Book 2017 Page 2323
Document 2017 GWH-2323 Type 53 001 Pages 14
Date 8/24/2017 Time 12:29:30PM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Susan M. Schulte, a single person

Address _____

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

TRANSFEREE:

Name Harper's Haven LLC

Address 1587 240th St., Manchester, IA 52057

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

Address of Property Transferred:
1911 Honey Creek Road, 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)**
   - ___ 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:

_____

_____

_____

_____

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

Signature: Susan M Schulte (Transferor or Agent) Telephone No.: 563-920-66665

Susan M. Schulte, a single person

Addendum

1. The South one-half (S 1/2) of the Northwest Quarter (NW ¼) of Section Sixteen (16), Township Eighty Nine (89) North, Range Five (5), West of the Fifth P.M. , except the East nine hundred seventy nine and three-tenths (979.3) feet thereof, and also except that part described as commencing at a point one thousand six hundred forty nine and three-tenths (1649.3) feet of the Southeast corner of the Southeast Quarter (SE ¼) of the Northwest Quarter (NW ¼) of said Section Sixteen (16), running thence West four hundred thirty eight and three-tenths (438.3) feet, thence North 2° 22' West one hundred seventy five (175) feet, thence North 79° 30' East one hundred fifty eight and two-tenths (158.2) feet, thence East one hundred thirty (130) feet, thence South 77° 40' East one hundred sixty three and eight-tenths (163.8) feet, thence South one hundred sixty five (165) feet to the point of beginning, and also except the North one hundred fifty (150) feet of the West one hundred sixty five (165) feet of the Southwest Quarter (SW ¼) of the Northwest Quarter (NW ¼) of said Section Sixteen (16), and also except that part platted as Honey Creek Meadows Addition In The SW ¼ NW ¼ Section 16, T89N, R5W OF The 5th P.M., Delaware County, Iowa, according to plat recorded in Book 3 Plats, Page 77.

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

Property information
Current Owner Sue Schulte
Buyer Phil + Abby Holtz Realtor Self
Mailing Address 1911 Honey creek Rd. Manchester IA.

Site Address/County 1851 Honey Creek Rd. Manchester IA.
6 campsites
No. of Bedrooms ____ Last Occupied? Present Disposal? Y / (N) Softener? Y / (N) H_2O Supply? well
Permit 759
Records Available Yes Permit/Installation Date 3/3/1999 Installer Dave Schulte Const

Septic System Information
Septic Tank(s): Size 1000 Material concrete Condition Good
Tank Pumped? Yes Date 5/11/15 Licensed Pumper St. 49
Septic/Trash/Processing Tank: Size No 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 Ttanks/Vaults: Type N/A Size N/A Condition N/A

Distribution System: Distribution Box Yes Outlets Used 2 Condition Good.
Header Pipe(s) No Number of Lines 2
Pressure Dosed? No

Secondary Treatment
Length of Absorption Fields 20x40 Bed Determined by Permit + Map
Condition of Fields Good Determined by Hydrlic load test
Type of Trench Material Rock + Pipe

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 submitted N/A

Time of Transfer Inspection Worksheet

Other Components

Alarms No Working? N/A Disinfection No Working? N/A

Control Box No Timers No Inspection Ports No

Other Components No

Overall condition of the private sewage disposal system

Acceptable? Yes Unacceptable? _____

Explain (attach additional pages as needed): Seperate Report

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.

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: Luke Ogden Date: 7/7/17
Name (print): Luke Ogden Certficate #: 6715
Address: 207 Quacker mill Dr. Manchester IA
Phone # 563-927-4503

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

Septic Inspection
Sue Schulte
1851 Honey Creek Rd.
Manchester, IA 52057

On July 7, 2017 a septic inspection was performed at the above address.

Description:

Septic System is for 6 camp sites. This is the west septic system on the camp ground – Permit #759. Installation Date: March 3, 1999.

