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Date 9/25/2017 Time 3:21:05PM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Betty Lois Koelker

Address 201 Line Street, Manchester, Iowa 52057

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

TRANSFEREE:

Name Paul Sidney Carroll and Jean Marie Carroll Revocable Trusts

Address 18496 224th Street, Manchester, Iowa 52057

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

Address of Property Transferred:
1964 221st Street, Manchester, Iowa 52057

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

Legal Description of Property: (Attach if necessary) See Attached Legal Description

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.
   - [ ] 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:

Drilled well in working order located at South east corner of house.

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

Signature: Betty Lou Koelker (Transferor or Agent) Telephone No.: 563-927-2977

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

Legal Description

KOELKER–CARROLL

The North sixteen (16) rods of the East ten (10) rods of the West five-eighths (W 5/8) of the Northwest fractional Quarter (NWfr¼) of the Northeast Quarter (NE¼) of Section Three (3), Township Eighty Eight (88) North, Range Five (5), West of the Fifth Principal Meridian, from the 26th day of June, 1978, at 8:00 o'clock A.M. to the 5th day of September, 2017, at 8:00 o'clock A.M.

AND

That part of the Northwest fractional Quarter (NWfr¼) of the Northeast Quarter (NE¼) of Section Three (3), Township Eighty Eight (88) North, Range Five (5), West of the Fifth Principal Meridian described as commencing at the Northwest corner of said Northwest fractional Quarter (NWfr¼) of the Northeast Quarter (NE¼) of said Section Three (3), and running thence East four hundred eighty two (482.0) feet along the North line of said Northwest fractional Quarter (NWfr¼) of the Northeast Quarter (NE¼), thence North 89° 40' 30" East forty three (43.0) feet along the North line of said Northwest fractional Quarter (NWfr¼) of the Northeast Quarter (NE¼) to the point of beginning, thence South 2° 32' 30" East three hundred sixty three (363.0) feet, thence North 89° 40' 30" East three hundred (300.0) feet, thence North 2° 32' 30" West ninety nine (99.0) feet, thence South 89° 40' 30" West one hundred sixty five (165.0) feet, thence North 2° 32' 30" West two hundred sixty four (264.0) feet, thence South 89° 40' 30" West one hundred thirty five (135.0) feet along the North line of the Northwest fractional Quarter (NWfr¼) of the Northeast Quarter (NE¼) of said Section Three (3).

Quality Abstract Company Inc.

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

Property information

Current Owner Betty Lois Koelker

Buyer _____ Realtor Self

Mailing Address 1964 221st Manchester Iowa

Site Address/County 1964 221st Manchester Iowa

No. of Bedrooms 2 Last Occupied? Present Disposal? (Y) / N Softener? (Y) N H_2O Supply? Well

Records Available No Permit/Installation Date 9/17/1983 Installer Wickman

Septic System Information

Septic Tank(s): Size 800 Material Concrete Condition Fair

Tank Pumped? Yes Date 8/16/17 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 Ttanks/Vaults: Type N/A Size N/A Condition N/A

Distribution System: Distribution Box Yes Outlets Used 4 Condition Good

Header Pipe(s) 4 Number of Lines 4

Pressure Dosed? No

Secondary Treatment

Length of Absorption Fields 200' Determined by Invoice & Probe

Condition of Fields Good Determined by Hydraulic 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? No 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 None

Overall condition of the private sewage disposal system

Acceptable? X 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: [signature] Date: 8/16/17
Name (print): Jake Ogden Certficate #: 6715
Address: 17120 185th St. Manchester Iowa
Phone # 563-927-2348

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

Septic Inspection
Betty Lois Koelker
1964 221st St.
Manchester, IA 52057

On August 16, 2017 a septic inspection was performed at the above address.

Description:

Home consists of approximately 1,287 square feet, 2 bedrooms, 2 baths and is located on 2.41 acres. Property does have a water softener.

