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Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Joseph P. Sanfilippo

Address 1834 - 180th Street, Manchester, Iowa 52057

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

TRANSFEREE:

Name Adam M. Nylund

Address 1975 - 210th Street, Manchester, Iowa 52057

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

Address of Property Transferred:
1834 - 180th Street, Manchester, Iowa 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.
   - 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.
   - [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:

Well located east of house approx 25 ft.

Septic inspection attached

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

Signature: _____ (Transferor or Agent) Telephone No.: (563) 924-2712

Addendum

1. That part of the Northwest Quarter (NW¼) of the Northeast Quarter (NE¼) of the Northwest Quarter (NW¼) of Section Sixteen (16), Township Eighty Nine (89) North, Range Five (5), West of the Fifth Principal Meridian described as commencing at the Northeast corner of said Northwest Quarter (NW¼) of the Northeast Quarter (NE¼) of the Northwest Quarter (NW¼) and running thence West on the North line of said Section Sixteen (16) one hundred ninety five and three-tenths (195.3) feet to the point of beginning, thence South 2° 10' West three hundred twenty eight (328.0) feet, thence North 88° 15' East one hundred twenty eight and four-tenths (128.4) feet, thence North ten (10.0) feet, thence East ninety one and eight-tenths (91.8) feet to a point on the East line of said Northwest Quarter (NW¼) of the Northeast Quarter (NE¼) of the Northwest Quarter (NW¼) which point is three hundred fourteen (314.0) feet South of the Northeast corner of said Northwest Quarter (NW¼) of the Northeast Quarter (NE¼) of the Northwest Quarter (NW¼), thence South on said East line one hundred eighty six (186.0) feet, thence West two hundred sixty four (264.0) feet, thence North 1° 09' West five hundred (500.0) feet to the North line of said Section Sixteen (16), thence East along said North line sixty eight and seven-tenths (68.7) feet to the point of beginning
   AND
   The South one hundred fifty (150.0) feet of the following described real estate: That part of the Northeast Quarter (NE¼) of the Northwest Quarter NW¼) of Section Sixteen (16), Township Eighty Nine (89) North, Range Five (5), West of the Fifth Principal Meridian described as commencing at a point one hundred four (104) rods East of the Northwest corner of said Section Sixteen (16), and running thence South five hundred (500.0) feet, thence West one hundred seventy one (171) feet and seven (7) inches, thence North five hundred (500.0) feet, thence East one hundred seventy one (171) feet and seven (7) inches to the point of beginning

Harter Custom Pumping, Inc & Septic Service

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

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Homeowners: JOE SANFILIPPO
1834 186 HWY ST
MANCHESTER

Age of Property 1970's
Occupied
Yes or No

Inspection Co: Robb Harter
3031 160 Dyersville IA 52040
Date of Inspection: 10-28-13

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

Section 1: 1 EAST

Location of the system: (East) West North (South) 1 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 1250 EACH Gallons *Basis for estimate* (2) 1250 TANK'S
What is the separation between well and septic?
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 3-5 YEARS
DO NOT DRIVE ON BED

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: [signature] Date: 10-28-13

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

Property information

Current owner Joe SANFILIPPO
Buyer _____ Realtor Fm. Jen Finn
Mailing address 1834 180th St

Site Address/County 1834 180th St
Legal Description # 140/60/600

No. of bedrooms 3 Last occupied? Now Records available No

Permit/installation date — Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 2 1250 material Concrete condition Good
Tank pumped? yes date 10-28-13 licensed pumper 358
Septic/trash/processing tank: size 100 material Concrete condition Good
Tank pumped? yes date 10-28-13 licensed pumper 358

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

Pump tanks/vaults: type — size _____ condition _____

Distribution system: distribution box yes outlets used 3 condition Good
Header pipe(s) — # of lines — Pressure dosed? —

Secondary treatment:
length of absorption fields 3x100 determined by Probe
condition of fields Good determined by Dug up
type of trench material Rock & Pipe

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 provided _____

Time of Transfer Inspection Report

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

Control box _____ Timers_____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status HACK (2) 1250 TANK W/H RISER

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

Comments: Keep TANK Pump ever 3-5 YEARS

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.

