Book 2017 Page 411
Document 2017 GWH-411 Type 53 001 Pages 6
Date 2/08/2017 Time 10:45:17AM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name LeRoy A. and Marion A. Hildebrand

Address 903 2nd Street S.W., Dyersville, IA 52040

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

TRANSFEREE:

Name Donald and Janice Bildstein

Address 2906 190th Street, Earlville, IA 52041

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

Address of Property Transferred:
2917 190th Street, Earlville, IA 52041

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

Legal Description of Property: (Attach if necessary) Parcel E, part of the Southwest Quarter (SW1/4) of the Southwest Quarter (SW1/4), Section Seventeen (17), Township Eighty-Nine North (T89N), Range Three West (R3W) of the Fifth Principal Meridian, Delaware County, Iowa Plat recorded in Book 2012 Page 4427.

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 2563.

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

one mile 75 feet South 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: _____ Telephone No.: (563) 543-5619
(Transferor or Agent)

FILE WITH RECORDER **DNR form 542-0960 (July 18, 2012)**

Pd

DELAWARE COUNTY
BOARD OF SUPERVISORS (Print or Type) **Permit No.** 2563

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 2917 190th St Earlville Section 17 Township Bremen

LOCATION: 180170000700 17-89-3

Owner: Don Bildstein Tenant: _____ Plumber: Bidden

Lot Size: 2.79 Type Commercial: _____ Residential: (No. Bedrooms) 3

Fixtures: Stools 3 Lavatories ___ Bath Tubs ___ Showers 2 Sinks 3 Automatic Laundry 1 Sump Pump ___

Septic Tank made by Snolt & Sidles Garbage Grinder _____ Construction Material Concrete Gallons Cap. 1500

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

Absorption Field: Total length of laterals 300 No. of lateral lines 3-4

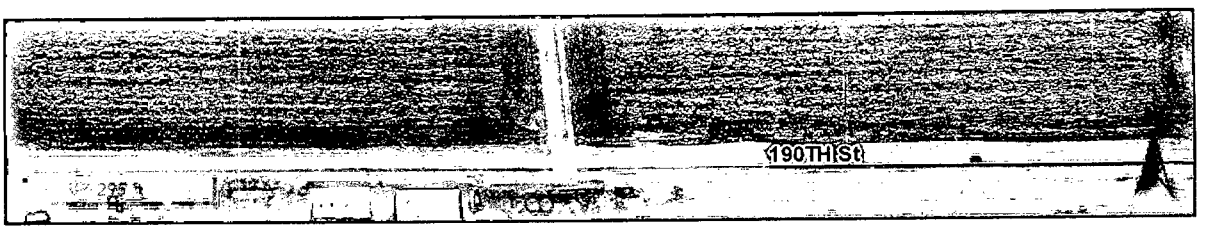
This system is new ✓ Existing ___. rock - pipe

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 10-21-16 ✓ Don Bildstein
APPLICANT'S SIGNATURE

By Dennis Lyon
INSPECTOR

SEAL



Parcel ID	180170000700	Alternate ID	n/a	Owner Address	Hildebrand, Leroy A & Marion A
Sec/Twp/Rng	17-89-3	Class	A		2917 190th St
Property Address	2917 190TH ST EARLVILLE	Acreage	2.79		Earlville, IA 52041-
District	BREMEN				Don Bildstein
Brief Tax Description	PARCEL E PT SW SW (Note: Not to be used on legal documents)				563-590-7225

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3 Bedroom Home

Developed by
The Schneider Corporation

DELAWARE COUNTY SANITATION

Application # _____ EnvTrack # _____ Permit # 2563

Completion Report for Private Sewage Disposal System

Owner: Don B. Ibstrin

Site Address: 2917 190th St. Earlv. Township: _____

Parcel #: _____ Lot # _____ Legal S-T-R _____

Mailing Address: _____

Contractor: Badden Bedroom #: 3

Water Supply: Drilled -42.516652 -91.23004

Primary Treatment: **Latitude:** 42.516945 **Longitude:** -91.229818

Septic Tank Volume (g): 1500 Manuf: Smith Material: Conc # Pieces: 1 # Cmp: 2

Riser Ht Lid 1 (in): 18" Riser Ht Lid 2 (in): 18" Filter Brand: Tuf Tank Diameter (in): 6" Distance to well (ft): 7100

Note: Effluent filter requires frequent cleaning.

