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Date 10/13/2016 Time 2:35:34PM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Mark Kintzle

Address 2415 195th Street, Earlville, IA 52041

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

TRANSFEREE:

Name Melanie S. Kintzle

Address 996 Glenn Oak Street, Dubuque, IA 52001

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

Address of Property Transferred:
20428 261st Street, Manchester, IA 52057

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

Legal Description of Property: (Attach if necessary) Dwelling on LL of Earl Schmidt Camp (Parcel #250260100619) having an address of 20428 261st Street, Manchester, Iowa 52057.

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.
   - ___ 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]: _____.
   - X The private sewage disposal system has been installed within the past two years pursuant to permit number 13560.

Information required by statements checked above should be provided here or on separate sheets attached hereto:

Well situated 100' m/l South of the cabin.

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

Signature: Mark Kuyper (Transferor or Agent) Telephone No.: (563) 920-3344

DELAWARE COUNTY SANITATION

Application # _____ EnvTrack # _____

Permit # ~~2354~~ 1356

Completion Report for Private Sewage Disposal System

Owner: Mark Kintz

Site Address: addon

Parcel #: _____ Township: Mile

Lot # _____ Legal S-T-R 20

Mailing Address: _____

Contractor: Chad Finnell Bedroom #: 2

Water Supply: private

Primary Treatment: **Latitude:** _____ **Longitude:** _____

Septic Tank Volume (g): 1500 Manuf: _____ Material: crete # Pieces: 1 # Cmp: 2

Riser Ht Lid 1 (in): 6" Riser Ht Lid 2 (in): 6" Filter Brand: _____ Diameter (in): _____ Distance to well (ft): _____

Note: Effluent filter requires frequent cleaning.

Dose Tank Volume(g): _____ Pump or Siphon Dose: _____ Gallons/dose: _____ Riser Ht (in): _____ Alarm: _____

D-Box: **Latitude:** _____ **Longitude:** _____ **Depth:** _____

Subsurface Absorption Type: _____ Chamber Manuf: _____ Lineal Ft: _____ # Trenches: _____

Inches rock under pipe: _____ Trench Depth (in): _____ Trench width (in): _____ Distance to well (ft): _____

Surface Absorption Type: _____ Overall length (ft): _____ Overall width (ft): _____

Rock bed length (ft): _____ Rock bed width (ft): _____ Length of laterals (ft): _____ # Laterals: _____

Header pipe diameter (in): _____ Rock type: _____ Distance to well (ft): _____ Depth to bottom of trench (in): _____

Packed Bed Media Filter: _____ Sand filter length(ft): _____ Sand filter width (ft): _____ Sand filter sq ft: _____

Liner: _____ Distance to well (ft): _____ # Distributor lines: _____ # Collector lines: _____

Distributor line type: _____ Separating layer: _____ Discharge GPS (lat x long): _____

***Peat Filter:** Serial #: _____ Closed or Open bottom: _____ Lineal Ft absorption: _____ # Laterals: _____

crushed rock, river rock or chamber _____ Trench width (ft): _____ Rock under pipe (in): _____

Distance to well (ft): _____ Inches soil cover over trench: _____ Discharge GPS (lat x long): _____

***Recirculating Textile Filter:** Brand Name: _____ Distance to well (ft): _____

Discharge GPS (lat x long): _____ Absorption field installed after (no discharge) _____

***Note: A maintenance agreement with a manufacturer-approved contractor must be maintained for the life of the septic system.**

Comments: **Effluent filter requires frequent cleaning.**

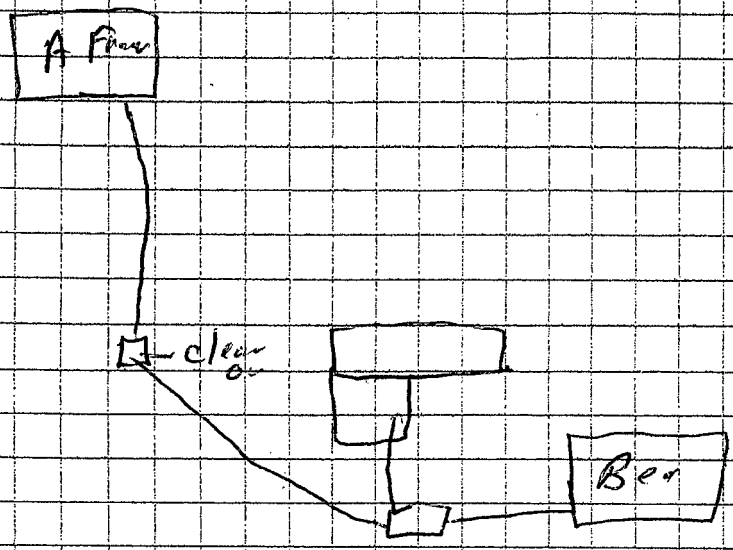
Added to permit 1356

Was any portion of the field covered before the inspection: no System installation approved: Yes