Septic Description:

Septic system contains 1 – 1000 gallon 2 compartment concrete septic tank, 2 – Baffles, 20 x 40 bed, rock and pipe, 1 – 7 hole distribution box.

Septic Condition:

Septic tank was pumped on May 11, 2015. A hydraulic load test was completed on July 7, 2017; ran water at 6 GPM at 60 minutes for total of 360 gallons of water. Septic system accepted water well.

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 TO. **Date** 7/7/17

Owner: **1851 Honey Creek Rd. Manchester, IA 52057**

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) **Permit No.** 759

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 1911 Honey Creek Rd Section 16 Township Delaware

LOCATION: NW/4 NW 1/4 SW 1/4 T-89 R-5W

Owner: Dave Schulte Tenant: _____ Plumber: Schulte Const

Lot Size: 3 Acres Type Commercial: Camp Ground inst 3 units Residential: (No. Bedrooms)_____

Fixtures: Stools___ Lavatories___ Bath Tubs___ Showers___ Sinks___ Automatic Laundry___ Sump Pump___

Septic Tank made by Sa1/es Garbage Grinder _____ Construction Material Concrete Gallons Cap 1000

Percolation Test: 1._____ 2._____ 3._____ 4._____ Made by: _____

Absorption Field: Total length of laterals _____ No. of lateral lines _____

This system is new ✓ Existing ____. Leach Beds 20 x 40. w/ 18" rock.

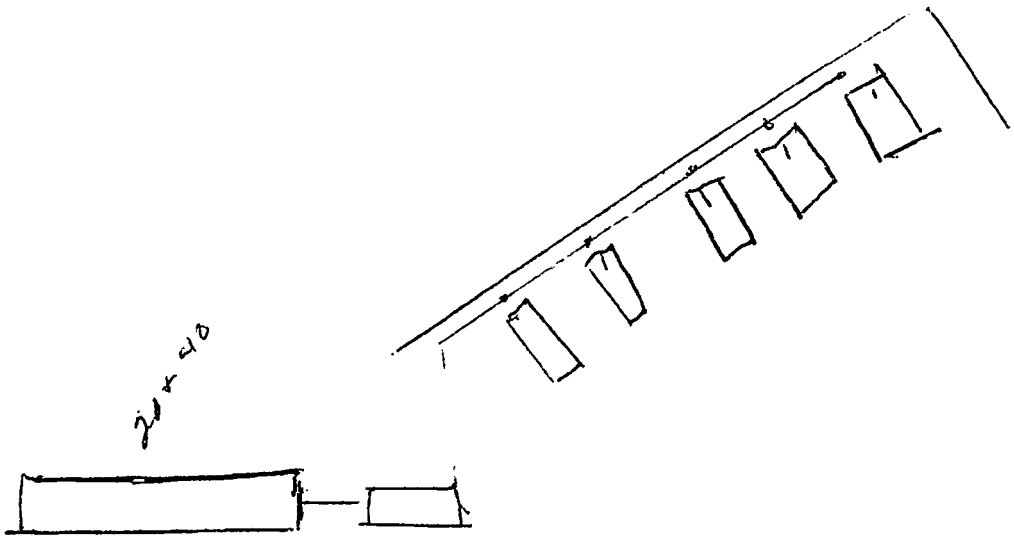
I certify that the above information is correct and that all proposed work will be completed in accordance with the Delaware County Regulations.

