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Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Walter C. Zehr and Amy N. Zehr

Address 1580 162nd Street, Manchester, IA 52057

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

TRANSFEREE:

Name Michael E. Ward

Address 10526 Estate Lane, Dallas, TX 75238

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

Address of Property Transferred:
1580 162nd Street, 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. Located straight east of the house
   - ___ 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: _____ Telephone No.: (563) 880-0399

(Transferor or Agent)

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

Addendum

1. That part of the Southeast Quarter (SE¼) of the Southwest Quarter (SW¼) of Section Thirty One (31), Township Ninety (90) North, Range Five (5), West of the Fifth Principal Meridian described as commencing at the Northwest corner of said Southeast Quarter (SE¼) of the Southwest Quarter (SW¼), and running thence East on the North line of said Southeast Quarter (SE¼) of the Southwest Quarter (SW¼) a distance of six hundred ninety (690.0) feet, thence South four hundred twenty five (425.0) feet, thence Westerly to a point on the West line of said Southeast Quarter (SE¼) of the Southwest Quarter (SW¼) which point is three hundred eighty (380.0) feet South of the point of beginning, thence North three hundred eighty (380.0) feet to the point of beginning,

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

Property information
Current Owner Walter2 Amy Zehr
Buyer _____ Realtor _____
Mailing Address 1580 162nd Ave Manchester 52057

Site Address/County 1580 162 Ave Manchester 52057

No. of Bedrooms 3 Last Occupied? Now Disposal? (Y) / N Softener? (Y) / N H_2O Supply? well

Records Available Yes Permit/Installation Date 8-30-12 Installer Groth

Septic System Information
Septic Tank(s): Size 1000 Material Concr Condition good
Tank Pumped? Yes Date 11-27-16 Licensed Pumper 359
Septic/Trash/Processing Tank: Size 1000-500 Material Concrete Condition good
Tank pumped? Yes Date 11-27-16 Licensed Pumper 358

Aerobic treatment unit (ATU) MFGR — Size _____
Tank Pumped? — Date _____ Licensed Pumper _____
Maintenance Contract? _____ Expiration Date _____ Service Provider _____
Condition _____

Pump Ttanks/Vaults: Type _____ Size _____ Condition _____

Distribution System: Distribution Box Yes Outlets Used 3 Condition good
Header Pipe(s) — Number of Lines 4
Pressure Dosed? —

Secondary Treatment
Length of Absorption Fields 3x100 Determined by Prob
Condition of Fields good Determined by Prob
Type of Trench Material Chamber

Size of Sand Filter — Determined by _____
Vent Pipes Above Grade? — Discharge Pipe Located? _____
Effluent Sample Taken? — Results _____

Media Filters: Type _____
Maintenance Contract? — Expiration Date _____ Service Provider _____
Condition —

NPDES General Permit No. 4: Required? _____ Permitted? _____ NOI submitted _____

Time of Transfer Inspection Worksheet

Other Components

Alarms _____ Working? _____ Disinfection _____ Working? _____

Control Box _____ Timers _____ Inspection Ports _____

Other Components HAS Filter Must Be Clean Ever Year

Overall condition of the private sewage disposal system

Acceptable? X Unacceptable? _____

Explain (attach additional pages as needed): All in Good Working Condition.

Comments: This tank has a filter. that's need to Be clean ever year.

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.

Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.

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: [signature] Date: 11-27-16

Name (print): Robb Harter Certficate #: 358

Address: 3031 160th Street Dyersville, Iowa 52040

Phone # 563-542-1010

Harter Custom Pumping, Inc & Septic Service

Robb Harter * Owner/ Operator
3031 160th Street Dyersville, IA 52040 * 563-875-8730 or 563-542-1010

****

Homeowners: Walter Amy Zeth

Age of Property 2012
Occupied
(Yes) or No

Inspection Co: Harter Custom Pumping
3031 160th St Dyersville Ia 52040
Date of Inspection: 11-27-16

Does this evaluation/inspection meet the requirements of state and local agencies? Yes ✓ No ___ N/A ___

Section 1:

Location of the system: East West (North) South
Was Water run into the system for 30 minutes? (Yes) No
Does the septic tank have a visible riser? (Yes) No
Estimated size of tank 1000-500 Gallons *Basis for estimate*
What is the separation between well and septic? ~ 50 Ft
Does the separation of the well and septic meet local requirements? (Yes) No N/A

Section2: Disposal Field

Any evidence of malfunction (No) Yes (Please check all applicable observed conditions)
___ Wet Areas ___ Unusual green/lush vegetation
___ Liquid Discharges to surface ___ Discharge pipe of unknown origin
___ Localized surface settling ___ Other (Describe below)

Septic Tank:

Septic tank material ✓ Concrete ___ Fiberglass ___ Other
Liquid Level in tank ✓ Normal ___ Below Normal ___ Above Normal
Access opening in tank ___ One ✓ Two ___ Three ___ None
Number of risers ___ One ✓ Two ___ Three ___ None
Condition of baffles and or sanitary tees:
Inlet baffle or "T" ✓ Present and functional ___ Not functional ___ None present ___ Not Visible
Outlet baffle or "T" ✓ Present and functional ___ Not functional ___ None present ___ Not Visible
Tank was pumped ✓ Yes ___ No (if no please explain below
Is system adequately sized for # of Bedrooms ✓ Yes ___ No # of Bedrooms:
Is system adequately sized for # of Bathrooms ✓ Yes ___ No # of Bathrooms:
System working Properly ✓ Yes ___ No (if no please explain below)

