Book 2013 Page 2239
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Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Carl E. Kurt

Address 186 Mulberry Drive SE, Cascade, IA 52033

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

TRANSFEREE:

Name Eastern Iowa Pumping, Inc.

Address 737 Main St., Manchester, IA 52057

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

Address of Property Transferred:
1625 220th St., Manchester, IA 52057

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

Legal Description of Property: (Attach if necessary) Parcel K, Part of the SW 1/4 of Section 31, Township 89 N, Range 5 West of the Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 2001, Page 3308

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)**
   - / 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)**
   - 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:

There is an active well approx 200' north of house.

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

Signature: Carol E. Kuntz (Transferor or Agent) Telephone No.: 563-590-5788

Harter Custom Pumping, Inc & Septic Service

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

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Homeowners: Carl Kurt
1625 220th St
Manchster IA 52057

Age of Property ____
Occupied
(Yes) or No

Inspection Co: Robb Harter
3031 160 St Dyersville
Date of Inspection: 7-22-12

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 1250 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 every 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: RH

Date: 6-22-12

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: D Box is 14" Deep

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: [signature] Date: 7-22-12
Name (print): Rob Hahn 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

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

Property information

Current owner CARL E KURT
Buyer _____ Realtor —
Mailing address 1625 220TH ST MANCHESTER IA 52057

Site Address/County 1625 220TH ST
Legal Description ID 1403B000960

No. of bedrooms 2 Last occupied? NOW Records available N/A

Permit/installation date — Separation distances ok/ no? OK OVER 66 FT

Septic system information

Septic tank(s): size 1250 material CONCRETE condition GOOD
Tank pumped? YES date 7-22-12 licensed pumper 358
Septic/trash/processing tank: size 1000 material CONCRETE condition GOOD
Tank pumped? YES date 7-22-12 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 OK
Header pipe(s) — # of lines — Pressure dosed? —

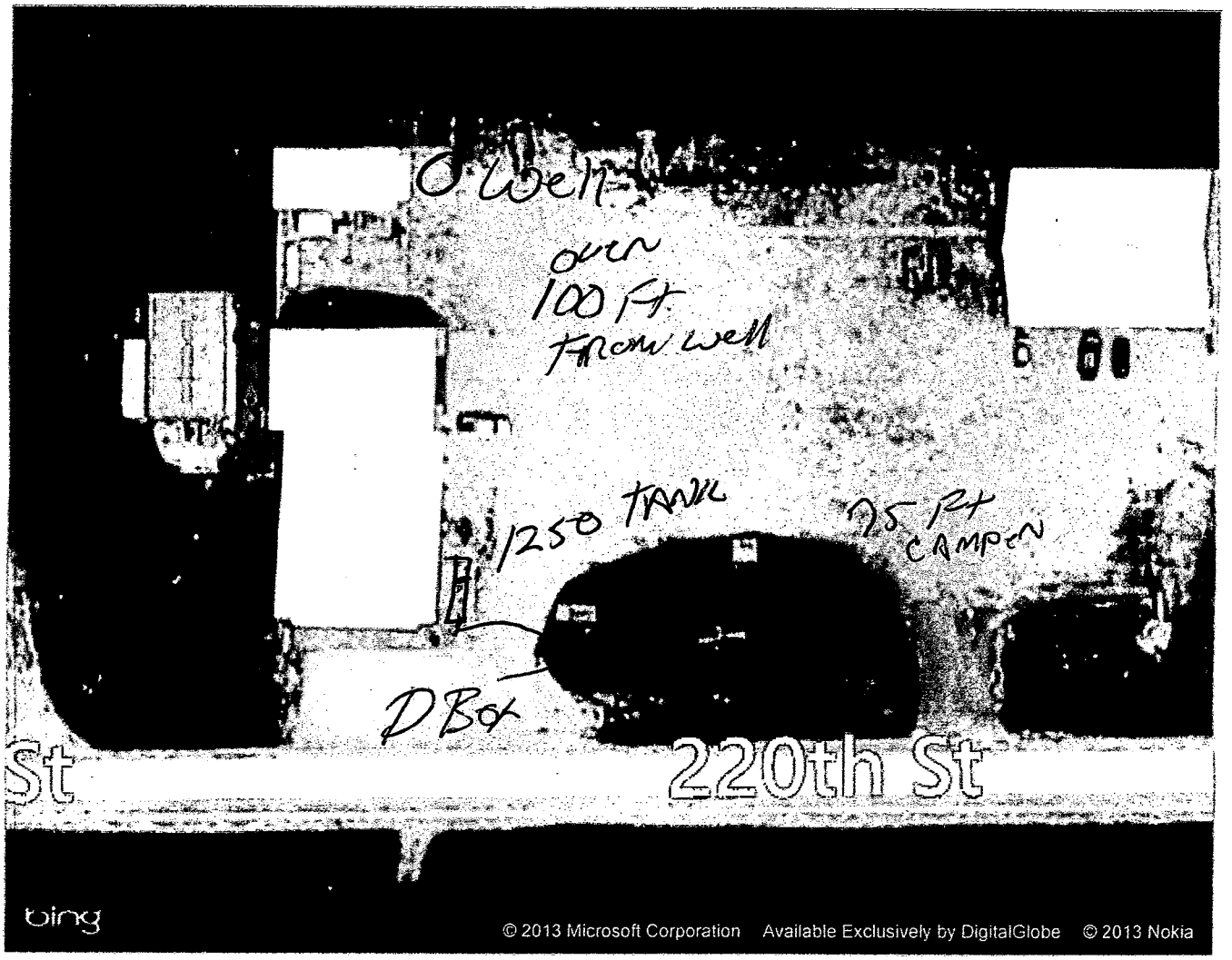
Secondary treatment:
length of absorption fields 3 X 75 determined by PROB
condition of fields OK determined by PROB
type of trench material CHAMBER

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 _____

bing Maps



Bird's eye view maps can't be printed, so another map view has been substituted.

CARl KuNt 1625 220th ST
MANCHSTER