

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Stephen J. Knipper

Address 211 E Water Avenue, P.O. Box 22, Wadena, IA 52169

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Curtis D. McMurrin and Dana K. McMurrin

Address 1834 310th Street, Ryan, IA 52330

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

1863 Honey Creek Road, Manchester, IA 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.

☒ 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. *Sandpoint well located in basement SE corner*

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)

- ☒ 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.
☐ 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:

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) 920-8809

Addendum

1. That 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 described as commencing at a point one thousand eight hundred nine and three-tenths (1809.3) feet West of the Southeast corner of the Northwest Quarter (NW 1/4) of said Section Sixteen (16), running thence West one hundred thirty (130) feet, thence North two hundred (200) feet, thence East one hundred thirty (130) feet, thence South two hundred (200) feet to the point of beginning.



Time of Transfer Inspection Worksheet

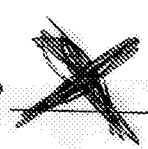
Other Components

Alarms _____ Working? _____ Disinfection _____ Working? _____

Control Box _____ Timers _____ Inspection Ports _____

Other Components _____

Overall condition of the private sewage disposal system

Acceptable? _____ Unacceptable? 

Explain (attach additional pages as needed): _____

Comments: Need New System

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.

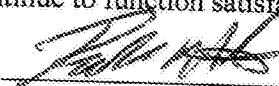
Gather all tools for removal from the site.

Verify that no sewage is on the ground surface.

Using this worksheet, write a narrative report of the inspection results.

Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.

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: 5-31-18

Name (print): Robb Harter Certificate #: 358

Address: 3031 160th Street Dyersville, Iowa 52040

Phone # 563-542-1010



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

Property information

Current Owner Steve Knipper

Buyer _____

Realtor _____

Mailing Address 1863 Honey Creek Road Manchester, Iowa 52057

Need to be replaced

Site Address/County 1863 Honey Creek Road Manchester, Iowa 52057

No. of Bedrooms 3 Last Occupied? _____ Disposal? Y / N Softener? Y / N H₂O Supply? _____

Records Available _____ Permit/Installation Date _____ Installer _____

Septic System Information

Septic Tank(s) Size 700

Material concrete

Condition junk

Tank Pumped? no

Date _____

Licensed Pumper 358

Septic/Trash/Processing Tank: Size _____

Material _____

Condition _____

Tank pumped? _____

Date _____

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 _____

Outlets Used _____

Condition _____

Header Pipe(s) _____

Number of Lines _____

Pressure Dosed? _____

Secondary Treatment

Length of Absorption Fields _____

Determined by _____

Condition of Fields _____

Determined by _____

Type of Trench Material _____

Size of Sand Filter _____

Determined by _____

Vent Pipes Above Grade? _____

Discharge Pipe Located? _____

Effluent Sample Taken? _____

Results _____

Media Filters: Type _____

Maintenance Contract? _____

Expiration Date _____

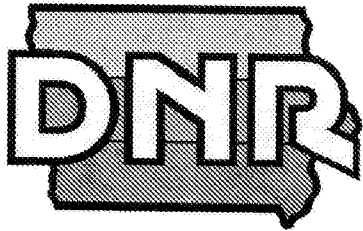
Service Provider _____

Condition _____

NPDES General Permit No. 4: Required? _____ Permitted? _____ NOI submitted _____

Need All New System

140 16 00 014 00



IOWA DEPARTMENT of NATURAL RESOURCES
TIME OF TRANSFER INSPECTION WAIVER
BINDING AGREEMENT for FUTURE INSTALLATION
542-0064

This agreement is entered into this 12th day of June, 20 18 by and

between the Dolaware County Board of Health and _____

It is understood that Iowa Code 455B.172(11) requires an inspection of the private sewage disposal system on all properties not specifically exempted in Iowa at the time of transfer.

The property located at 1863 Honey Creek Rd Manchester, Iowa is subject to the inspection, and the buyer Curtis + Dana McMurrian understands there is not an adequate private sewage disposal system serving this property.

It is hereby agreed that the time of transfer inspection will not be required and the buyer agrees that a code compliant private sewage disposal system or connection to a public sewer shall be installed to serve the property and shall be completed no later than 1st day of August, 20 18

Dated the 15 day of June, 20 18.

Dana McMurrian Curtis McMurrian
BUYER

Dennis Leno
COUNTY BOARD OF HEALTH or
AUTHORIZED REPRESENTATIVE

This instrument was acknowledged before me on June 15, 20 18

by Opal A. Barry

