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Date 4/09/2018 Time 12:01:48PM
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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:
Name PAULETTE S. SANDS
Address 20615 257TH STREET, MANCHESTER, IA 52057
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name DKSS, LLC by David J. Timmerman & Kim M. Murdock-Timmerman
Address 10328 SHANE CT, DUBUQUE, IA 52003
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
20615 257TH STREET, MANCHESTER, IA 52057
Number and Street or RR | City, Town or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) COTTAGE# 20, LAND LEASED OF SCHNEIDER 23-88-5, PARCEL# 2502301028 09. LOCALLY KNOWN AS: 20615 257TH STREET, MANCHESTER, IOWA 52057-8574

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.
   - [X] 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:

Well locations is SE corner of House 87' from Building

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

Signature: Susan Meyer Agent (Transferor or Agent) Telephone No.: 563-590-7826

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

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

Property information

Current owner Paul Sands
Buyer _____ Realtor Susie Meyers (Exit)
Mailing address _____

Site Address/County 20615 257th st Manchester Ia - (Delaware County)
Legal Description ~~1/4 1/4 1/4 T88 N R5W section 23~~ (Milo township)

No. of bedrooms 2 Last occupied? current Records available yes

Permit/installation date 7-31-00 Separation distances ok/ no? ok

Septic system information

Septic tank(s): size 1000 material concrete condition good
Tank pumped? yes date 4-27-11 licensed pumper Yesj SF347
Septic/trash/processing tank: size x material x condition x
Tank pumped? x date x licensed pumper x

Aerobic treatment unit (ATU) mfgr x size x
Tank pumped? x date x licensed pumper x
Maintenance contract? x expiration date x service provider x
Condition x

Pump tanks/vaults: type x size x condition x

Distribution system: distribution box yes outlets used 6 condition Good
Header pipe(s) x # of lines x Pressure dosed? x

Secondary treatment:
length of absorption fields 10 x 40 Bed determined by msf
condition of fields Good determined by performed 30 min.
type of trench material Rock & Pipe Hydraulic Test

Size of sand filter x determined by x
Vent pipes above grade? x discharge pipe located? x
Effluent sample taken? x Results x

Media filters: type x
Maintenance contract? x expiration date x service provider x
Condition x x

NPDES General Permit No. 4: required? _____ permitted? _____ NOI provided _____

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DNR

Time of Transfer Inspection Worksheet

Other components:
Alarms X Working? X disinfection X working? X

Control box X Timers X inspection ports X

Other components _____

Overall condition of the private sewage disposal system

Report system status Performed 40min hydraulic test.

Explain (attach additional pages as needed): There was no rise in effluent at D-Box. Tank and D-Box in good

Comments: condition. The day of inspection this system was in good working condition.

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 and attach a site sketch.

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: Scott Harbach Date: 4-2-18
Name (print): Scott Harbach Certificate #: 8915
Address: 2443 210th Ave Delhi Ia.
Phone # 563-920-7622

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

DELAWARE COUNTY
BOARD OF SUPERVISORS (Print or Type) **Permit No.** 908

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 2061 257 38 Mr Macneck Section 33 Township Dr. Lo

LOCATION: 1/4 1/4 1/4 T-88 N R5 W

Owner: Paul Sandc Tenant: _____ Plumber: Haebe

Lot Size: _____ Type Commercial: _____ Residential: (No. Bedrooms) 4

Fixtures: Stools ✓ Lavatories ✓ Bath Tubs ✓ Showers ✓ Sinks _ Automatic Laundry _ Sump Pump _

Septic Tank made by Precast Garbage Grinder _____ Construction Material _____ 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 _____ 10 x 50 Sand Bed

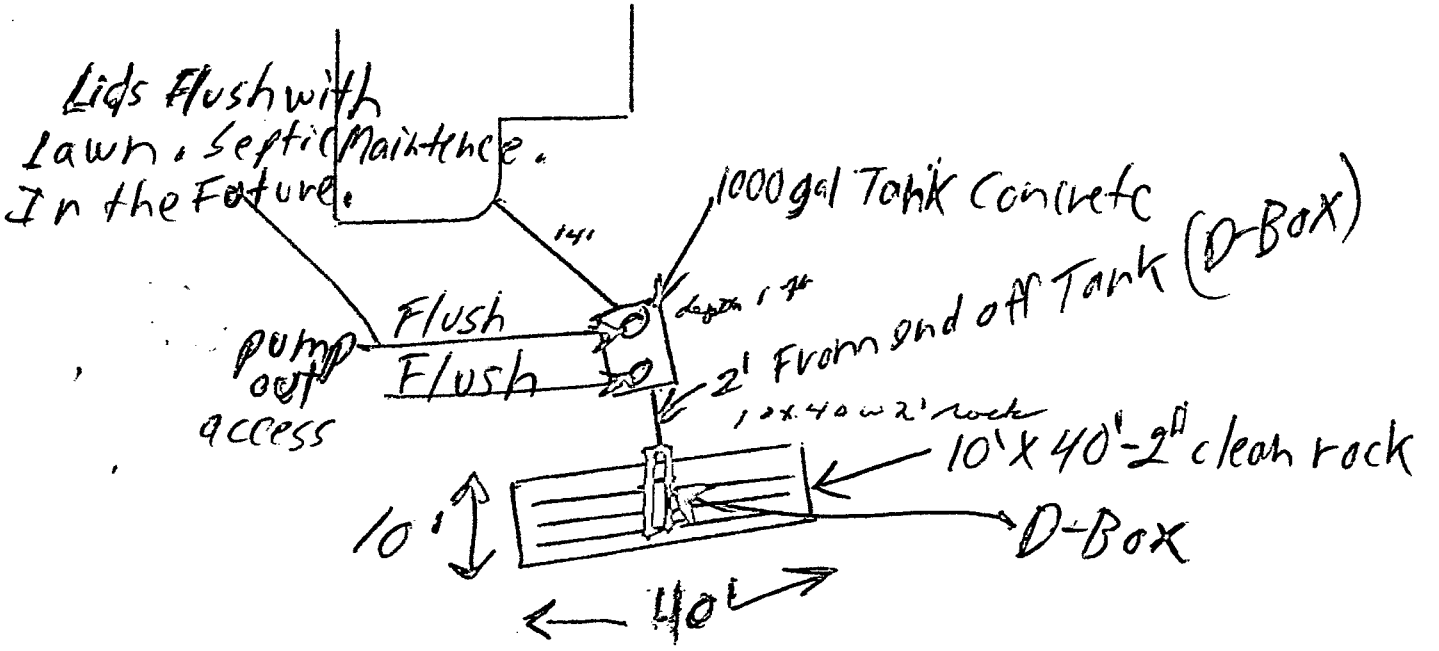
I certify that the above information is correct and that all proposed work will be completed in accordance with the Delaware County Regulations.

Date Approved 7-31-00

By _____
INSPECTOR

Scott Hahn
APPLICANT'S SIGNATURE

SEAL



should Pump Septic 3 to 5 years.

This system was in good working condition day of inspection. 4-2-18