Date Approved 5-3-99

By Roxanne Cable
INSPECTOR

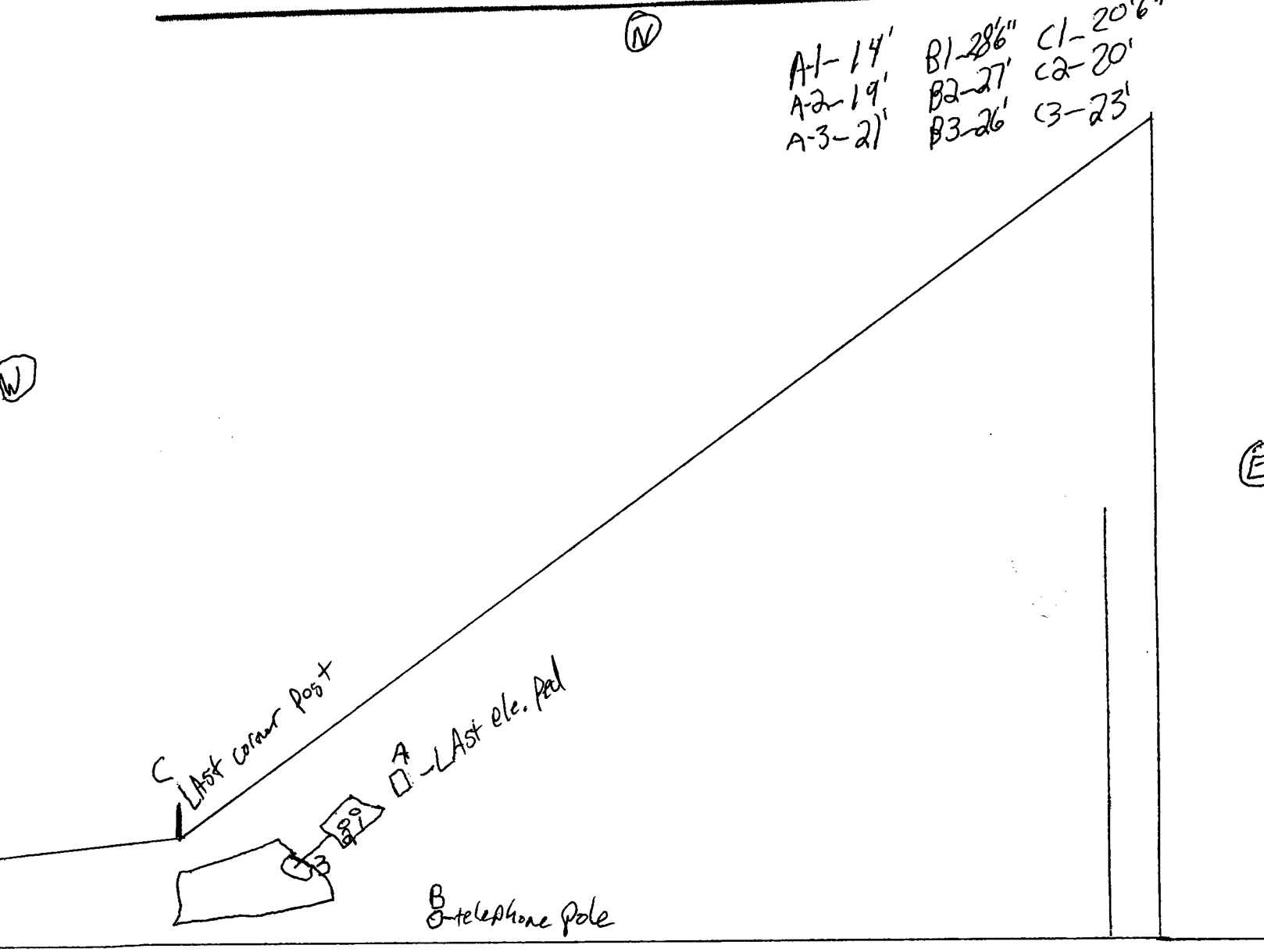
X Dave Schulte
APPLICANT'S SIGNATURE

SEAL



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

OWNER: Sue Schulte DATE: 7-7-2017
SITE ADDRESS: 1851 Hory creek RD TOWN/COUNTY: Delaware County
GPS: Long: Lat:
TANK SIZE: 1000 Plastic OR Concrete D-BOX: 7 or 9 OUTLETS USED: 2
SECONDARY TREATMENT: 20 x 40 Rock & Pipe Bed



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

Property information
Current Owner Sue Schulte
Buyer Phil + Abby Holtz Realtor Self
Mailing Address 1911 Honey Creek Rd. Monticello Iowa

Site Address/County 1851 Honey Creek Rd.
No. of Bedrooms 3 camp sites Last Occupied? Present Disposal? Y /(N) Softener? Y /(N) H_2O Supply? well
Records Available Yes Permit/Installation Date 4/11/2003 permit# 1145 Installer Dave schulte Const.