Date of Final Inspection: 6-18-16 **Environmental Health Specialist:** Dennis Lyle

Scanned ☐

This APPROVAL in no way makes the County responsible for the continued operation of this sanitation system


A Flow
clear
Beer

Requesting

Yes

DELAWARE COUNTY
BOARD OF SUPERVISORS

By Ted Schmidt (Print or Type) 26 1st S **Permit No.** 1556

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 20428 -20436 ~~20th~~ Ave Section 26 Township Middle

LOCATION: NE¼ NW¼ NE¼ sec 26 T-88-N R-5-W

Owner: Mark Mintzlaff & Randy Ferguson Tenant: _____ Plumber: Harbaugh

Lot Size: 3 acre Type Commercial: _____ Residential: (No. Bedrooms) 2

Fixtures: Stools 2 Lavatories _____ Bath Tubs 1 Showers 1 Sinks 2 Automatic Laundry _____ Sump Pump _____ 1500

Septic Tank made by Simplex Garbage Grinder _____ Construction Material Concrete Gallons Cap. ~~1000~~ 1500

Percolation Test: 1. _____ 2. _____ 3. _____ 4. _____ Made by: _____

Absorption Field: Total length of laterals _____ No. of lateral lines _____

This system is new X Existing _____. 20 x 40 IF neighbor hook. 1500 gal 20x66-

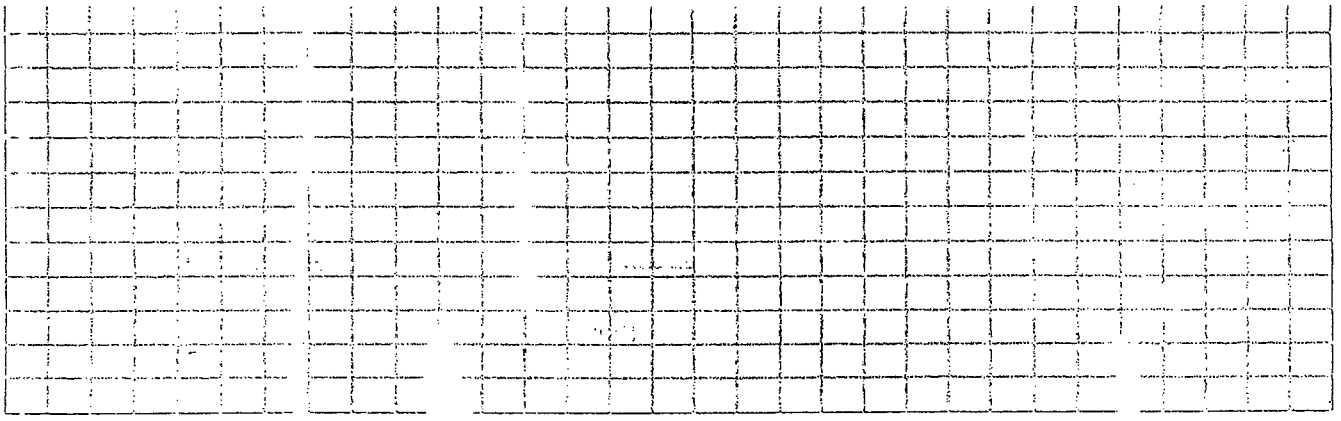
I certify that the above information is correct and that all proposed work will be completed in accordance with the Delaware County Regulations.

Date Approved 8-18-05

By Dennis Lyons
INSPECTOR

Mark Mintzlaff
APPLICANT'S SIGNATURE

SEAL



Mapping Checklist

Map scale: _____ _____ ___ indicate north ___ show slope _____ % direction ___

Locate

___ lot dimensions/property lines
___ dwellings and other improvements
___ existing and/or proposed system(s)
___ replacement area
___ unsuitable area(s)
___ public water supply wells
___ pumping access
___ inner wellhead zone

___ **easements**
___ phone
___ electric
___ gas

___ **elevations**
___ borings
___ benchmark
___ perc tests
___ horiz&vert reference pts

___ **setbacks**
___ building
___ all water wells within 100ft
___ pressure pipe
___ water suction pipe
___ streams, lakes, rivers
___ floodway and fringe