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

D-Box: **Latitude:** 42.516980- **Longitude:** -91.229814 **Depth:** 32"

Subsurface Absorption Type: rock-pipe Chamber Manuf: _____ Lineal Ft: 240' # Trenches: 3

Inches rock under pipe: 12" Trench Depth (in): ~~36~~ 24" Trench width (in): 36" Distance to well (ft): >100

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.**

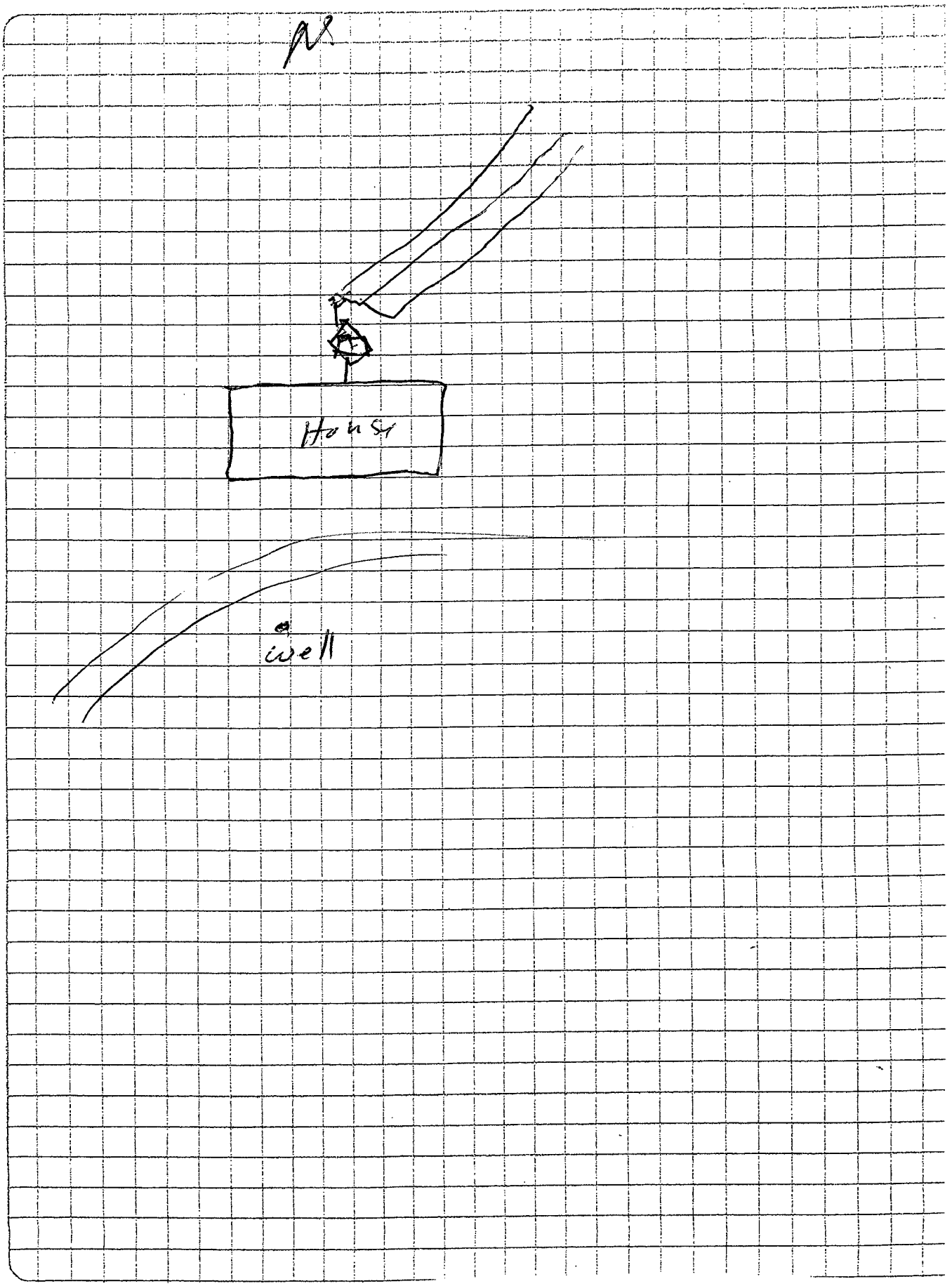
Badden very good in stalling will not short cut

