Book 2010 Page 1820

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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 Dale Klingman

Address 2263 185th Avenue, Manchester, Iowa 52057
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:

Name Richard A. Dunphy

Address 114 Gay Street, Manchester, Iowa 52057
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
2263 185th Avenue, Manchester, Iowa 52057
Number and Street or RR | City, Town, or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) Lot Three (3) of K and J Pin Oak Subdivision of part of the Northeast Quarter (NE¼) of the Southwest Quarter (SW¼) of Section Four (4), Township Eighty-Eight (88) North, Range Five (5) West of Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 3 Plats, Page 44

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 o esources. A certified inspection report must be accompanied by this form when recording.
   - ☐ There is a private sewage disposal system on this property. t eather 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. t hen the inspection is completed, an amended d roundwater e azard p tatement shall be recorded with the certified inspection and shall include the document numbers of both the real estate transfer document and the original d roundwater e azard p tatement.
   - ☐ 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:

_____

_____

_____

_____

_____

_____

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

p ignature: _____ POA for Dale Klingman and Donita Klingman Telephone No.: 319 364 7574
(Transferor or Agent)

FILE WITH RECORDER

DNR form 542-0960 (June 26, 2009)

Harter Custom Pumping, Inc & Septic Service

Robb Harter * Owner/ Operator
3031 160th Street Dyersville, IA 52040 * 563-875-8730 or 563-542-1010

****

Homeowners: PAIE Klingman
2262 185 Ave
Monchust IA

Age of Property NO
Occupied
Yes or No

Inspection Co: Harter Custom Pumping
3031 160 St Dyersville IA 52040
Date of Inspection:

Does this evaluation/inspection meet the requirements of state and local agencies? Yes___ 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? 76 Ft
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 X Concrete ___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" Yes Present and functional ___Not functional ___None present ___Not Visible
Outlet baffle or "T" Yes Present and functional ___Not functional ___None present ___Not Visible
Tank was pumped X Yes ___No (if no please explain below
Is system adequately sized for # of Bedrooms X Yes ___No # of Bedrooms: 3
Is system adequately sized for # of Bathrooms X Yes ___No # of Bathrooms: 2
System working Properly X Yes ___No (if no please explain below)

Additional Comments / Repairs needed:

Keep TANK PUMP EVER 3-5 YEARS

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

Inspected by: Robb Harter Date: 5-2-2010

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

Property information

Current owner Dale Klingman
Buyer Richard Danilly Realtor
Mailing address 2262 185 Ave Manchester 52057

Site Address/County
Legal Description

No. of bedrooms 3 Last occupied? Records available

Permit/installation date Separation distances (ok) no? OK

Septic system information

Septic tank(s): size 750 material Concrete condition good
Tank pumped? Yes date 5-2-2010 licensed pumper 99-200206
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 Yes outlets used 3 condition good
Header pipe(s) — # of lines — Pressure dosed? —

Secondary treatment:
length of absorption fields 100 determined by Robb
condition of fields good 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 _____ Working? _____ disinfection _____ working? _____

Control box _____ Timers_____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status All in good working condition.

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.

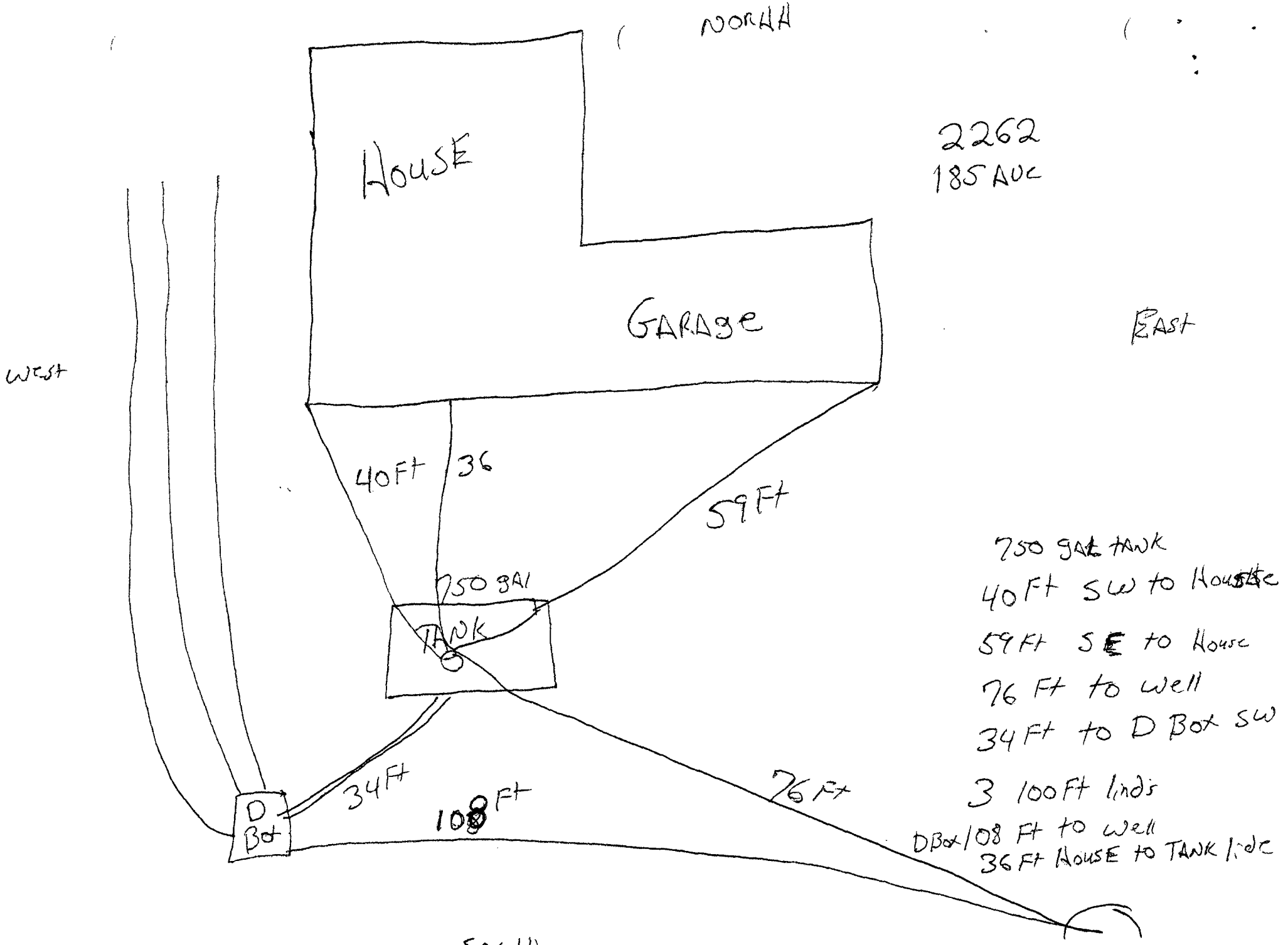
Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

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: _____ Date: 8-2-2010
Name (print): Robb Harter Certificate #: _____
Address: 3031 160 St Pleasantville IA 50140
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


NORTH
HOUSE
2262
185 AVC
GARAGE
EAST
WEST
40FT
36
59FT
750 GAL
TANK
34FT
108 FT
76 FT
D
Bot
750 GAL TANK
40 FT SW to House
59 FT SE to House
76 Ft to well
34 Ft to D Box SW
3 100 Ft lines
DBox 108 Ft to well
36 Ft House to TANK line
SOUTH