Book 2013 Page 1878

Document 2013 GWH-1878 Type 53 001 Pages 6
Date 6/04/2013 Time 10:34:35AM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Tom D. and Gail M. Kruse

Address 33288 Xena Rd, Dyersville, IA 52040

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

TRANSFEREE:

Name Patrick J. and Joan M. Deppe

Address 796 4th St NW, Dyersville, IA 52040

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

Address of Property Transferred:
33288 Xena Rd, Dyersville, IA 52040

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

Legal Description of Property: (Attach if necessary) Lot Eight (8) of Scenic Hill Terrace 3rd Addition In The SE¼ Of The SW¼, Section Twenty-Four (24), Township Eighty-Nine North (T89N), Range Three West (R3W) Of The Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 2003, Page 4876

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 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:

A Well is located by a GPS reading North 42.50115 and West 091.14737 on the property line which is 45' South of the NW corner of Lot 8 and 45' South of the NE corner on the property line of Lot 9.

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

Signature: _____ (Transferor or Agent) Telephone No.: (563) 875-6267

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

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

Property information

Current owner TOM & GAIL KRUSE
Buyer _____ Realtor _____
Mailing address 33288 XENA RD DYERSVILLE IA 52040

Site Address/County PARCEL # 1802400119
Legal Description LT 8 SCENIC HILL TERRACE 3RD ADD

No. of bedrooms 3 Last occupied? Yes Records available Yes

Permit/installation date 4-2005 Separation distances ok/ no? OK over 100FT

Septic system information

Septic tank(s): size 1500 material CONCRETE condition GOOD
Tank pumped? Yes date 8-14-12 licensed pumper 358
Septic/trash/processing tank: size 1000 material CONCRETE condition GOOD
Tank pumped? Yes date 8-14-12 licensed pumper 358

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 4 condition GOOD
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields 4 X 87 determined by PROBE
condition of fields GOOD determined by _____
type of trench material CHAMPION

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 _____

Harter Custom Pumping, Inc & Septic Service

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

****

Homeowners:
Tom Kruse
33288 Hwy 20
Dyersville IA
52040

Age of Property
4-2005
Occupied
(Yes) or No

Inspection Co:
Robb Harter
3031 160 St Dyersville IA
Date of Inspection: 4-15-13

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? over 100 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 ✓Concrete ___Fiberglass ___Other
Liquid Level in tank ✓Normal ___Below Normal ___Above Normal
Access opening in tank ___One ✓Two ___Three ___None
Number of risers ___One ✓Two ___Three ___None
Condition of baffles and or sanitary tees:
Inlet baffle or "T" ✓ Present and functional ___Not functional ___None present ___Not Visible
Outlet baffle or "T" ✓ Present and functional ___Not functional ___None present ___Not Visible
Tank was pumped ✓ Yes ___No (if no please explain below
Is system adequately sized for # of Bedrooms (Yes) ___No # of Bedrooms: ___
Is system adequately sized for # of Bathrooms (Yes) ___No # of Bathrooms: ___
System working Properly ✓ 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: 4-15-13

Time of Transfer Inspection Report

Other components:
Alarms _____ Working? _____ disinfection _____ working? _____

Control box _____ Timers_____ inspection ports _____

Other components D Box is 14" Deep

Overall condition of the private sewage disposal system

Report system status System in good working condition.

Explain (attach additional pages as needed): _____

Comments: Keep tank pump ever 3-5 years

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: Robb Harker Date: 4-15-13
Name (print): Robb Harker Certificate #: 358
Address: 3031 160 St Dyersville IA 52040
Phone # 563-542-1010

