



Book 2018 Page 3079

Document 2018 GWH-3079 Type 53 001 Pages 9
Date 10/30/2018 Time 10:36:12AM
Rec Amt \$.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:

Name Hope Rice

Address 2897 295th Ave. Hopkinton, IA 52237
Number and Street or RR City, Town or PO State Zip

TRANSFeree:

Name William Jurgens

Address 31722 E Worthington Rd, Worthington, Iowa 52078
Number and Street or RR City, Town or PO State Zip

Address of Property Transferred:

2897 295th Avenue, Hopkinton, Iowa 52237
Number and Street or RR City, Town or PO State Zip

Legal Description of Property: (Attach if necessary)

The South three hundred thirty (330) feet of the East three hundred twenty (320) feet of the Southeast Quarter (SE $\frac{1}{4}$) of the Southwest Quarter (SW $\frac{1}{4}$) of Section Five (5), Township Eighty Seven (87) North, Range Three (3), West of the Fifth P.M.; also Parcel A Part Of The Southeast Quarter (SE $\frac{1}{4}$) Of The Southwest Quarter (SW $\frac{1}{4}$), Section Five (5) Township Eighty-Seven North (T87N), Range Three West (R3W), Of The Fifth Principal Meridian Delaware County, Iowa, according to Amended Plat recorded in Book 2001, Page 1079,

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:

Well is located approx 50' NW 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: *Hope Rice*
(Transferor or Agent)

Telephone No.: *563-212-2320*



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

Property information

Current Owner Rice Hope

Buyer _____ Realtor _____

Mailing Address 2897 295th Ave Hopkinton 52237

Site Address/County 40050000 800

No. of Bedrooms 3 Last Occupied? now Disposal? ☒ N Softener? Y / ☒ H₂O Supply? well 104 ft

Records Available yes Permit/Installation Date 8-3-16 Installer KN455

Septic System Information

Septic Tank(s): Size 1250 Material concrete Condition good

Tank Pumped? yes Date 7-2-18 Licensed Pumper JS

Septic/Trash/Processing Tank: Size 1000 Material concrete Condition good

Tank pumped? yes Date 7-2-18 Licensed Pumper JS

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 yes Outlets Used 4 Condition good

Header Pipe(s) _____ Number of Lines _____

Pressure Dosed? _____

Secondary Treatment

Length of Absorption Fields 4x 50 Determined by Prob

Condition of Fields good Determined by Dig up

Type of Trench Material Rock & Pipe

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 _____



Time of Transfer Inspection Worksheet

Other Components

Alarms _____ Working? _____ Disinfection _____ Working? _____

Control Box _____ Timers _____ Inspection Ports _____

Other Components Keep Pump every 3-5 years

Overall condition of the private sewage disposal system

Acceptable? X Unacceptable? _____

Explain (attach additional pages as needed): All in good working condition

Comments: Has Filter need cleaned every year

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: Robb Harter

Date: 9-2-18

Name (print): Robb Harter

Certificate #: 358

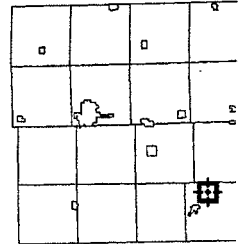
Address: 3031 160th Street Dyersville, Iowa 52040

