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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Donald J. Piegors

Address 2289 185th Ave, Manchester, IA 52057

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

TRANSFEREE:

Name Nicholas J. Olberding & Amanda S. Olberding

Address 1831 Honey Creek Rd, Manchester, IA 52057

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

Address of Property Transferred:
2289 185th Ave, Manchester, IA 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:

There is a well located on the property. It is in working order and is located approximately 15 feet from the southeast side of the house.

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) 608-4967

Addendum

1. That part of the Southeast Quarter (SE 1/4) of the Southwest Quarter (SW 1/4) of Section Four (4) and that part of the Northeast Quarter (NE 1/4) of the Northwest Quarter (NW 1/4) of Section Nine (9), Township Eighty Eight (88) North, Range Five (5), West of the Fifth Principal Meridian, described as commencing at the Southeast corner of the Southeast Quarter (SE 1/4) of the Southwest Quarter (SW 1/4) of said Section Four (4), thence North four hundred eighty one and seven tenths (481.7) feet to the point of beginning, thence North one hundred seventy three and two tenths (173.2) feet along the East line of the Southeast Quarter (SE 1/4) of the Southwest Quarter (SW 1/4) of said Section Four (4), thence South 89° 55' West one hundred sixty six and four-tenths (166.4) feet, thence South 12° 18' West one hundred twenty nine and nine-tenths (129.9) feet, thence North 89° 30' West seven hundred eighteen and one-tenth (718.1) feet, thence South 4° 10' West two hundred twenty nine (229.0) feet, thence South 34° 35' East one hundred forty six and three tenths (146.3) feet, thence South 52° 58' East two hundred fifty six and five-tenths (256.5) feet, thence South 81° 08' East one hundred nineteen and one-tenth (119.1) feet, thence South 7° 48' West ninety seven and nine-tenths (97.9) feet, thence South 69° 58' East sixty eight and two-tenths (68.2) feet, thence South three hundred sixty two and four-tenths (362.4) feet, thence North 86° 56' East three hundred eighteen and one-tenth (318.1) feet, thence North seven hundred nine and five-tenths (709.5) feet, thence North 30° 00' East two hundred sixty (260.0) feet, thence East twenty five (25.0) feet to the point of beginning.

Time of Transfer Inspection Report

Property information
Current owner **Don Piegors**
Buyer _____ Realtor _____
Mailing address **2289 185th Ave, Manchester, IA 52057**

Site Address/County **2289 185th Ave, Manchester, IA Delaware County**
Legal Description _____
No. of bedrooms **4** Last occupied? **>Current** Records available **Yes**
Permit/installation date **1/30/2012** Separation distances ok/ no? **Ok**

Septic system information

Septic tank(s): size **1,250 & 500** material **concrete** condition **Good**
Tank pumped? **Yes** date **12/06/2019** licensed pumper **Groth**
Inlet Baffle **Good** Outlet Baffle **Good condition**

Maintenance contract? **No** expiration date _____ service provider _____

Pump tanks/vaults: type **NA** size ___ condition _____

Distribution system: Distribution box **HD plastic/concrete** outlets used **3** condition **Good**
Header pipe(s) **Yes** # of lines **bed** Pressure dosed? **No**

Secondary treatment:
length of absorption fields **20'x 60' absorption bed** determined by **Map & Probing**
condition of fields **OK** determined by **Hydraulic water load test (300 gals.)**
type of trench material **Rock & Pipe absorption bed**

Size of sand filter **NA** Determined by _____
Vent pipes above grade? _____ Discharge pipe located? _____
Effluent sample taken? _____

Media filters: type **NA**
Maintenance contract? _____ expiration date _____ service provider _____

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

Time of Transfer Inspection Report

Other components:
Alarms __No_____ Working? _____ disinfection _____ working? _____
Control box _____ Timers_____ inspection ports _____

Other components ___**Polylock effluent filter was completely plugged and pushed out of filter case, floating in tank. I cleaned the effluent filter and put a surface access handle on it.**__

Overall condition of the private sewage disposal system

Report system status __**System is working properly at time of inspection**_____

Explain (attach additional pages as needed) ___**See Attached Narrative Report**____

_____

Comments: _____

Signature of Certified inspector: _____ Date: __**12/06/2019**____

Name (print): ___**Roger Groth**_____ Certificate #: __**8813**_____
Address: _____**1690 165th Street Manchester, IA 52057**_____
Phone # ___**563-927-5823**_____

A copy of this report, the narrative report and sketch has been sent to the following by us:
YES- Seller/agent
NO-Buyer
YES- County sanitarian/environmental health office,
YES- Iowa DNR in Des Moines

GROTH SERVICES LLC

NARRATIVE INSPECTION REPORT

Don Piegors Property -2289 185th Ave, Manchester, IA 52057

HOME DESCRIPTION:

This is a four bedroom home with a water softener and a kithen garbage disposal. Wastewater drains via gravity to septic tank. The gravity sewer line exits towards the southwest yard and drains to a 1,250 gallon concrete, dual compartment septic tank. There are 2- 24" diameter access riser to surface. In 2012, a 500 gal. Single compartment tank was added behind the existing tank, with a single riser to surface. The effluent line goes south from the septic tank to the south yard to the absorption bed.

Distance from Septic tank to well is >75' Distance to Secondary treatment is >200'

CONDITION:

Concrete septic tanks was pumped on 12-06-2019. The 1,250 gal. first concrete tank is in good condition. Inlet and outlet baffles are intact and in good condition. The500 gal. second concrete tank is in good condition. Both septic tanks liquid level was well above normal when arrived because the effluent filter had been pushed out from being plugged. Both tanks were nearly 100% solids. Tanks should be pumped more frequently.