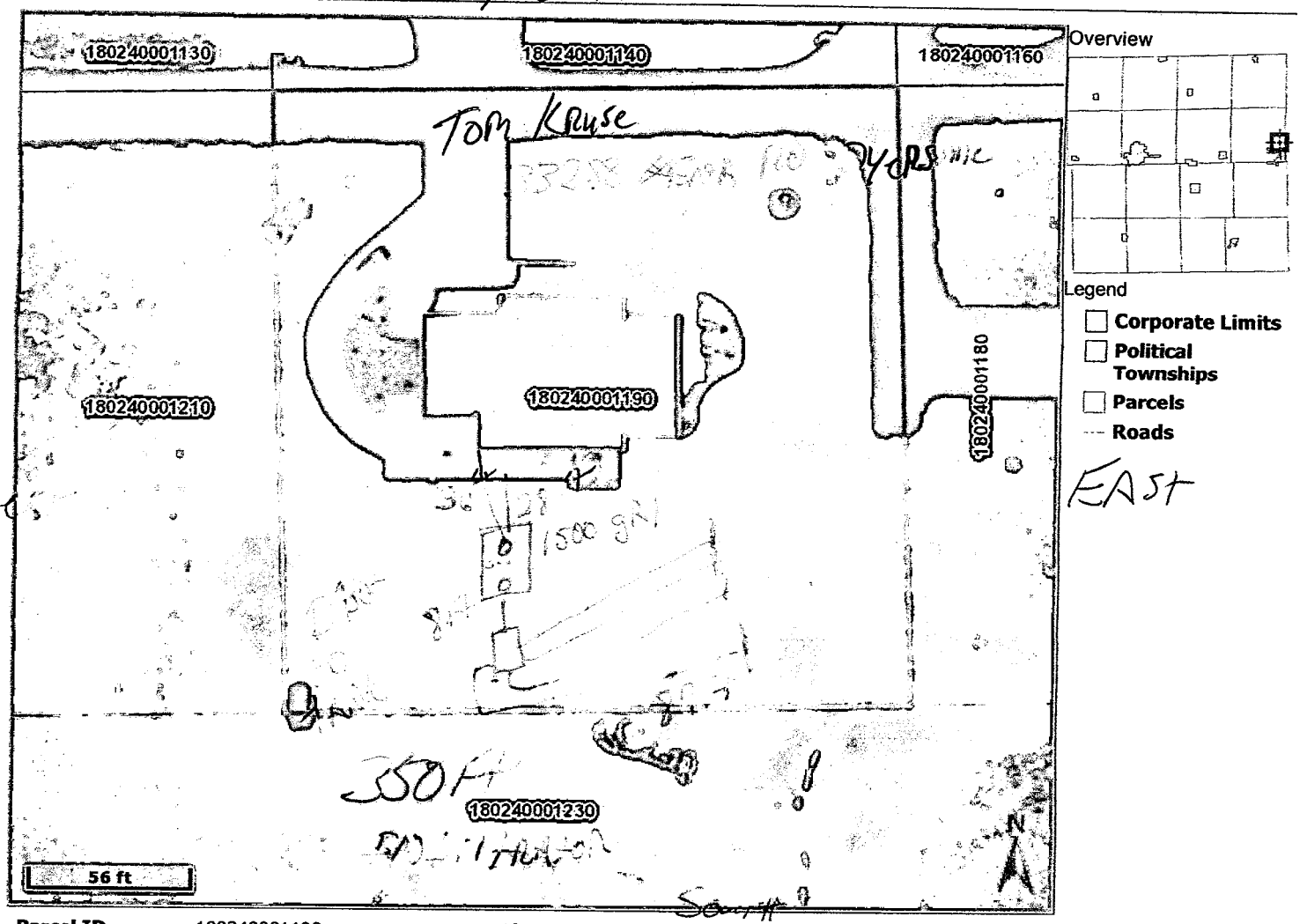
Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office, county Recorder in the county the inspection was conducted and to:

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

Delaware County, IA

beacon™

Date Created: 4/15/2013



Parcel ID	180240001190	**Alternate ID**	n/a	**Owner Address**	Kruse, Tom D & Gail M
Sec/Twp/Rng	24-89-3	**Class**	R		33288 Xena Rd
Property Address	33288 XENA RD DYERSVILLE	**Acreage**	1.00		Dyersville, IA 52040

District BREMEN

Brief Tax Description LT 8 SCENIC HILL TERRACE 3RD ADDN

(Note: Not to be used on legal documents)

Last Data Upload: 4/15/2013 2:06:09 AM

Schneider developed by The Schneider Corporation www.schneidercorp.com