Book 2012 Page 1729

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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 James Takes

Address 401 3rd Street South, Coggon, IA 52218
Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:
Name Alan F. Wulfekuhle

Address P.O. Box 206, Quasqueton, IA 52326
Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
Rural Delaware County
Number and Street or RR | City, Town, or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) Parcel E, in the Northwest 1/4 of Section 19, Township 87 North, Range 6 West of the 5th Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 2009, page 1772, also Parcel F in the Fr'l NW 1/4-NW1/4 Section 19-T87N-R6W Delaware County, Iowa, according to plat recorded in Book 2009, Page 3344.

1. **Wells (check one)**
   - __ There are no known wells situated on this property.
   - X 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)**
   - X 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)**
   - X 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)**
   - X 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)**
   - [X] 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.
   - [X] 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:

Well east of Machine Shed.

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

Signature: James Taber (Transferor or Agent) Telephone No.: (319) 560-1322

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

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

Property information

Current owner JAMES TAKES
Buyer ALAN ~~[illegible]~~ WULFEKUHLE Realtor _____
Mailing address BOX BOX 274

Site Address/County 818 310 TH ST RYAN IA 52218
Legal Description SECTION 18 DELAWARE COUNTY

No. of bedrooms 2 Last occupied? _____ Records available _____

Permit/installation date _____ Separation distances ok/ no? _____

Septic system information

Septic tank(s): size 1500 material CONCRETE condition GOOD
Tank pumped? YES date 4-24-2012 licensed pumper 99-200206
Septic/trash/processing tank: size 1000 material CONCRETE condition GOOD
Tank pumped? YES date 4-24-2012 licensed pumper 99-200206

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 3 x 100 FT determined by PROBE
condition of fields GOOD determined by PROBE
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 _____

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: 4-24-2012
Name (print): Rob Hoxter Certificate #: 358
Address: 3031 160th St Dyersville Ia 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

Harter Custom Pumping, Inc & Septic Service

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

****

Homeowners:
James Takes
Box 274
Ryan Ia 52218

Age of Property
2000
Occupied
(Yes) or No

Inspection Co:
Harter Custom Pumping
3031 160th St Dyersville Ia
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 1500 Gallons *Basis for estimate*
What is the separation between well and septic? 365 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 ____One X Two ____Three ____None
Number of risers ____One X 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:

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: 4-24-2012

Shop

Well to TANK 365 Ft

Conger 52218

N

W

E