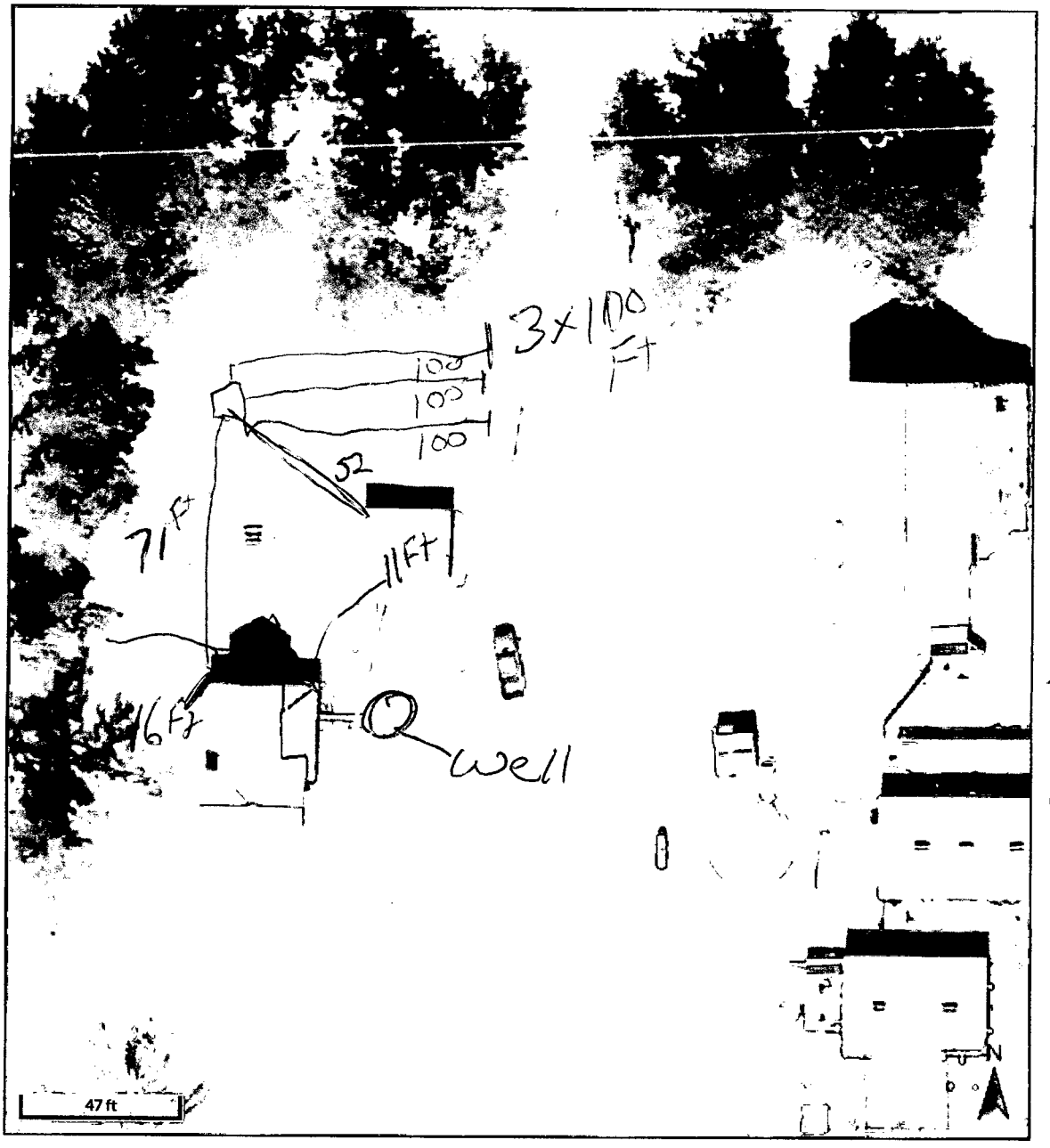
Additional Comments / Repairs needed:

Keep tank pump even 3-5 years

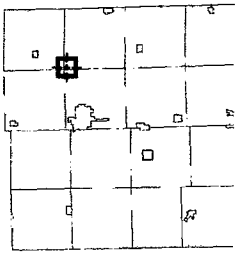
Septic systems are subterranean, it is impossible to determine their overall condition. No prediction can be made as to when or if a system might fail.
This report comments on the workability of the system on the day of the inspection only, and is in no way intended to be a warranty.
Workability can be altered by factors such as excessive rainfall, heavy water usage, faulty plumbing, neglect or physical damage to the system. All tanks require pumping maintenance.

Inspected by : Ron Hoth Date: 11-26-16

Beacon™ Delaware County, IA



Overview



Legend

- Corporate Limits
- Political Township

Parcels

- <all other values>
- Yes

Roads

well to TANK 50 Ft

well to D Box 101 Ft

D Box is 26" Deep

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Developed by
The Schneider Corporation

1580 162 Ave
Manchester