Septic System Information
Septic Tank(s): Size 1000 Material Concrete Condition Good
Tank Pumped? Yes Date 5/11/15 Licensed Pumper St. 49
Septic/Trash/Processing Tank: Size No 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 Ttanks/Vaults: Type N/A Size N/A Condition N/A

Distribution System: Distribution Box Table Outlets Used 2 Condition Good
Header Pipe(s) — Number of Lines 2
Pressure Dosed? No

Secondary Treatment
Length of Absorption Fields 2-50' lines Determined by Map / Permit
Condition of Fields Good Determined by Hydolic load test
Type of Trench Material Rock + Pipe

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 submitted N/A

Time of Transfer Inspection Worksheet

Other Components

Alarms No Working? N/A Disinfection No Working? N/A

Control Box No Timers No Inspection Ports No

Other Components _____

Overall condition of the private sewage disposal system

Acceptable? Yes Unacceptable? _____

Explain (attach additional pages as needed): Separate Report

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.

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: _____ Date: 7/7/17
Name (print): Luke Oyler Certficate #: 07/07 6715
Address: 207 Quaker Mill Dr. Manchester Iowa
Phone # 563-927-6503

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

Septic Inspection
Sue Schulte
1851 Honey Creek Rd.
Manchester, IA 52057

On July 7, 2017 a septic inspection was performed at the above address.

Description:

Septic System is for 3 camp sites. This is the east septic system on the camp ground – Permit #1145. Installation Date: April 11, 2008.

Septic Description:

Septic system contains 1 – 1000 gallon 2 compartment concrete septic tank, 2 – 4" PVC Baffles, 2 – 50' lines, rock and pipe, 1 – 7 hole distribution box.

Septic Condition:

Septic tank was pumped on May 11, 2015. A hydraulic load test was completed on July 7, 2017; ran water at 6 GPM at 60 minutes for total of 360 gallons of water. Septic system accepted water well.

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 T.O. **Date** 7/7/17

Owner: 1851 Honey Creek Rd. Manchester, IA 52057

COUNTY
SUPERVISORS (Print or Type) **Permit No.** 1145

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ss: 1851 Honey Creek Rd Section 16 Township Delaware

ION: NW¼ NE¼ sec 16 T-89-N R-5-W

r: Dave Schulte Tenant: _____ Plumber: Dave Schulte

Size: _____ Type Commercial: _____ Residential: (No. Bedrooms) camp site

ixtures: Stools___ Lavatories___ Bath Tubs___ Showers___ Sinks___ Automatic Laundry___ Sump Pump___

Septic Tank made by Cement Garbage Grinder _____ Construction Material Singles Gallons Cap. 1000

Percolation Test: 1._____ 2._____ 3._____ 4._____ Made by: _____

Absorption Field: Total length of laterals 100 ft No. of lateral lines _____

This system is new ✓ Existing _____.

