Book 2011 Page 3346
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Date 10/19/2011 Time 2:20:06PM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:
Name Brenda Koehn

Address 3092 Highway 13, Ryan, IA 52330
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Tim H. Mortenson

Address 24490 670th Ave., Nevada, IA 50201
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
3092 Highway 13, Ryan, IA 52330
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)**
   - ☐ 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.
   - ☑ 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:

_____

_____

_____

_____

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

Signature: Brenda Kalkwarf Telephone No.: (319) 269-7738
(Transferor or Agent)

FILE WITH RECORDER **DNR form 542-0960 (Sept. 1, 2010)**

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a. Solid Waste Disposal (check one)

☑ There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.

☐ There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.

b.. Hazardous Wastes (check one)

☑ There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.

☐ There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.

Further descriptive information:

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Signature: Brenda Kuhn (Transferor or Agent) Telephone No.: (319) 269-7738

FILE WITH RECORDER **DNR form 542-0960 – Attachment #1 (Sept. 1, 2010)**

Addendum

1. The South One Hundred Sixty-Nine (169) feet of the West Three Hundred Thirty-Four (334) feet of the North Twenty-Two Hundred Ninety (2290) feet of the West Fractional Half (W FRL 1/2) of the Southwest Quarter (SW 1/4) of Section Eighteen (18), Township Eighty-seven (87) North, Range Five (5), West of the 5th P.M., in Delaware County, Iowa, EXCEPT that part conveyed to the State of Iowa by Warranty Deed recorded in Book 95 L.D., Page 334.

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

Property information

Current owner Rudy Kraus
Buyer Brenda [redacted] Keehn Realtor Self
Mailing address P.O 74 Fonda Iowa 50540

Site Address/County 5092 St Hwy 15
Legal Description Attached to Form

No. of bedrooms 3 Last occupied? 2008 Records available

Permit/installation date 1968 Separation distances ok/not 27' From well to D-Box
62' From well to Tank

Septic system information

Septic tank(s): size 1000 single style material Concrete condition very Poor
Tank pumped? Yes date 4-21-10 licensed pumper 54-47
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 3 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

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 Hydraulic test was done for 45 min @ 3gpm.

Explain (attach additional pages as needed):

Comments: The septic tank & Distribution Box are concrete & the upper 18" to 24" are in poor shape & the concrete is crumbling away. There is also no baffles or tight or outlet tees. The 1000 gallon septic tank is a single phase 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: 4-28-10
Name (print): Luke Carlson Certificate #: 6715
Address: 17170 185th St. Hawarden Iowa
Phone # 712-212-6573

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

CHEMRIGHT LABORATORIES, INC.
117 N. Main St. • Maquoketa, IA 52060 • IA Lab# 378 • Phone 563-652-4288 • Fax 563-652-8137

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 9:26	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 L. Gossman, Operations Manager — 05/05/2010
Technical Review — Date

Evaluation Map

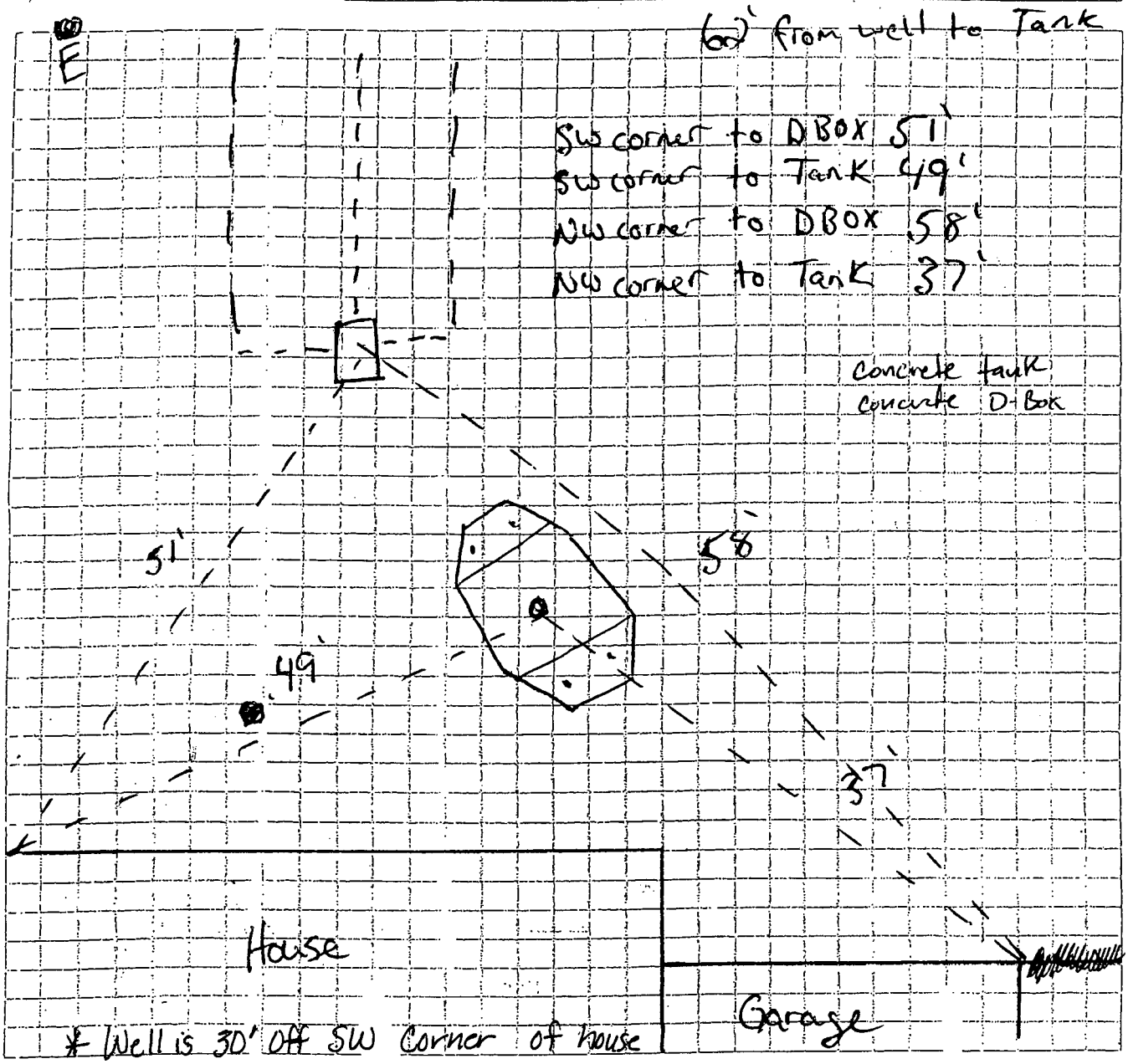
Designer _____

Any construction issues: Rudy Kraus Septic Inspection

N

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