The hydraulic water load test was performed for a 4-bedroom home at the outlet filter baffle, (too much hose to take to d-box). The d-box was approximately 12" deep to the top of lid. The d-box was in good condition. The hydraulic water load test on the secondary treatment system and was sucessful (4-bedrooms calls for 300 gals.) . Absorption bed was probed and found no indication of saturation.

<u>YES</u> - This septic system does meet the Time of Transfer Inspection criteria in it having secondary treatment.

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. Groth Services LLC 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 the 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 construed as a warranty by our Company that the system will function properly for any particular buyer. Groth Services LLC 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. This Narrative report may not be copied without written approval from Groth Services LLC.

Certified by Roger Groth # 8813

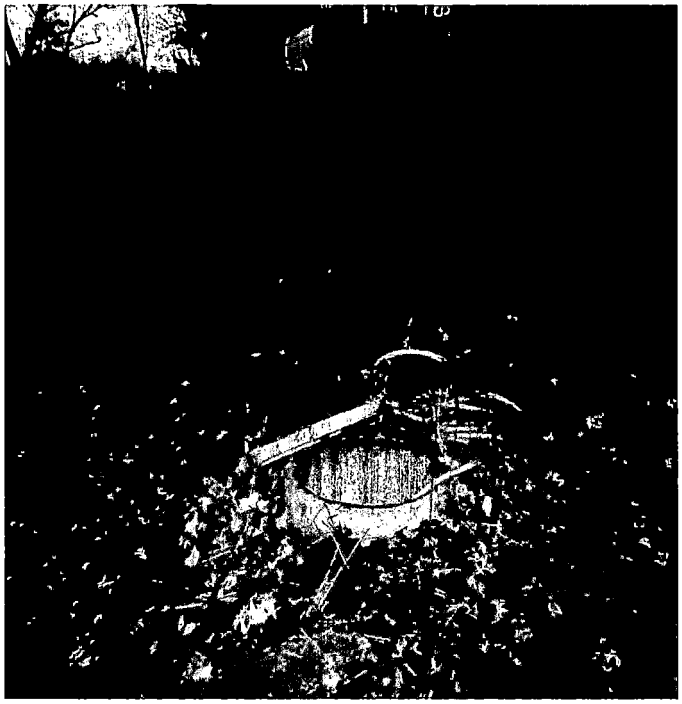
DATE 12/06/2019


2289



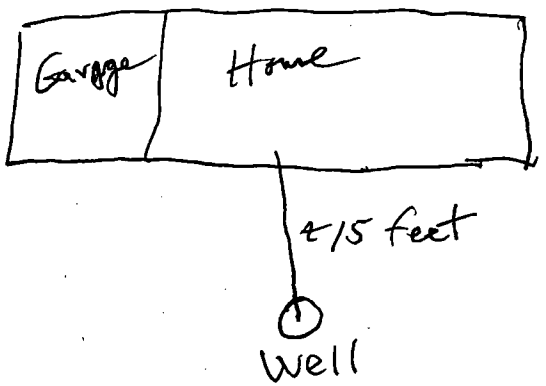








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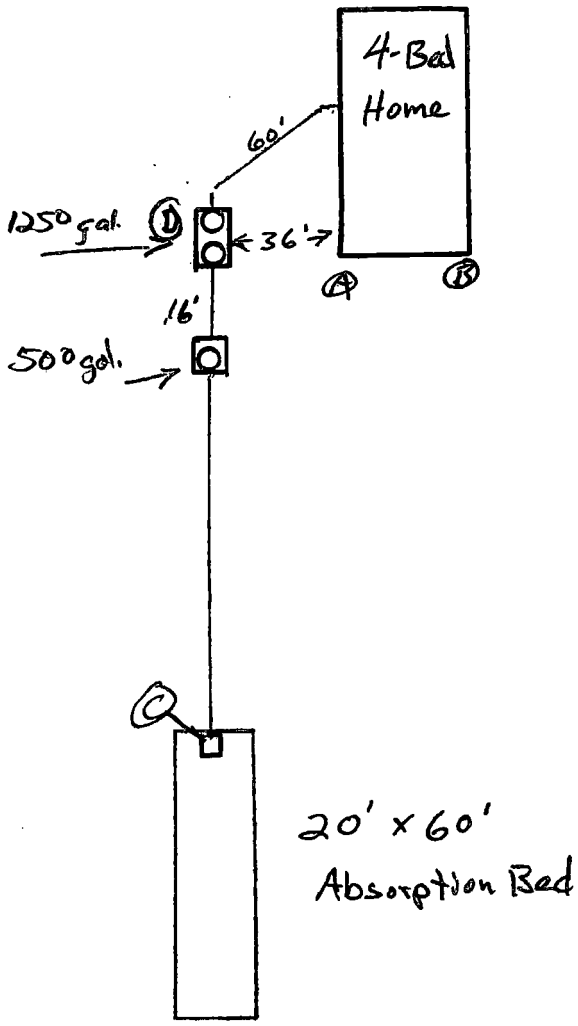


GROTH SERVICES

TIME OF TRANSFER INSPECTION MAP

DATE 12-6-19 **SELLER** Don Piegors **BUYER** _____

ADDRESS 2289 185th Ave **CITY** Manchester



A-C = 122'
B-C = 136'
A-D = 36'

