Recorded: 4/22/2022 at 11:45:16.0 AM

County Recording Fee: \$0.00 lowa E-Filing Fee: \$0.00 Combined Fee: \$0.00

Revenue Tax:

Delaware County, Iowa
Daneen Schindler RECORDER

BK: 2022 PG: 1282

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name: Kerby L. Seeley and Sarah M. Tweedy

Address: 1701 70th Street, Windsor Heights, IA 50324

TRANSFEREE:

Name: Barry Francois and Renee Francois Address: 199 N. Linn Drive, Coggon, IA 52218

Address of Property Transferred:

16375 189th Street, Manchester, IA 52057

Legal Description of Property: (Attach if necessary)

Lots Eleven (11) and Twenty Two (22) of North Ridge Subdivision in the Southeast Quarter of the Southwest Quarter of Section 18, Township 89 North, Range 5 West of the 5th Principal Meridian, according to plat recorded in Book 7 Plats, Page 65.

| 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. | Soljd 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. |

☐ 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.

☑ There are no known private burial sites on this property.

5. Private Burial Site (check one)

| 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 an | | | | | | | |
| lawful sewage disposal system. A certified inspector's report is attached which documents the condit | | | | | | | |
| 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 systematics. | | | | | | | |
| 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 in | | | | | | | |
| 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: Telephone No.: (515) 290-5497 | | | | | | | |
| Transferor) | | | | | | | |
| Well in on the Southwest Corner of Propierry | | | | | | | |



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

Property information Soley Realtor Home Front Realty Find And Leaves Items Current owner Buyer Realion the mac 130 miles 205 Comarion St Manufacture Transfer Site Address/County 16375 1894 & St Mancheste/ IA Legal Description No, of bedrooms 3 Last occupied? SYSU Records available YCS Permit/installation date 7-9-62 Separation distances ok/no? 0/5 Septic system information Septic tank(s): size V2SC material Concrete condition $\frac{C}{C} = \frac{C}{C}$ Tank pumped? $\frac{C}{C} = \frac{C}{C} = \frac{C}{C}$ 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 $\frac{\sqrt{e^{\frac{1}{2}}}}{\text{Header pipe(s)}}$ outlets used $\frac{2}{e^{\frac{1}{2}}}$ condition $\frac{\sqrt{2} \cdot e^{\frac{1}{2}}}{\text{Header pipe(s)}}$ # of lines _____ Pressure dosed? _____ Secondary treatment: becondary treatment: length of absorption fields 300 determined by Camera / 2/0 bc condition of fields 500 determined by Water test type of trench material Court pipe of Tarfitrator Size of sand filter ______ determined by _____ Vent pipes above grade? ______ discharge pipe located? _____ Effluent sample taken? _____ Results _____ Media filters: type_____ Condition _____ NPDES General Permit No. 4: required? _____ permitted? _____ NOI provided _____

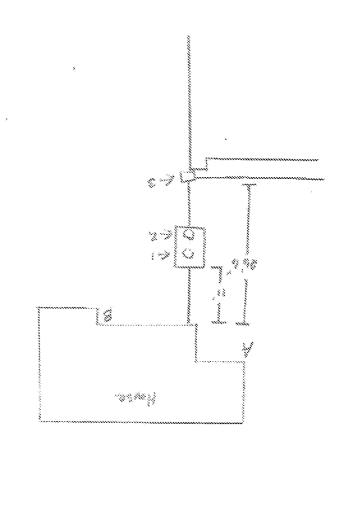
\$42-0191



Time of Transfer Inspection Worksheet

| Other components: Alarms | Working? | -M ₁₁₁ | disinfection | working? | | |
|---|-------------------|----------------------------------|------------------|--|--|--|
| Costrol box | | Timers | inspection po | DECS | | |
| Other components | | | | | | |
| Overall condition (| of the private so | wage disposal : | system | | | |
| Report system stati | us <u>Qood</u> | 12014575 | <u> </u> | | | |
| Explain (attach add | litional pages a | is needed): <u>43</u> 15 Şele | in strain C | Files freed so | | |
| 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 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 Certi Name (prim): <u>18</u> Address: <u>146</u> Phone # <u>Sy</u> | 1 1104% | s Buc Danie | Courts CC XXA | Date: 12 - 31 - 21 Certificate #: 8890 | | |
| 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: | | | | | | |
| lowa DNR Onsite 502 E. 9 th St. Des Moines, IA 5 | | ogram | | | | |

542-8191



1, h, sh = 8-8 1, h, ks = 4-8 1, 86 = 1-8 1, 26 = 8-4 1, 86 = 7-4 1, 86 = 1-4

C. II. M. N. STANDIN M. (1988)

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