Recorded: 5/6/2013 at 9:24:13.0 AM
Fee Amount: $0.00
Revenue Tax:
Delaware County, Iowa
DEBORAH PEYTON, RECORDER
BK: 2013 PG: 1533

# REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

**TRANSFEROR:**

Name Maynard J./Gladys M. Kint

Address 200 McCarren Drive #109, Manchester, Iowa 52057

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

**TRANSFEREE:**

Name Jeffrey L./Laura J. Buchheit

Address 509 E. Union Street, Manchester, Iowa 52057

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

Address of Property Transferred:
1927 Honey Creek Road, Manchester, Iowa 52057

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.
   - 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.

**FILE WITH RECORDER** **DNR form 542-0960 (July 18, 2012)**

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 which has or is required by law to have a sewage disposal system.
   - 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 is east of house. See 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) 927-2030
(Transferor or Agent)

**FILE WITH RECORDER** **DNR form 542-0960 (July 18, 2012)**

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

Property information

Current owner Buck & Gladys Kent 563-929-2030
Buyer _____ Realtor F&M Realty
Mailing address _____

Site Address/County 1927 Honey Creek Rd manchester
Legal Description _____

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

Permit/installation date None Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 850 gallons material concrete condition Fair
Tank pumped? 11-1-12 date _____ licensed pumper S+ 49
Septic/trash/processing tank: size NA material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

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

Pump tanks/vaults: type NA size _____ condition _____

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

Secondary treatment:
length of absorption fields leach tank determined by _____
condition of fields _____ determined by _____
type of trench material _____

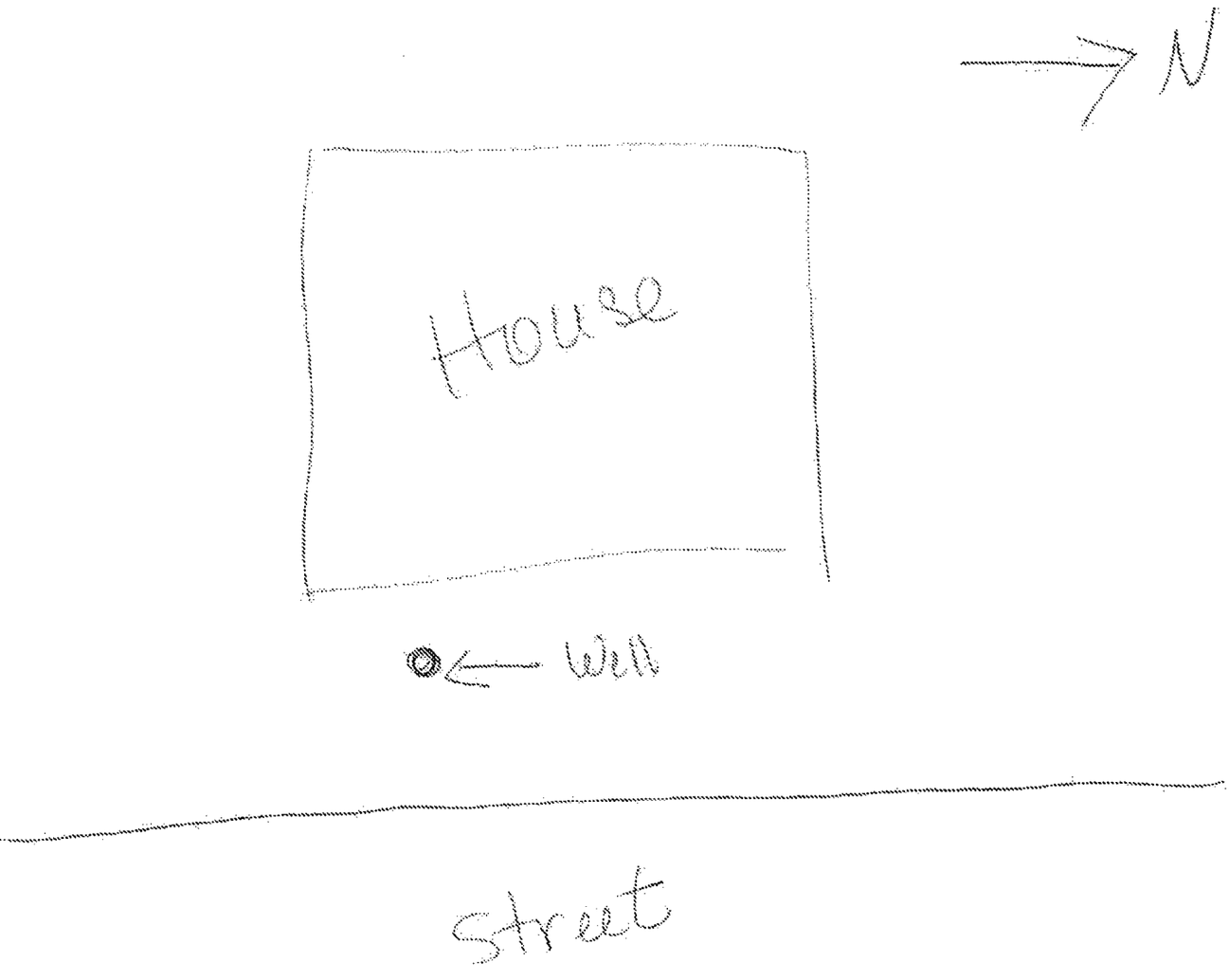
Size of sand filter NA determined by _____
Vent pipes above grade? _____ discharge pipe located? _____
Effluent sample taken? _____ Results _____

