Book 2014 Page 891

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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 Roy and Karen ~~Engelhart~~ Engelhardt

Address 560 12th Ave SW, Apt 212, Dyersville, IA 52040

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

**TRANSFEREE:**

Name Michael & Jessica ~~Cantonwide~~ Cantonwine

Address 18055 183rd St, Manchester, IA 52057

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

Address of Property Transferred:
18055 183rd Street, Manchester, IA 52057

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

Legal Description of Property: (Attach if necessary) Lot Two (2) of Honey Creek Meadows Addition, according to plat recorded in Book 3 Plats, Page 77; same being a part of the Southwest Quarter (SW 1/4) of the Northwest Quarter (NW 1/4) of Section Sixteen (16), Township Eighty Nine (89) North, Range Five (5) West of the Fifth Principal Meridian.

1. **Wells (check one)**
   - X 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)**
   - X 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:**

#1 Well located on lot to ~~Std~~ SE of house
Shared with 4 other homes.

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

Signature: Karen A. Engelhardt POA Roy W. Engelhardt (Transferor or Agent) Telephone No.: (563) 927-2432

542-01

# Time of Transfer Inspection Report

Property Information

Current Owner: Roy & Karen Ingelhardt

Buyer: unknown Realtor: F&M Realty - Jen Finn

Mailing Address: 560 12th Ave. SW Apt 212 Dyersville, Ia.

Site Address/County: 18055 183rd St. Manchester Ia.

Legal Description Delaware Township Sec. 16

No. of bedrooms: 3 Last occupied: Now Records available: No

Permit/ installation date: N/A Separation distances (ok/no?): yes

Septic System Information

Septic tank(s): Size: 1000 Material: Concrete Condition: good

Tank pumped? ☒ Y ☐ N Date: 4/9/14 Licensed pumper: Groth Septic Service

Septic/Trash/Processing tank: Size: — Material: — Condition: —

Tank pumped? ☐ Y ☐ N Date: — Licensed pumper: —

Aerobic treatment unit (ATU) mfgr N/A Size —

Tank pumped? ☐ Y ☐ N Date: — Licensed pumper: —

Maintenance contract? ☐ Y ☒ N Expiration date: N/A Service provider: None

Condition: —

Pump tanks/vaults: Type: — Size: — Condition: —

Distribution system: Distribution box Concrete Outlets used 4 Condition: good

Header pipe(s): 4 PVC No. of lines: 4 Pressure dosed? No

Secondary Treatment:

Length of absorption fields: 200' Determined by: Probing

Condition of fields: ok Determined by: Hydraulic Loading

Type of trench material: 4" gravel

Size of sand filter: — Determined by: —

Vent pipes above grade? ☐ Y ☒ N Discharge pipe located? ☐ Y ☒ N

Effluent sample taken No Results: —

Media Filters: Type: —

Maintenance contract? ☐ Y ☐ N Expiration date: — Service provider: None

Condition: —

NPDES General Permit No. 4: Required? ☐ Y ☒ N Permitted? ☐ Y ☐ N NOI provided: N/A

542-019

# Time of Transfer Inspection Report

Other components:

Alarms: ☐ Y ☒ N Working: ☐ Y ☐ N Disinfection: ☐ Y ☒ N Working: ☐ Y ☐ N

Control Box: None Timers: None Inspection Ports: None

Other components: No other components.

Overall condition of the private sewage disposal system:

Report system status: For its age this system is working fine

Explain (attach additional pages as needed):

Comments: The Leach field is in sandy ground and is about 4' 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: Robert Groth Date: 4/9/14

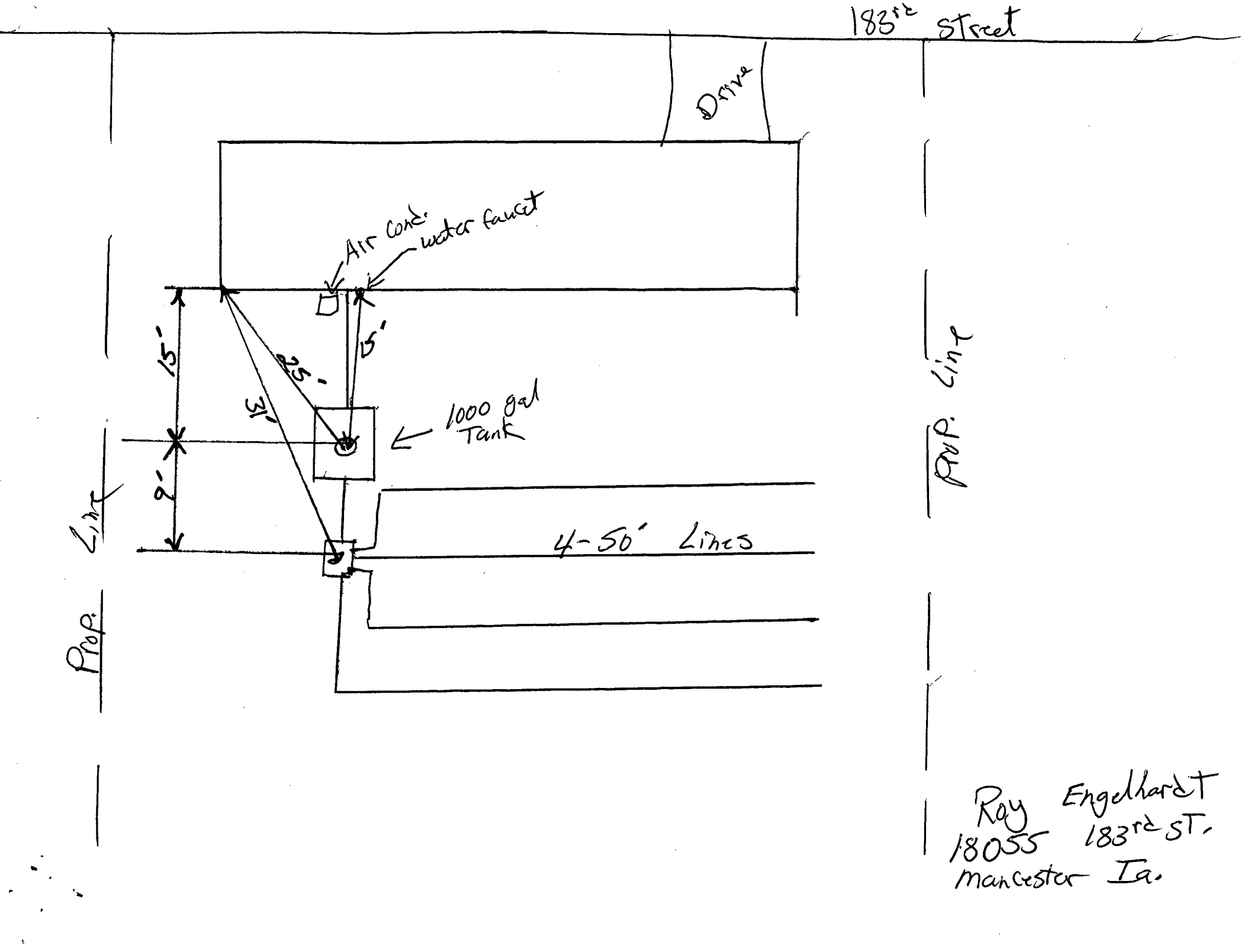
Name (print): Robert Groth Certificate #: 9074

Address: 27397 Garber Rd Garber Ia. 52048

Phone #: 563-255-2527

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, the county recorder and to:

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




Roy Engelhardt
18055 183rd ST.
Manchester Ia.