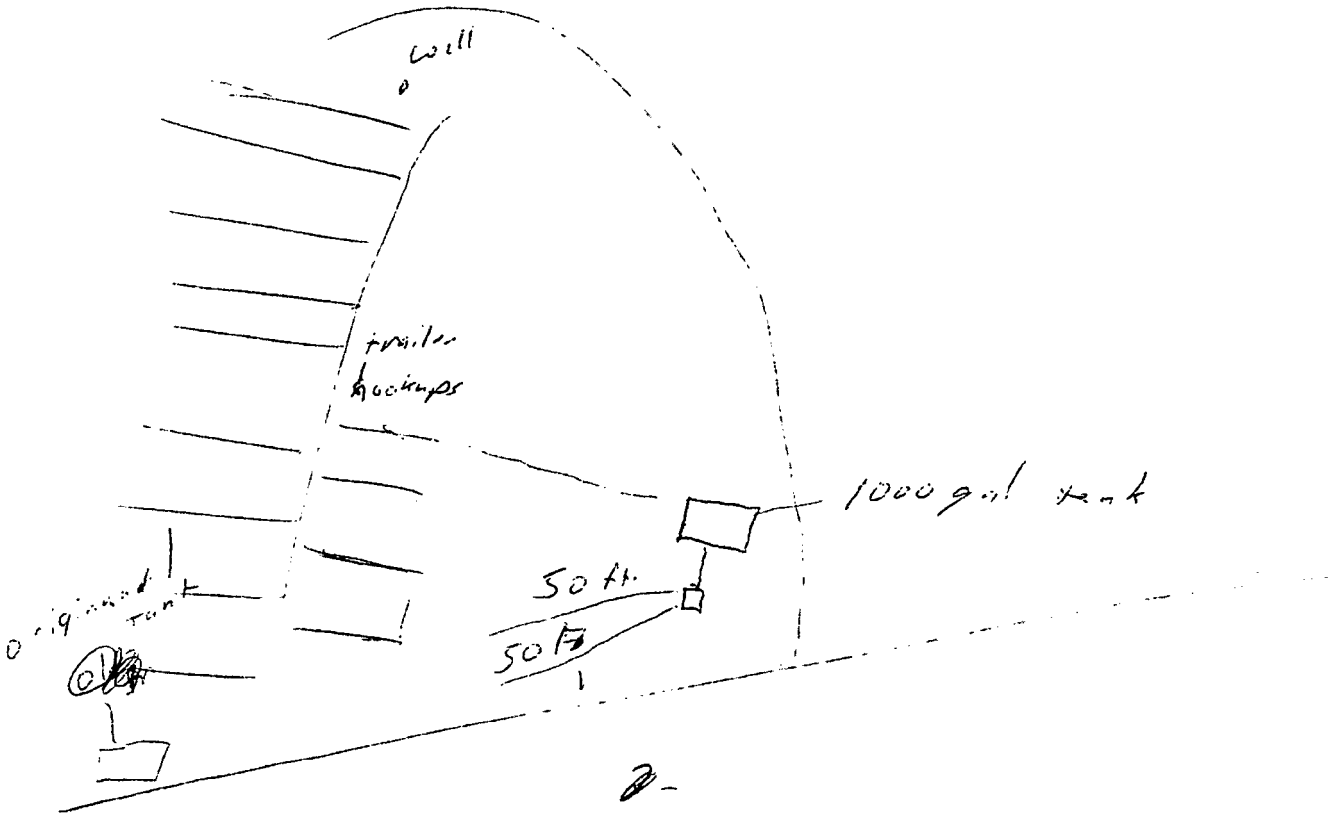
I certify that the above information is correct and that all proposed work will be completed in accordance with the Delaware County Regulations.

