Recorded: 12/20/2017 at 1:35:39.0 PM
Fee Amount: $0.00
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2017 PG: 3495

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Garry M. Dunn and Debra L. Dunn

Address 18495 224th St., Manchester, IA 52057

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

TRANSFEREE:

Name Justin Painter and Kristina Painter

Address 18133 224th St., Manchester, IA 52057

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

Address of Property Transferred:
18133 224th St., Manchester, IA 52057

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

Legal Description of Property: (Attach if necessary) See attached Exhibit "A"

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. SE of house
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: Garry M. Dunn (Transferor or Agent) Telephone No.: 563-663-7095

EXHIBIT A

Lots Eleven (11) and Twelve (12) of Oak Way Extension, A Subdivision of Part of the Northeast Quarter (NE1/4) of the Northeast Quarter (NE1/4)of Section Five(5), Township Eighty Eight(88) North,Range Five (5), West of the Fifth Principal Meridian, and part of the Northwest Quarter (NW1/4) of Section Four(4), Township Eighty Eight (88) North, Range Five (5) West of the Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded i book 4 Plats, Page 112.

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

Property information

Current owner Gary Dunn
Buyer _____ Realtor GNB Barb Sailor
Mailing address 104 W Tama Manchester

Site Address/County 18133 224th St Manchester
Legal Description _____

No. of bedrooms 4 Last occupied? _____ Records available Yes

Permit/installation date 10-31-90 Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1000 material concrete condition good
Tank pumped? Yes date 11-30-17 licensed pumper S + G
Septic/trash/processing tank: size — material — condition —
Tank pumped? — date — licensed pumper —

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 Concrete outlets used 3 condition Fair
Header pipe(s) — # of lines — Pressure dosed? —

Secondary treatment:
length of absorption fields 270' determined by per permit
condition of fields good determined by water test
type of trench material _____

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 Worksheet

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

Control box ~ Timers ~ inspection ports ~

Other components _____

Overall condition of the private sewage disposal system

Report system status _____

Explain (attach additional pages as needed): Did water test 45 minute 6-7 gallon / minute OK

Comments: System in good working order

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.

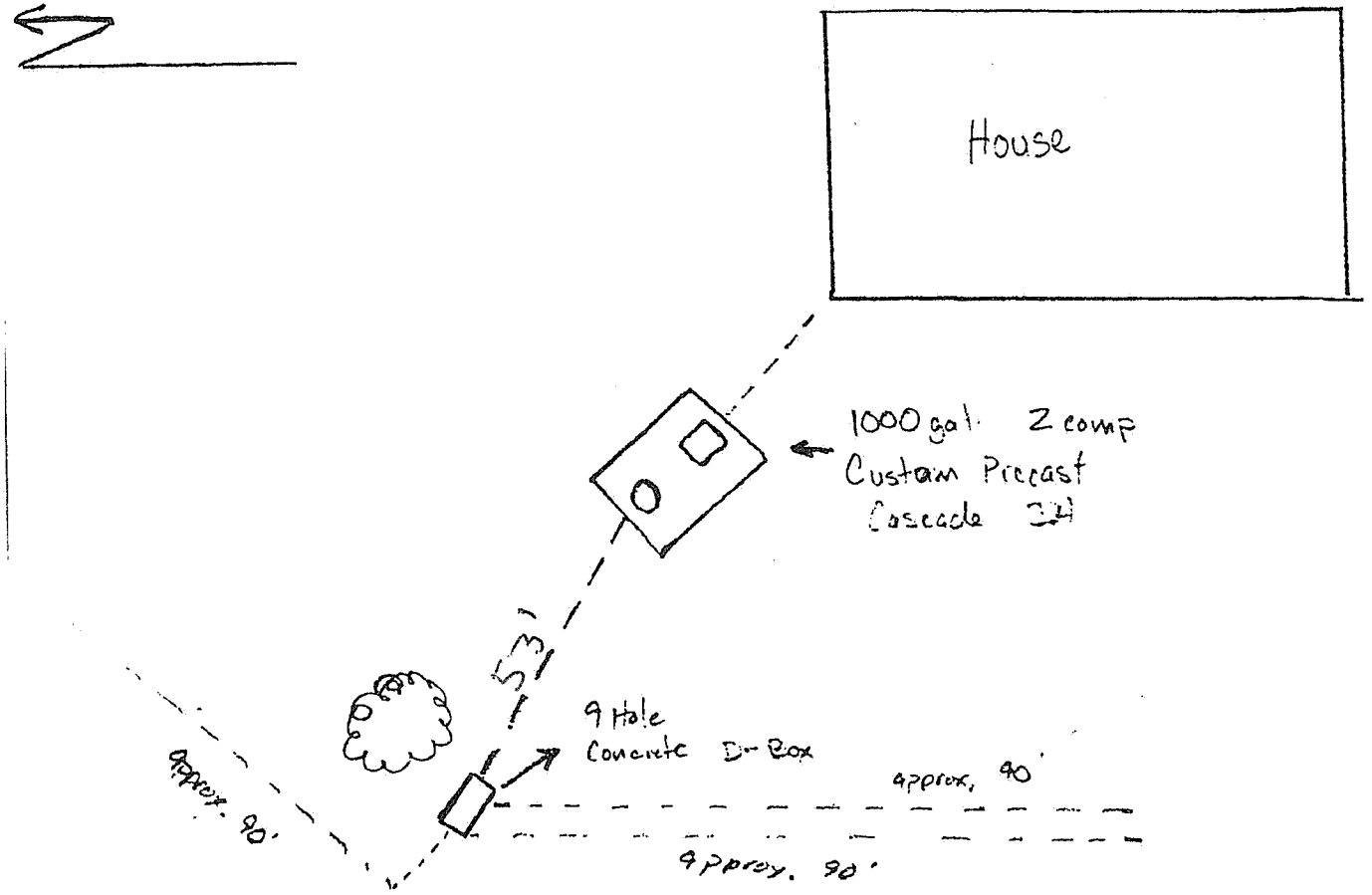
Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

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: Bill Dows Date: 11-30-17
Name (print): Bill Dows Certificate #: 8880
Address: 1497 110th Ave Dunlap IA
Phone # 563-924-2225

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



Distribution Box

NE corner of House To D - Box

NW corner of House To D- Box

Approx. 270'
4" leach pipe & Rock

P-01
563 927 5561
9 08:41 AM COUNTY SERVICES

DELAWARE COUNTY
BOARD OF SUPERVISORS (Print or Type) Permit No. 58P

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: RR1 Manchester Section 4 Township M.10

LOCATION: NW¼ NW¼ NW¼ Section 4 T8N R5W

Owner: Mack Cvetko Tenant: _____ Plumber: Schwite Const

Lot Size: 1¾ Acres Type Commercial: _____ Residential: (No. Bedrooms) 3

Fixtures: Stools 4 Lavatories 4 Bath Tubs 1 Showers 2 Sinks 1 Automatic Laundry 1 Sump Pump ___

Septic Tank made by Cascade Garbage Grinder _____ Construction Material Concrete Gallons Cap 1000

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

Absorption Field: Total length of laterals 270 No. of lateral lines 4

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 10-31-93

By Karanne Pebble
INSPECTOR

Mark Cvetko
APPLICANT'S SIGNATURE

SEAL