Was any portion of the field covered before the inspection: yes System installation approved: yes

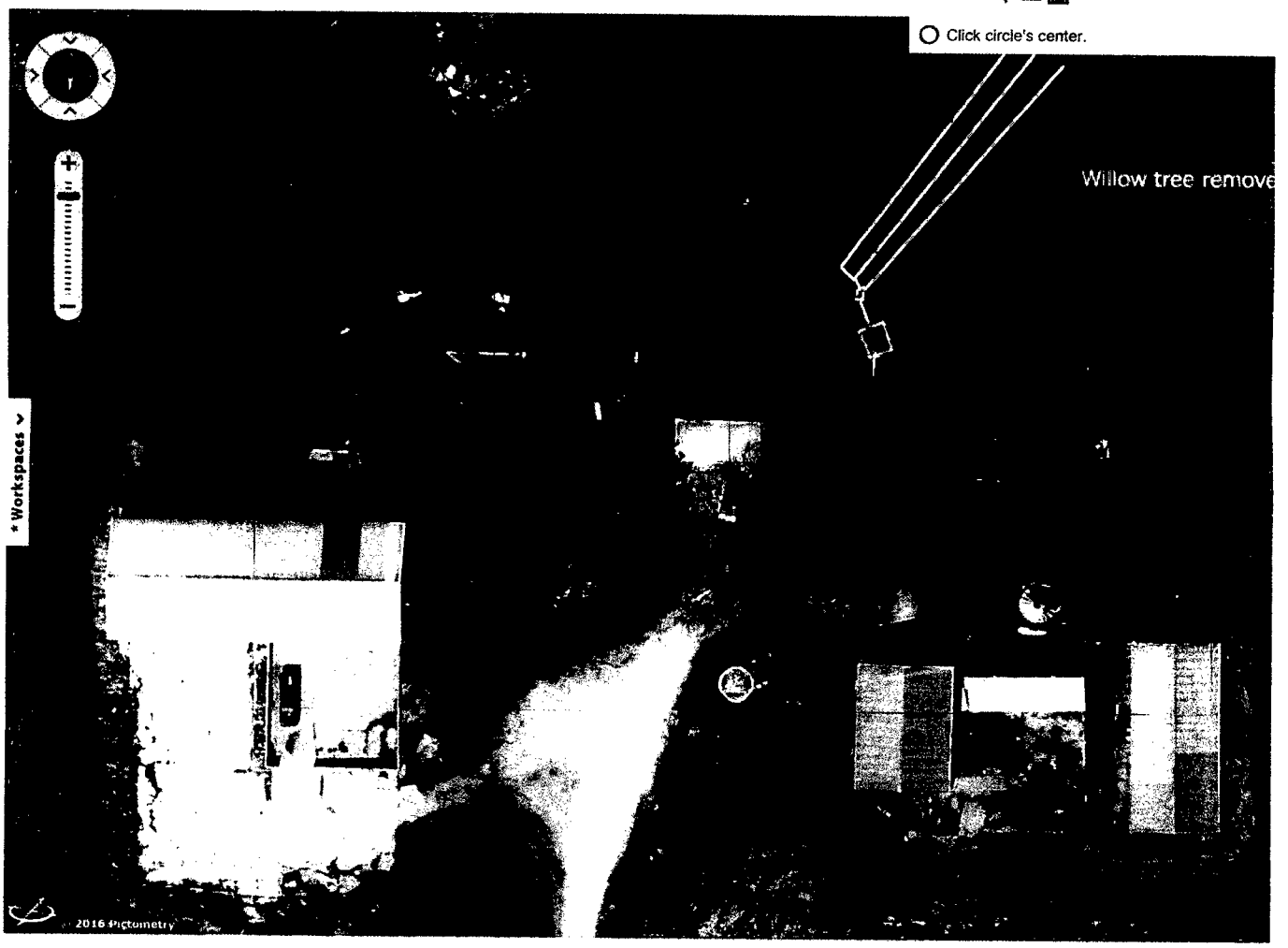
Date of Final Inspection: 10-25-16 **Environmental Health Specialist:** Dennis Lyon

Scanned ☐

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


House
well

CONNECTEXPLORER



map: Auto - 04/01/2015 Select Date - < image 1 of 22 >