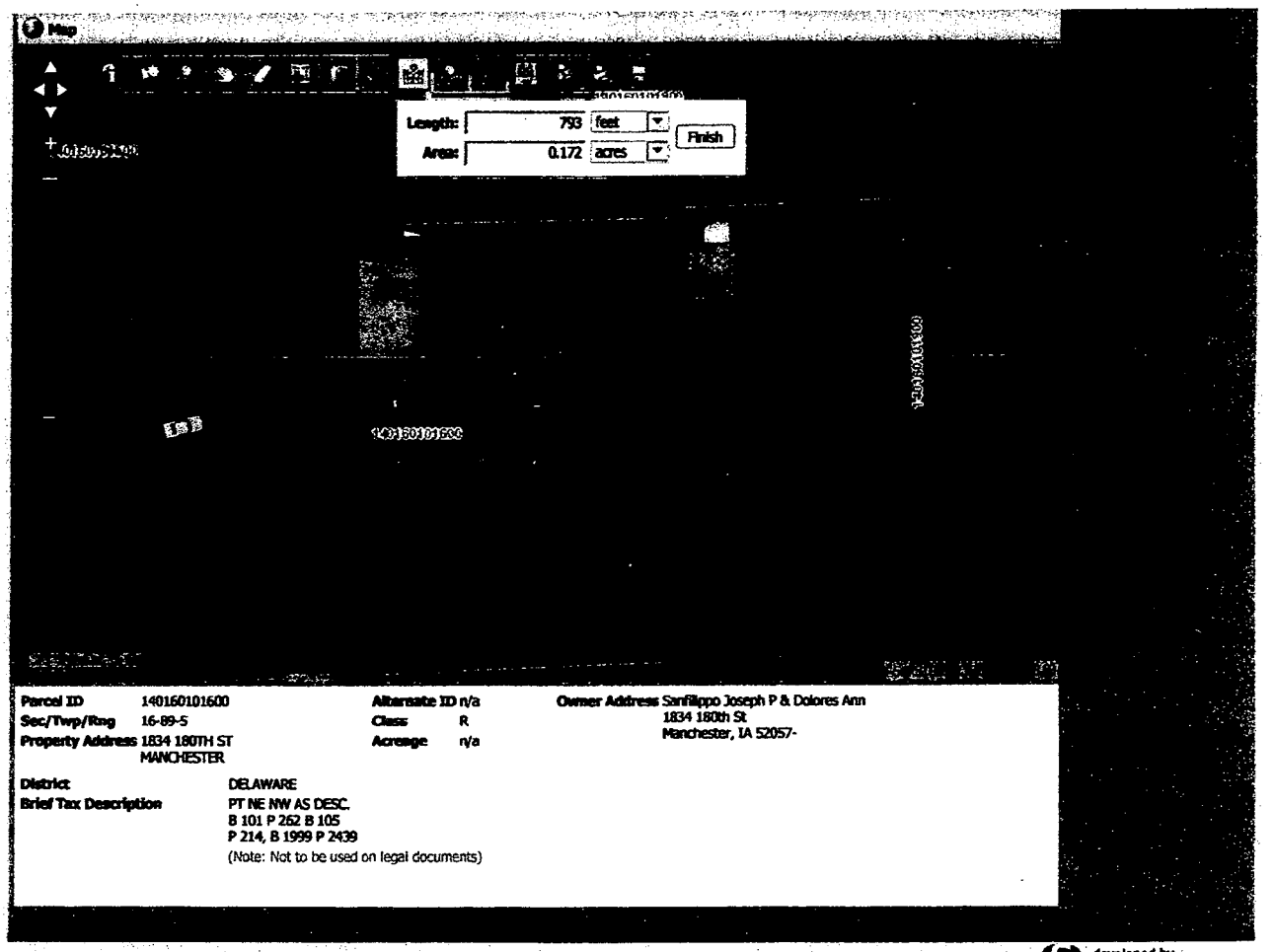
Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

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: _____ Date: 10-29-13
Name (print): Robb HARTER Certificate #: 358
Address: 3031 160 St DYERSVILLE 52040
Phone # 563-542-1010

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

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



Well TANK A 58 Ft IS EAST TANK
Well to TANK B. 69 Ft B is SOUTH TA
B TANK D Box IS 24" DEEP WITH
(3) 100 ROCK PIPE.
TANK A 1250 TANK 16X12 Ft ROCK BED