Book 2010 Page 1482
Document 2010 GWH-1482 Type 53 001 Pages 6
Date 5/18/2010 Time 3:30:28PM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Marjorie M. Kraus Estate

Address c/o Rudolph Kraus, PO Box 74, Fayette, IA 52142

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

TRANSFEREE:

Name Brenda F. Koehn

Address PO Box 158, Manchester, IA 52057

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

Address of Property Transferred:

3092 Highway 13, Ryan, IA

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

Legal Description of Property: (Attach if necessary) "The South 169 feet of the West 334 feet of the North 2290 feet of the West Fractional Half of the Southwest Quarter of Section 18, Township 87 North, Range 5 West of the 5th P.M., Delaware County, Iowa, subject to highways and easements of record and subject to restricted right of access controlled by the State of Iowa and State Highway Commission"

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:

1. Drinking water Well located approximately ten feet from the Southeast corner of the house. Water test report is attached.

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.: (563) 425-4059
(Transferor or Agent)

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

CHEMRIGHT LABORATORIES, INC.
117 N. Main St. - Maquoketa, IA 52060 - IA Lab# 379 - Phone 563-652-4226 - Fax 563-652-6137

TESTING REPORT

Dennis Lyons
Delaware County Health Department
Courthouse, 301 East Main
Manchester, IA 52057

Report Date: 05/05/10
Report Number: 7601
Sample Received: 05/04/10
Order Number: 06629

Sample ID	Parameter	Sample Matrix	Analysis Time	Method	Analyst	Codes		Result	Units
Marj Kraus (kitchen) 3092 Hwy 13 Ryan, IA									
100504-W-9286	Coliform (e-coli) MPN	Water	05/04/10 10:44	9223B-QT	SG/LG	ND	<	1.0	cfu/100 ml
100504-W-9286	Coliform (total) MPN	Water	05/04/10 10:44	9223B-QT	SG/LG	ND	<	1.0	cfu/100 ml
100504-W-9286	Nitrate-N	Water	05/05/10 9:21	300.0	SG	ND	<	0.10	ppm
Marj Kraus (basement)									
100504-W-9287	Coliform (e-coli) MPN	Water	05/04/10 10:44	9223B-QT	SG/LG	ND	<	1.0	cfu/100 ml
100504-W-9287	Coliform (total) MPN	Water	05/04/10 10:44	9223B-QT	SG/LG	ND	<	1.0	cfu/100 ml
100504-W-9287	Nitrate-N	Water	05/05/10 9:38	300.0	SG	ND	<	0.10	ppm

Code	Description
ND	Non-Detect. The value given is the detection limit.

No coliform bacteria was detected.
The infant health advisory limit for nitrate-N is 10 ppm.