Date Approved 4-11-03

By Dennis Tyson
INSPECTOR

Dave Schulte
APPLICANT'S SIGNATURE

SEAL

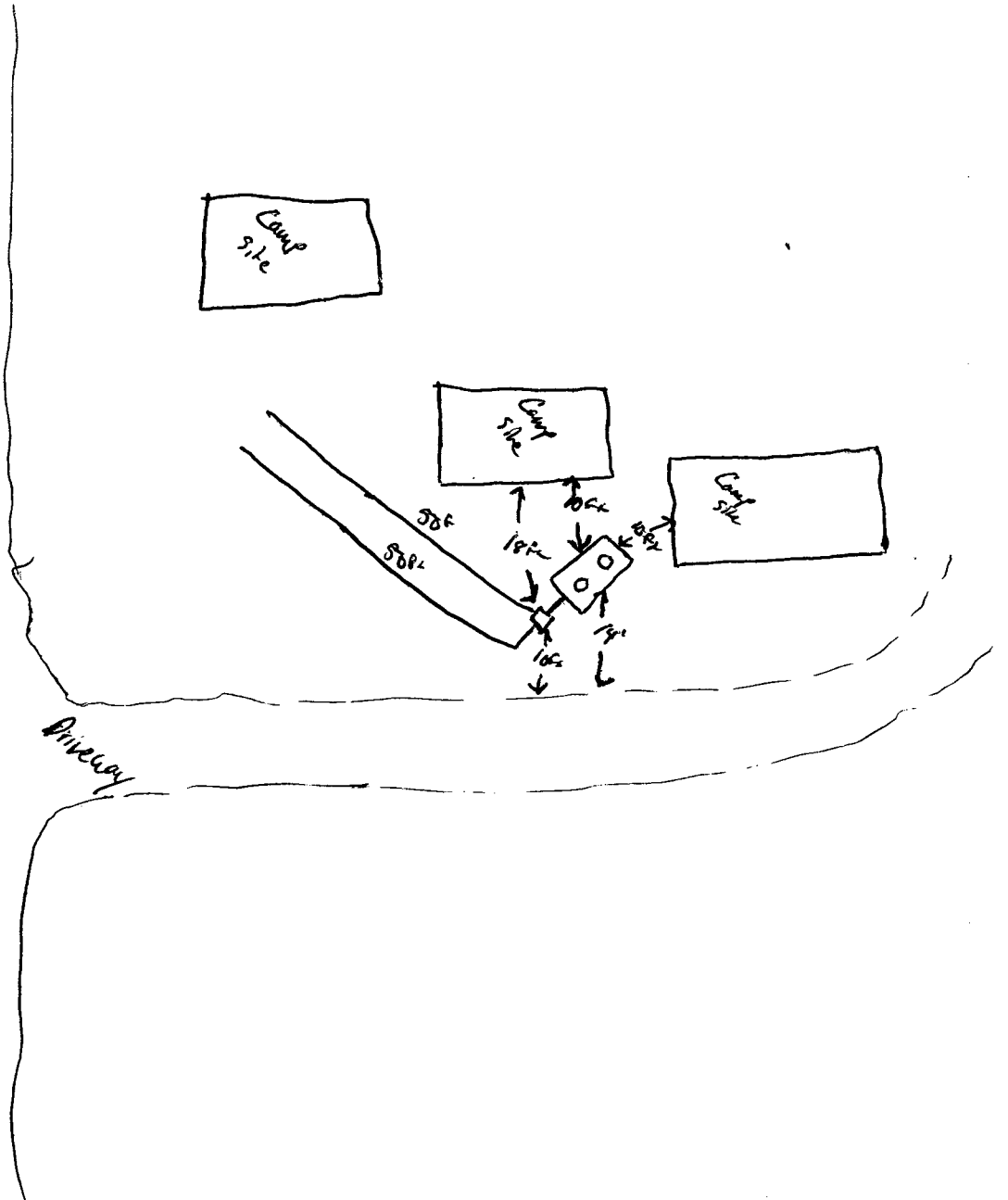


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OASIS
PUMP SERVICE
1332 N. Franklin, Manchester, Iowa 52057
563-927-4503 800-444-4503
www.oasiswell.com

OWNER: Sue Schulte
SITE ADDRESS: 1851 Honey Creek Rd
GPS: Long: -91.445275 Lat: 42.520886
TANK SIZE: 1000 Plastic OR Concrete
SECONDARY TREATMENT: Rock ? Pipe 100' Total

DATE: 7-7-17
TOWN/COUNTY: Delaware
D-BOX: 6 or 9 OUTLETS USED: 2



WELLS:

~~1. Holtz Residence in cased well 1 foot northeast of house.~~

2. Harper's Haven Campground in cased well 27 feet north of community shed.