Book 2010 Page 1323
Document 2010 GWH-1323 Type 53 001 Pages 7
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DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:
Name David E. Kann and Nancy E. Kann

Address 3273 Vine Road Dyersville, IA 52040
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name BRUE Properties, LLC

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

Address of Property Transferred:
3273 Vine Road, Dyersville, IA 52040
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.
   - ☒ 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)

- ☐ There are no known private sewage disposal systems on this property.
- ☒ There is a private sewage disposal system on this property. 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 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. When the inspection is completed, an amended Groundwater Hazard Statement shall be recorded with the certified inspection and shall include the document numbers of both the real estate transfer document and the original Groundwater Hazard Statement.
- ☐ There is a 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.
- ☐ This property is exempt from the private sewage disposal inspection requirements pursuant to the following exemption: _____.
- ☐ 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:

see attachments

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.: 563-451-6838

FILE WITH RECORDER **DNR form 542-0960 (June 26, 2009)**

Addendum

1. Parcel O A Division of Parcel J of the Southeast Quarter (SE 1/4), Section 26, Township Eighty-Nine North (T89N), Range Three West (R3W) of the Fifth Principal Meridian Delaware County, Iowa, according to plat recorded in Book 2004, Page 2998.
   and
   Parcel I of Parcel G of the Southeast Quarter (SE1/4), Section 26, Township Eighty-Nine North (T89N), Range Three West (R3W) of the Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 2003, Page 4872.

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: DAVID KANN
3273 Vine Rd
Dyersville IA 52040

Age of Property

Occupied
Yes or No

Inspection Co: Robb Harter
3031 160 St Dyersville 52040
Date of Inspection: 4-17-10

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

Section 1:

Location of the system: East West (North) 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 750 Gallons *Basis for estimate*
What is the separation between well and septic? yes
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:

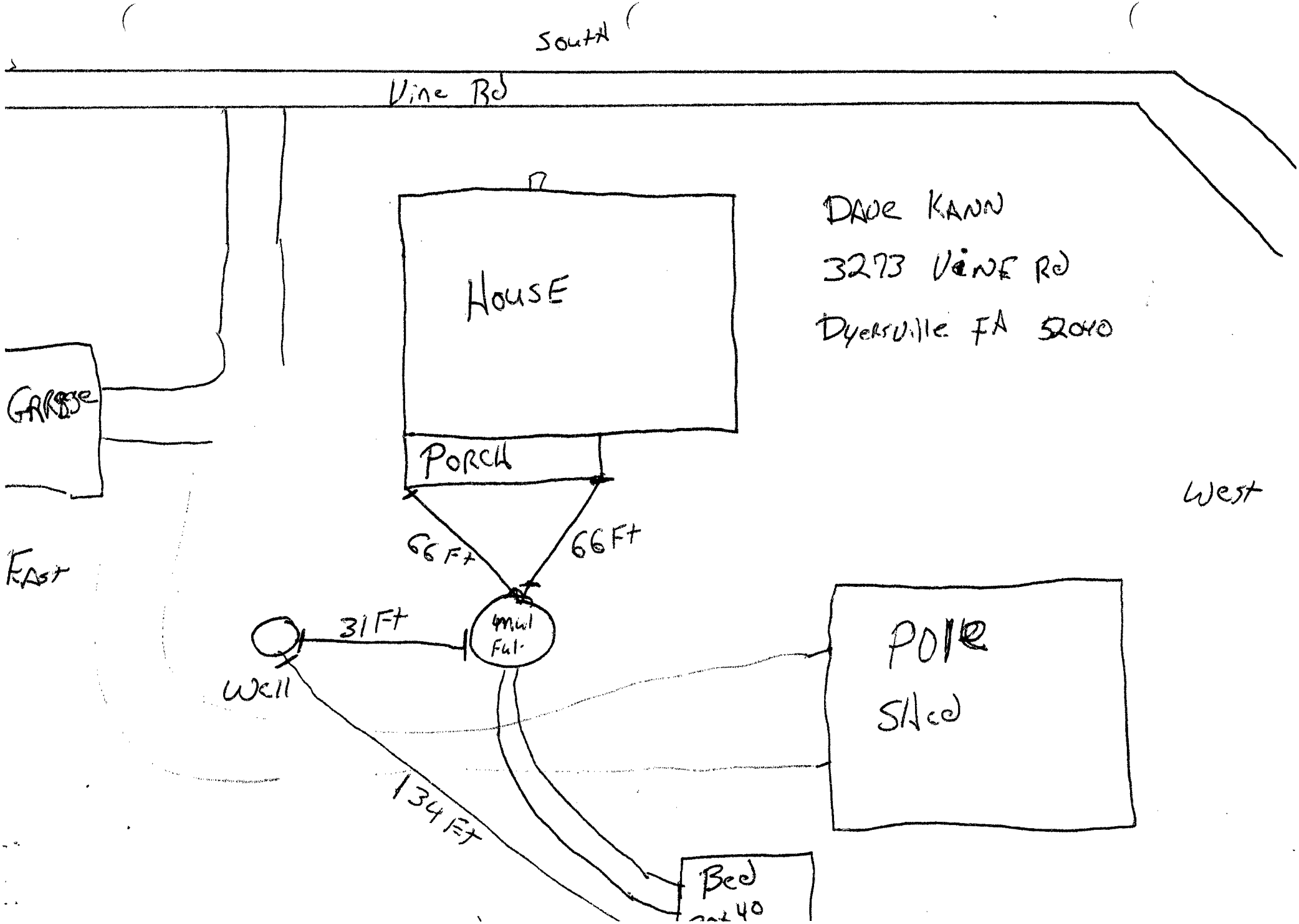
Septic tank material ___ Concrete X Fiberglass ___ Other
Liquid Level in tank X Normal ___ Below Normal ___ Above Normal
Access opening in tank X One ___ Two ___ Three ___ None
Number of risers X One ___ Two ___ Three ___ None
Condition of baffles and or sanitary tees:
Inlet baffle or "T" X Present and functional ___ Not functional ___ None present ___ Not Visible
Outlet baffle or "T" X Present and functional ___ Not functional ___ None present ___ Not Visible
Tank was pumped X Yes ___ No (if no please explain below
System adequately sized for # of Bedrooms X Yes ___ No # of Bedrooms: ___
System adequately sized for # of Bathrooms X Yes ___ No # of Bathrooms: ___
System working Properly X Yes ___ No (if no please explain below)

Additional Comments / Repairs needed:

Need to have maintenance every year.

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 physical damage to the system. All tanks require pumping maintenance.

Inspected by Robb Harter Date: 4-17-2010


South
Vine Rd
House
Porch
Garage
East
West
66 Ft
66 Ft
31 Ft
Well
Mul Ful.
134 Ft
Pole
Shed
Bed
Dave Kann
3273 Vine Rd
Dyersville IA 52040

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

Property information

Current owner DAVE KANN
Buyer _____ Realtor _____
Mailing address 3273 VINE RD Dyersville IA 52040

Site Address/County 3273 VINE RD
Legal Description _____

No. of bedrooms 3 Last occupied? NEW Records available _____

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

Septic system information

Septic tank(s): size 750 material MUL-F10 condition OK
Tank pumped? YES date 4-17-10 licensed pumper 99-200206
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? YES date 4-17-10 licensed pumper 99-200206

Aerobic treatment unit (ATU) mfgr MUL-FUL size 99 200206
Tank pumped? 4-17-2010 date 4-17-10 licensed pumper _____
Maintenance contract? NO expiration date — service provider —
Condition NEED TO KEEP MAINTENANCE

Pump tanks/vaults: type _____ size _____ condition _____

Distribution system: distribution box _____ outlets used _____ condition _____
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields 40x30 determined by Robb
condition of fields ROCK PIPE determined by Robb
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 yes Working? yes disinfection _____ working? yes

Control box _____ Timers_____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status All working

Explain (attach additional pages as needed): _____

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 Certified inspector: ST358 Date: 4-17-2010
Name (print): Robb Harter Certificate #: _____
Address: 3031 160 St Pleasantville 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