Susan E. Gossman, Operations Manager — 05/05/2010
Technical Review — Date

563-652-6137 p.2
May 05 10 09:12p

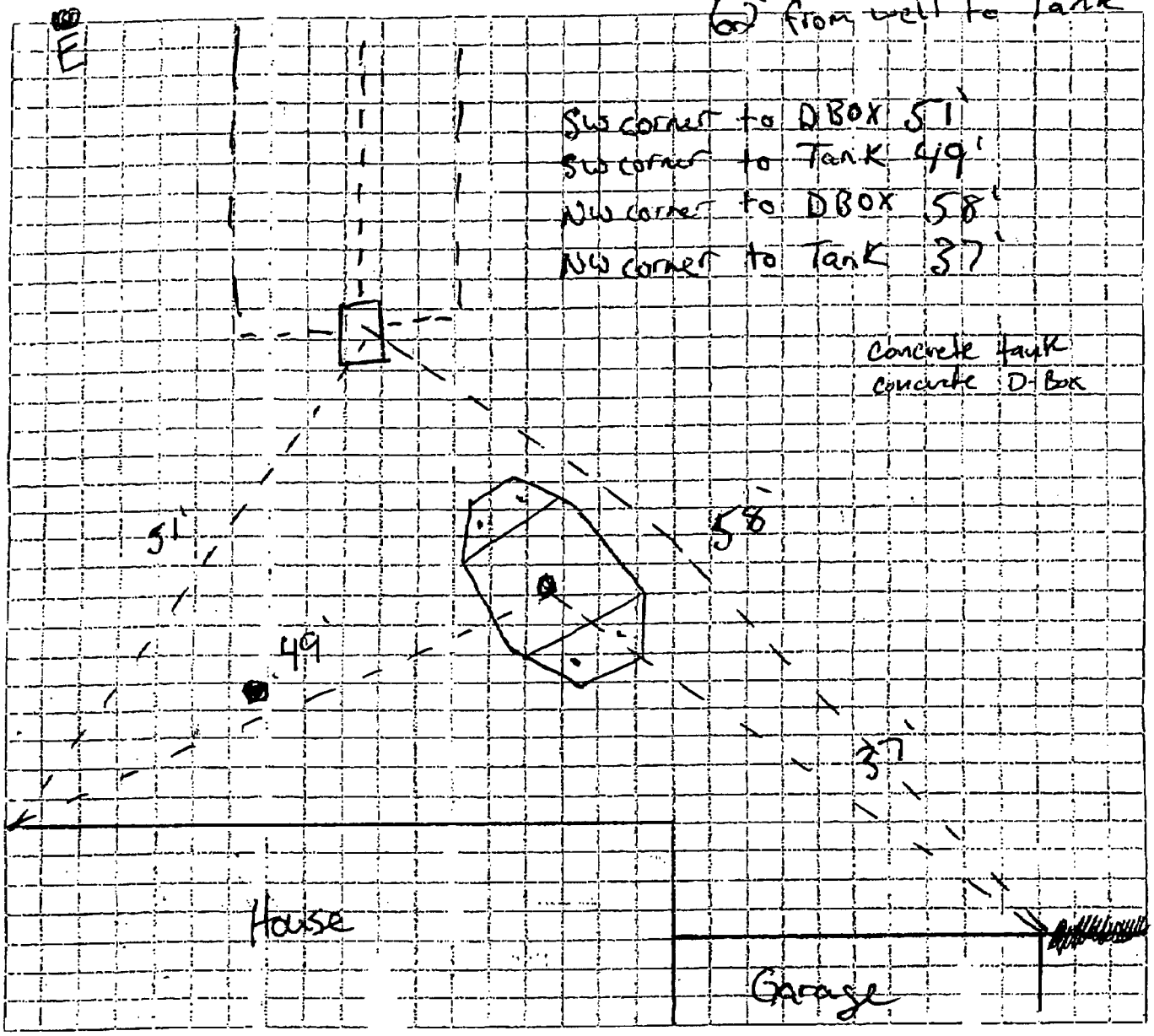
Site Evaluation Map

page 2 of 2 Designer

List any construction issues: Rudy Kraus Septic Inspection

77' from well to DBOX

60' from well to Tank



Mapping Checklist

Map scale: _____ ___ indicate north ___ show slope _____% direction ___

Locate

- ___ lot dimensions/property lines
- ___ dwellings and other improvements
- ___ existing and/or proposed system(s)
- ___ replacement area
- ___ unsuitable area(s)
- ___ public water supply wells
- ___ pumping access
- ___ inner wellhead zone

___ easements
- ___ phone
- ___ electric
- ___ gas

___ elevations
- ___ borings
- ___ benchmark
- ___ perc tests
- ___ horiz&vert reference pts

___ setbacks
- ___ building
- ___ all water wells within 100ft
- ___ pressure pipe
- ___ water suction pipe
- ___ streams, lakes, rivers
- ___ floodway and fringe

58 37

Time of Transfer Inspection Worksheet

Other components:
Alarms N/A Working? N/A disinfection N/A working? N/A

Control box N/A Timers N/A inspection ports N/A

Other components N/A.

Overall condition of the private sewage disposal system

Report system status Septic system is in working condition Hydrolic test was Done for 45 min @ 8gpm.

Explain (attach additional pages as needed): _____

Comments: The septic tank + Distrubution Box are concrete + the upper 18" to 24" Are in Poor shape + the concrete is crumbling away. There is also no baffles on inlet or outlet sides. The 1000 gallon septic tank is a single stage tank

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: 4-23-10
Name (print): Luke Ogden Certificate #: 6715
Address: 17120 185th St. Manchester Iowa
Phone # 563-927-6503

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

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

Property information

Current owner Rudy Kraus
Buyer Brenda [redacted] Koehn Realtor Self
Mailing address P.O 74 Fayette Iowa 52142

Site Address/County 3092 St. Hwy 13
Legal Description Attached to Form

No. of bedrooms 3 Last occupied? 2008 Records available _____

Permit/installation date 1968 Separation distances ok/(no) 77' From WELL to D-Box
62' From WELL to Tank

Septic system information

Septic tank(s): size 1000 single stage material Concrete condition very Poor
Tank pumped? Yes date 4-21-10 licensed pumper St-49
Septic/trash/processing tank: size N/A material N/A condition N/A
Tank pumped? N/A date N/A licensed pumper N/A

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

Pump tanks/vaults: type N/A size N/A condition N/A

Distribution system: distribution box Yes outlets used 3 condition Very Poor
Header pipe(s) N/A # of lines N/A Pressure dosed? N/A

Secondary treatment:
length of absorption fields 3-100' lines determined by invoice in 1968
condition of fields U K determined by _____
type of trench material Perf Pipe + Rock

Size of sand filter N/A determined by N/A
Vent pipes above grade? N/A discharge pipe located? N/A
Effluent sample taken? N/A Results N/A

Media filters: type N/A
Maintenance contract? N/A expiration date N/A service provider N/A
Condition _____

NPDES General Permit No. 4: required? N/A permitted? N/A NOI provided N/A