Book 2019 Page 3408
2019 GWH-3408 Type 53 001 Pages 8
Date 12/03/2019 Time 2:17:47PM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Jeremy Lindley

Address 5153 Hills Mill Road, Central City , IA 52214

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

TRANSFEREE:

Name Raymond Albert Kruse and Jennifer Adele Kruse

Address 232½ 1st Avenue E. Apt. #2 , Dyersville, IA 52040

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

Address of Property Transferred:
1223 300th Avenue, Colesburg, IA 52035

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

Legal Description of Property: (Attach if necessary) The East one-half (E½) of the Northeast Quarter (NE¼) of the Northeast Quarter (NE¼) of Section Seventeen (17), Township Ninety (90) North, Range Three (3), West of the Fifth P.M.; also Parcel A Part Of The Southeast Quarter (SE¼) of the Northeast Quarter (NE¼), Section Seventeen (17), Township Ninety North (T90N), Range Three West (R3W), Of The Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 2000, Page 173.

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.
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:

1 - functional well located approximately 75' south of the house - surrounded by pump house

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.: (319) 241-0268

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

Property information

Current Owner Jermey Lindley

Buyer Ray Kruse Realtor

Mailing Address 5153 Hills Mill rd Central City, Iowa 52214

Site Address/County 1223 300th ave Colesburg Iowa

No. of Bedrooms 4 Last Occupied? unk Disposal? Y / N Softener? Y / N H_2O Supply? well

Records Available yes Permit/Installation Date permit#2675 9/28/2017 Installer Budden

Septic System Information

Septic Tank(s): Size 1500 Material concrete Condition good

Tank Pumped? no (per del. co.) Date na Licensed Pumper na

Septic/Trash/Processing Tank: Size na Material na Condition na

Tank pumped? na Date na Licensed Pumper na

Aerobic treatment unit (ATU) MFGR na Size na

Tank Pumped? na Date na Licensed Pumper na

Maintenance Contract? na Expiration Date na Service Provider na

Condition na

Pump Ttanks/Vaults: Type na Size na Condition na

Distribution System: Distribution Box yes Outlets Used 4 Condition good

Header Pipe(s) no Number of Lines 4@75

Pressure Dosed? no

Secondary Treatment

Length of Absorption Fields 4@75' 300' total Determined by site, probe,and camra

Condition of Fields good Determined by hydraulic load test

Type of Trench Material eq-24 infiltrator

Size of Sand Filter na Determined by na

Vent Pipes Above Grade? na Discharge Pipe Located? na

Effluent Sample Taken? na Results na

Media Filters: Type na

Maintenance Contract? na Expiration Date na Service Provider na

Condition na

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

Time of Transfer Inspection Worksheet

Other Components

Alarms no Working? na Disinfection no Working? na

Control Box no Timers no Inspection Ports no

Other Components _____

Overall condition of the private sewage disposal system

Acceptable? _____ Unacceptable? _____

Explain (attach additional pages as needed): sperate report

Comments: _____

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: 11/20/2019
Name (print): Luke Ogden Certficate #: 6715
Address: 207 Quaker Mill Dr. Manchester, Iowa 52057
Phone # 563-927-6503

OASIS PUMP SERVICE
1332 N. Franklin, Manchester, Iowa 52057
563-927-6503 888-666-6503
www.oasiswell.com

Septic Inspection
Jeremy Lindley / Ray Kruse
1223 300th Ave
Colesburg, IA

On November 20, 2019 a septic inspection was performed at the above address.

Description:

Homestead consists of 4 bedrooms, 2 bathrooms, has a water softer, and a private well. Home was built in 1950's and is approximately 1400 sq. ft.

Septic Description:

Septic system was installed on September 28, 2017 – permit # 2675. System consists of 1 – 1500 gallon 2 compartment concrete septic tank, 1 – 9 hole distribution box and 300' of Infiltrator.