Septic Description:

Septic system was installed September 17, 1983 and consists of 1-800 gallon single compartment concrete septic tank, 1 – 5 hole concrete distribution box, 200' rock and pipe leach field. New outlet baffle was installed and 24" risers to access septic tank. Septic lines are 20" – 36" in depth.

Septic Condition:

Septic tank and distribution box are in fair condition. Septic was pumped by D & S Portables on August 16, 2017. A hydraulic load test was performed at distribution box at 4.5GPM for 75 minutes for a total of 337.5 gallons of water and accepted it 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.

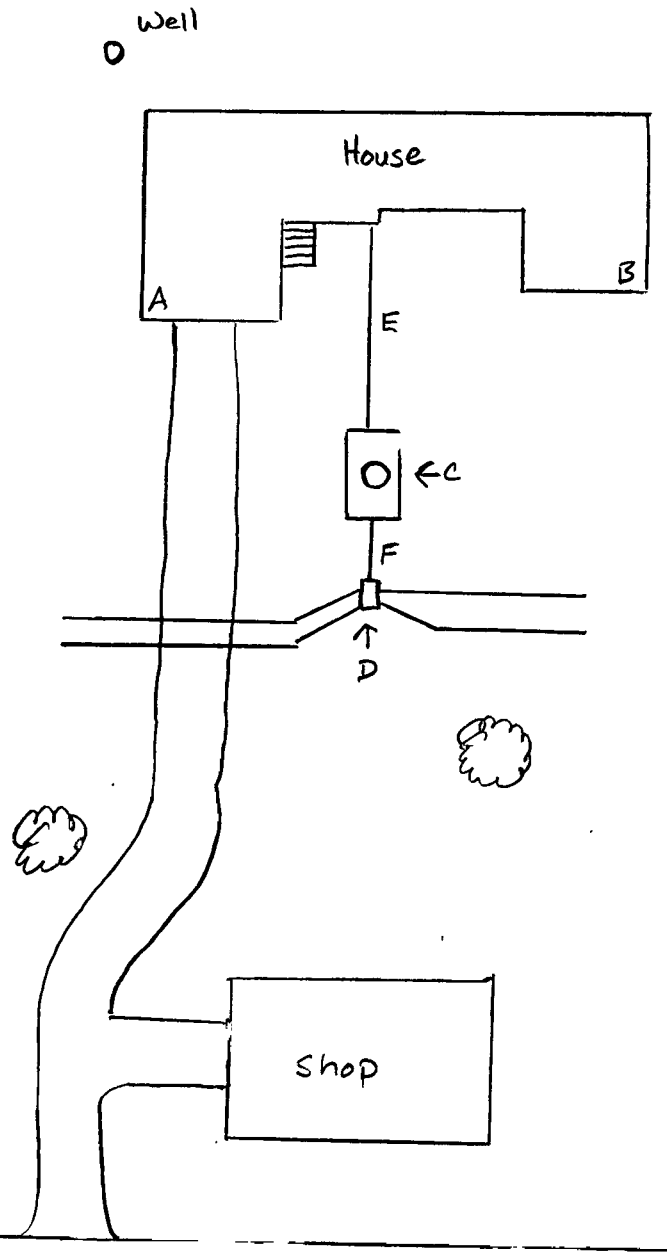
Certified by Luke Ogden #6715

Luke Ogden T.O. **Date** 8/16/17

Owner: Betty Lois Koelker 1964 221st St. Manchester, IA 52057

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

OWNER: Betty Koelker **DATE:** 8/16/17
SITE ADDRESS: 1964 221st st Manchester Iowa **TOWN/COUNTY:** Manchester / Delaware
GPS: Long: -91.40968 Lat: 42.46905
TANK SIZE: 800 Plastic **OR** (Concrete) **D-BOX:** ~~5~~ or 9 **OUTLETS USED:** _____
SECONDARY TREATMENT: 200' Rock + Pipe



A-C = 41' 6"
A-D = 57'
B-C = 50' 6"
B-D = 68'
E = 53'
F = 14'

221st St