Media filters: type NA
Maintenance contract? _____ expiration date _____ service provider _____
Condition _____

NPDES General Permit No. 4: required? _____ permitted? _____ NOI provided _____

# Addendum

1. That part of the West one-half (W 1/2) of the Northeast Quarter (NE 1/4) of Section Twenty (20), Township Eighty-Nine (89) North, Range Five (5), West of the Fifth P.M., described as commencing at a point in the center of County Road C which is two hundred thirty five and fifty-five one-hundredths (235.55) feet West of the Southeast corner of the Northwest quarter of said Northeast quarter, and running thence South 29° 00' West twenty (20) feet, thence North 80° 20' West three hundred (300) feet, thence North 29° 00' East one hundred sixty five (165) feet, thence South 80° 20' East three hundred (300) feet, thence South 29° 00' West one hundred forty five (145) feet to the point of beginning.



# Time of Transfer Inspection Worksheet

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

Control box N/A Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status is a old system with leach tank

Explain (attach additional pages as needed): But ground is sandy & leach tank working well

Comments: tank is old & is in Fair condition

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: Bill Downs Date: 11-1-12
Name (print): Bill Downs Certificate #: 8880
Address: 1497 110th Ave Dunlap IA 51538
Phone # 712-924-2225

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

North
East
Honey Creek Rd
leach tank
22'
3'
Septic
home
Garage
Well
Driveway
West
South

4949

# D&S Portables, Inc.

Clean, Portable Restrooms, Septic Pumping

**Bill Downs**
Owner/Operator

Phone 563-924-2225
Mobile 563-920-8674
Toll Free 877-875-2225

1497 110th Ave
Dundee, IA 52038-8641

CUSTOMER Buck & Gladys Ecut DATE 12-6-12

ADDRESS 1977 Honey Creek Rd Manchester

| LOADS | DESCRIPTION | PRICE | AMOUNT |
|---|---|---|---|
| | Septic Inspection | | 300 — |
| | | | |
| | septic pumping | | 175 — |
| | Disposal Cedar Rapids | | 160 |
| | | | |
| | | | |
| | | | 635 — |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

RECEIVED BY

TAX

TOTAL