Recorded: 8/21/2020 at 4:06:46.0 PM
County Recording Fee: $0.00
Iowa E-Filing Fee: $0.00
Combined Fee: $0.00
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2020 PG: 2836

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name William H. Sangster & Jana L. Kinyon

Address 15267 Wood Wind Ct, Peosta, IA 52068

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

TRANSFEREE:

Name Stephanie D.S. Maury & Christopher S. Maury

Address 100 Tower Drive, Manchester, IA 52057

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

Address of Property Transferred:
16234 188th St, Manchester, IA 52057

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

Legal Description of Property: (Attach if necessary) Lot Twenty Three (23) of Prairie Hill Estates, a Subdivision of Parcel C and E in the Southwest Quarter of Section 18, and Parcel C in the Northwest Quarter of Section 19, Township 89 North, Range 5, West of the 5th P.M., according to plat recorded in Book 1999, Page 1731.

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: William H. Swagler (Transferor or Agent) Telephone No.: (608) 606-3602

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

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a. Solid Waste Disposal (check one)

___ There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.

___ There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.

b.. Hazardous Wastes (check one)

___ There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.

___ There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.

Further descriptive information:

_____

_____

_____

_____

_____

_____

_____

_____

_____

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.: (608) 606-3602
(Transferor or Agent)

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

Property information

Current Owner Jason Kenyon

Buyer _____ Realtor _____

Mailing Address 16234 188th st. Manchester,Iowa 52057

Site Address/County 16234 188th st. Manchester ,Iowa 52057

No. of Bedrooms 4 Last Occupied? present Disposal? Y / N Softener? Y / N H_2O Supply? well

Records Available yes Permit/Installation Date permit#2399 7/7/15 Installer Bacana Inc

Septic System Information

Septic Tank(s): Size 1500 Material concrete Condition very good

Tank Pumped? yes Date 1/17/2020 Licensed Pumper st -40

Septic/Trash/Processing Tank: Size na Material na Condition na

Tank pumped? na Date na Licensed Pumper na

Aerobic treatment unit (ATU) MFGR na Size na

Tank Pumped? na Date na Licensed Pumper na

Maintenance Contract? na Expiration Date na Service Provider na

Condition na

Pump Tanks/Vaults: Type na Size na Condition na

Distribution System: Distribution Box yes Outlets Used 4 Condition good

Header Pipe(s) no Number of Lines 4

Pressure Dosed? no

Secondary Treatment

Length of Absorption Fields 4@80' total 320' Determined by mse and permit

Condition of Fields good Determined by hydraulic load test

Type of Trench Material new&pipe 1"limestone

Size of Sand Filter na Determined by na

Vent Pipes Above Grade? na Discharge Pipe Located? na

Effluent Sample Taken? none Results na

Media Filters: Type na

Maintenance Contract? na Expiration Date na Service Provider na

Condition na

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

Time of Transfer Inspection Worksheet

Other Components

Alarms no Working? na Disinfection no Working? na

Control Box no Timers no Inspection Ports no

Other Components Outlet baffle on septic tank tipped up do to soil settling. Still operational

Overall condition of the private sewage disposal system

Acceptable? _____ 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: _____ Date: 1/24/2020

Name (print): Luke Ogden Certificate #: 6715

Address: 207 Quaker Mill Dr. Manchester, Iowa 52057

Phone # 563-927-5503

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

Septic Inspection
Jana Kinyon
16234 188th St.
Manchester, IA 52057

Description:

Home is located at 16234 188th St. Manchester, IA 52057. Home was built in 2015 with approximately 2,000 sq. feet consisting of 4 bedrooms and 3½ baths. Sewage pump in basement and gravity flow from main floor. Water softener is discharged into septic system.

Septic Description:

Septic system was installed July 7, 2015. 1 – 1500 gallon concrete septic tank, 4 – 80' leach line; total of 320', 1 – distribution box, 2 – baffles. Leach field is rock and pipe. No septic filter.

Septic Condition:

Septic tank was pumped January 17, 2020 by D & S Portables. A hydraulic load test was performed at 6 GPM at 50 minutes for a total of 300 gallons of water. System accepted water. Risers are to grade and both baffles are installed. Outlet baffle is tipped up due to ground settling; still in working order.