Septic Condition:

Septic tank is in good condition with baffles in place. Septic filter was cleaned; 9 hole distribution box was in good condition. Hydraulic load test was performed and system accepted water; approximately 400 gallons.

Company Disclaimer

Based on what we were able to observe and our experience with on-site wastewater technology, we submit this sanitary sewage disposal system inspection report based on the present condition of the on-site sewage disposal system. Oasis Pump Service has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future. Because of numerous factors (usage, soil characteristics, previous failures, etc.) which effect the proper operation of a septic system as well as the inability of our Company to supervise or monitor the use or maintenance of the system, this report shall not be constructed as a warranty by our Company that the system will function properly for any particular buyer. Oasis Pump Service **DISCLAIMS ANY WARRANTY**, either expressed or implied, arising from the inspection of the septic system or this report. We are also not ascertaining the impact the system is having on the ground water.

I have studied the information contained herein and that my assessment is honest, thorough, and, to the best of my ability correct.

Certified by Luke Ogden #6715

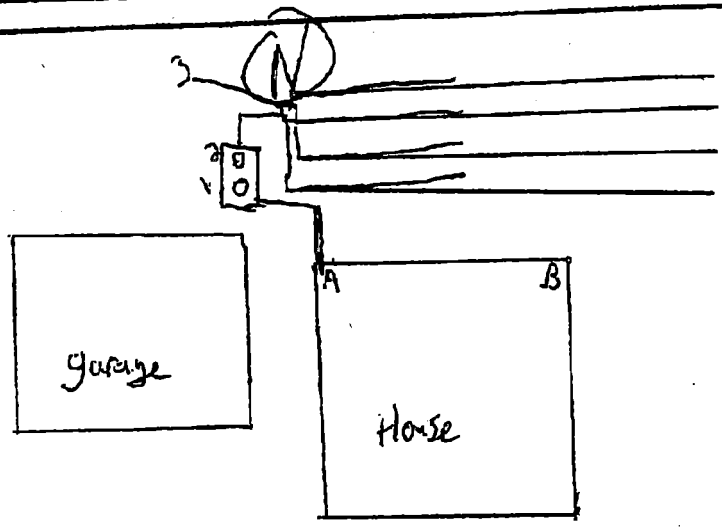
Luke Ogden T.O. **Date** 11/20/19

Owner: Jeremy Lindly/Ray Kruse 1223 300th Ave. Colesburg, IA

OASIS PUMP SERVICE
1332 N. Franklin, Manchester, Iowa 52057
563-927-6503 888-666-6503
www.oasiswell.com

OWNER: Ray Kruse
SITE ADDRESS: 1223 300th Ave
GPS: Long: Lat:
TANK SIZE: 1500 Plastic OR ~~Concrete~~
SECONDARY TREATMENT:

DATE: 11/26/19
TOWN/COUNTY: Dewsbury, Delaware
D-BOX: 7 or (9) OUTLETS USED: (4)
4 15' Lines of Chambers



A1- 21'
A2- 26'
A3- 35'

B1- 50'
B2- 52'
B3- 53'

(E)

DELAWARE COUNTY

BOARD OF SUPERVISORS

PERMIT NO. 2675

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS 1223 300th Ave Colesburg SECTION 17 TOWNSHIP Colony

LOCATION QT____ QT____ SEC 17 T 90 N R 3 W Parcel# 020/7000/800

Owner George Platten Plumber Bill

Lot size 19.94 Type Commercial____ Residential (No. Bedrooms) 4

Fixtures: Stools 2 Bath tubs 1 Showers 1 Sinks 3 Automatic Laundry 1 Lift Pump____

Septic tank made by Smoltz Construction Material Concr Gallon Cap. 1500 Garbage disposal —

Absorption Field: Total length of Laterals 300 No. of lateral lines 3 Size of leach bed____

Trench Material Chamber Secondary Treatment Type____

This system is new construction X Existing____

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

Delaware County Septic System Disclaimer

The issuance of a permit and the completion of the inspection required by Delaware County Ordinance No. 19 do not serve as any type of warranty, guarantee, or certification regarding the proper functioning of a private septic system for any period of time in the future. Delaware County and its employees or agents are unable to supervise or monitor the numerous factors (usage, soil characteristics, previous failures, etc.) that may affect the proper operation or the use and maintenance of the system.

