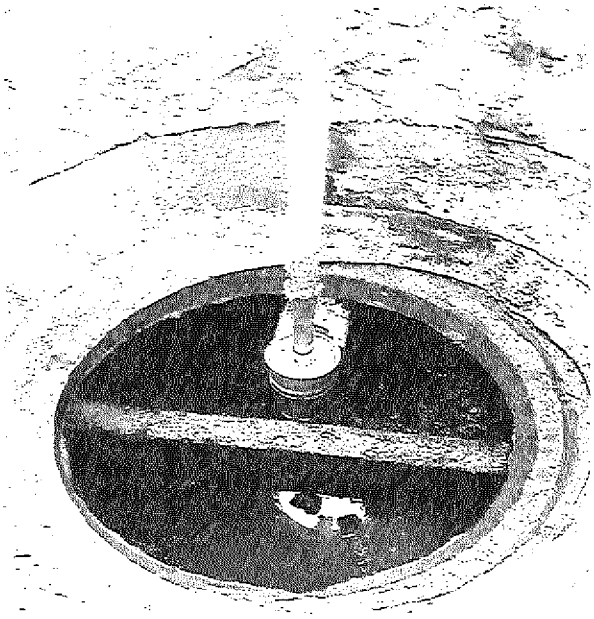


system for any period of time in the future. Because of the numerous factors (usage, soil characteristics, previous failures, etc.) which effect the proper operation of a septic system as well as the inability of our Company to supervise or monitor the use or maintenance of the system, this report shall not be construed as a warranty by our Company that the system will function properly for any particular buyer. I DISCLAIM ANY WARRANTY, either expressed or implied, arising from the inspection of the septic system or this report. I am also not ascertaining the impact the system is having on the ground water.











20607 263rd St MANCHESTER, IA 10-7-16