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

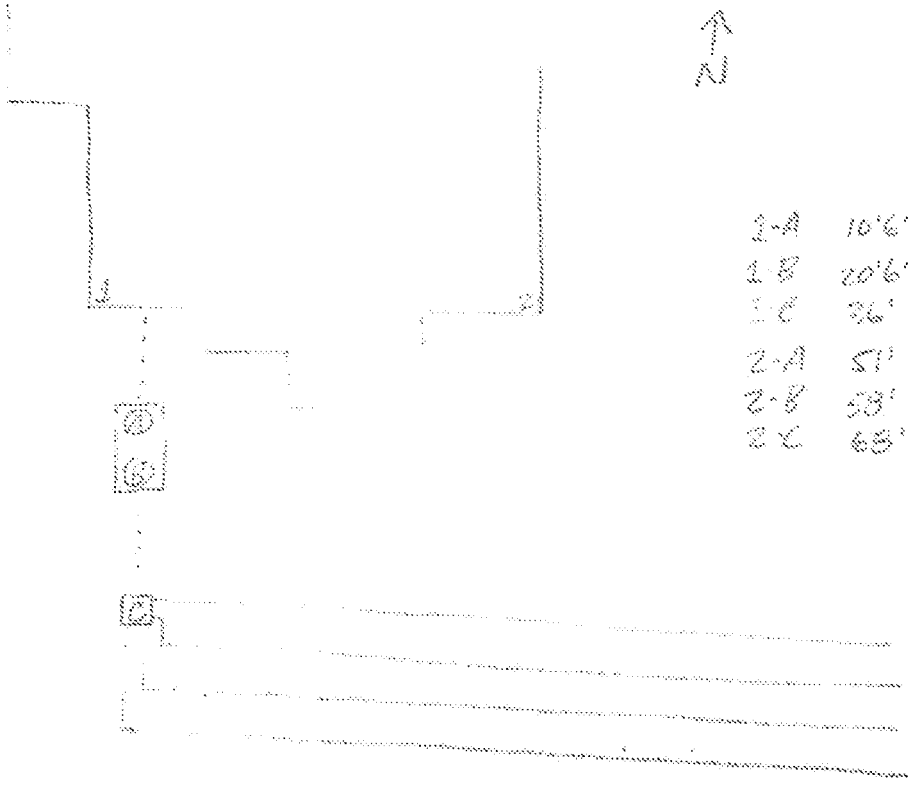
Luke Ogden Date 1/24/2020
TO

Owner: Jana Kinyon 16234 188th St. Manchester, IA 52057

OASIS PUMP SERVICE
1332 N. Franklin, Manchester, Iowa 52057
563-927-6503 888-843-6503
www.oasiswell.com

OWNER: Jana Kinyon
SITE ADDRESS: 16274 182nd St
GPS: Long: Lat:
TANK SIZE: 1500 Gal Plastic OR Concrete
SECONDARY TREATMENT: 4 Lines Each 100 ft
4 @ 80' Total 320'

DATE: 11/2/2020
TOWN/COUNTY: Maquoketa/Jackson Co.
D-BOX: 3 or 4 OUTLETS USED: 4



CHEMRIGHT LABORATORIES, INC.
117 N. Main St. - Maquoketa, IA 52060 - IA Lab# 379 - Phone 563-652-4226 - Fax 563-652-6137

TESTING REPORT

Alex Linderwell
Delaware County Health Department
Courthouse, 301 East Main
Manchester, IA 52057

Report Date: 07/15/20
Report Number: 21899
Sample Received: 07/13/20
Order Number: 21015

Sample ID	Parameter	Sample Matrix	Analysis Time	Method	Analyst	Codes		Result	Units
Jana Kinyon (kitchen) 16234 188th St. Manchester, IA									
200714-W-9710	Coliform (e-coli) MPN	Water	07/14/20 11:09	9223B-QT	SG	ND	<	1.0	cfu/100 ml
200714-W-9710	Coliform (total) MPN	Water	07/14/20 11:09	9223B-QT	SG	ND	<	1.0	cfu/100 ml
200714-W-9710	Nitrate-N	Water	07/14/20 11:47	300.0	SG			11	ppm

Code	Description
ND	Non-Detect. The value given is the detection limit.

No coliform bacteria was detected.
Nitrate-N level greater than 10 ppm exceeds the infant health advisory.

Susan E. Gossman, Operations Manager — 07/15/2020
Technical Review — Date