The issuance of a permit and/or the completion of the inspection do not constitute any type of warranty, guarantee, or certification regarding the impact the system is or is not having on the groundwater. Delaware County and its employees or agents are not able to determine the impact a septic system is having on the groundwater.

Delaware County hereby **DISCLAIMS ALL WARRANTIES**, either expressed or implied, associated with this permit and the inspection required under Ordinance No. 19.

By signing below, I acknowledge that I have received and read the above disclaimer.

Name George P Platten Date 9-26-17
Applicant

I have studied the information contained herein and certify that the application complies with Delaware County Ordinance No. 19 and Iowa Administrative Code 567—69, Private Sewage Disposal Systems.

Name Dennis Tyler Date 9-28-17
Delaware County Representative

DELAWARE COUNTY SANITATION

lication # _____ EnvTrack # _____ Permit # 2675

Completion Report for Private Sewage Disposal System

ner: George Platten
Address: 1223 300th Ave Colesburg Township: Colony
el #: 02017 000 1800 Lot# _____ Legal S-T-R 17-90-3
ling Address: _____
tractor: Budden Bedroom #: 4
ter Supply: private
nary Treatment: Latitude: 42.61422 Longitude: -91.21348
tic Tank Volume (g): 1500 Manuf: Sa. Ia. Material: crete # Pieces: 1 # Cmp: 2
r Ht Lid 1 (in): 18" Riser Ht Lid 2 (in): 18" Filter Brand: poly Diameter (in): 6" Distance to well (ft): >100
e: Effluent filter requires frequent cleaning.
e Tank Volume(g): _____ Pump or Siphon Dose: _____ Gallons/dose: _____ Riser Ht (in): _____ Alarm: _____
ox: Latitude: 42.6142 Longitude: -91.21351 Depth: 2'
urface Absorption Type: chamber Chamber Manuf: _____ Lineal Ft: 300 # Trenches: 4
es rock under pipe: 1" Trench Depth (in): 32 Trench width (in): 6' 1" Distance to well (ft): >100
face Absorption Type: _____ Overall length (ft): _____ Overall width (ft): _____
k bed length (ft): _____ Rock bed width (ft): _____ Length of laterals (ft): _____ # Laterals: _____
der pipe diameter (in): _____ Rock type: _____ Distance to well (ft): _____ Depth to bottom of trench (in): _____
d Bed Media Filter: _____ Sand filter length(ft): _____ Sand filter width (ft): _____ Sand filter sq ft: _____
r: _____ Distance to well (ft): _____ # Distributor lines: _____ # Collector lines: _____
ribuor line type: _____ Separating layer: _____ Discharge GPS (lat x long): _____
at Filter: Serial #: _____ Closed or Open bottom: _____ Lineal Ft absorption: _____ # Laterals: _____
shed rock, river rock or chamber _____ Trench width (ft): _____ Rock under pipe (in): _____
tance to well (ft): _____ Inches soil cover over trench: _____ Discharge GPS (lat x long): _____

irculating Textile Filter: Brand Name: _____ Distance to well (ft): _____
Discharge GPS (lat x long): _____ Absorption field installed after (no discharge) _____
te: A maintenance agreement with a manufacturer-approved contractor must be maintained for the life of the septic
m.
ments: Effluent filter requires frequent cleaning.

any portion of the field covered before the inspection: no System installation approved: yes
of Final Inspection: 10-10-19 Environmental Health Specialist: Dennis Lyon
ned ☐

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