Phone # 563-542-1010

Well 106 Ft to tank

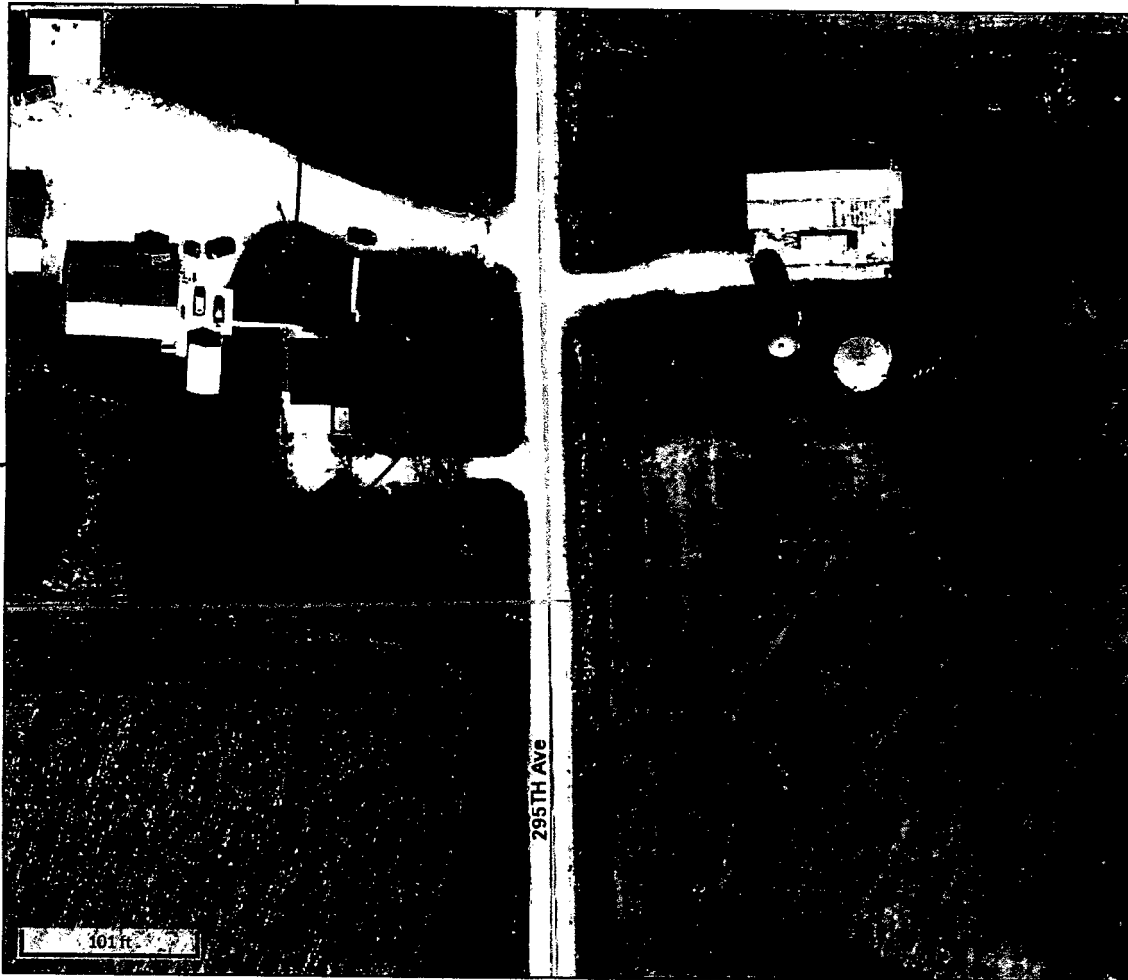
Beacon™ Delaware County, IA

Overview



Legend

- ☐ Corporate Limits
- ☐ Political Township
- Parcels
 - ☐ BLL
 - ☐ Parcel
- ☐ Roads



D
30x
12"
2x8

TANK 21 Ft
S.E. of Home

TANK 11 Ft
SW of Home

Parcel ID 410050000800
Sec/Twp/Rng 5-87-3
Property Address 2897 295TH AVE
HOPKINTON

Alternate ID n/a
Class R
Acreage 2.17

Owner Address Rice, Hope
2897 295th Ave
Hopkinton, IA 52237

District SOUTH FORK MAQ VALLEY FD#3
Brief Tax Description S 330' E 320' SE SW
(Note: Not to be used on legal documents)

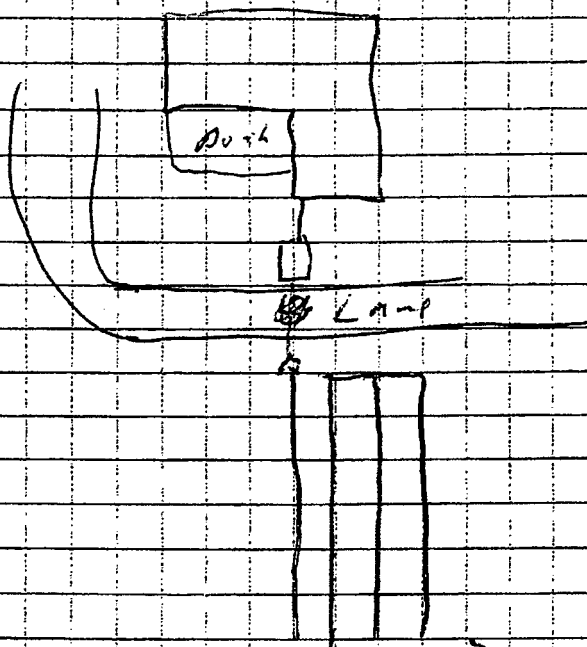
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Date created: 9/11/2018
Last Data Uploaded: 9/11/2018 1:23:14 AM

Developed by Schneider
GEOSPATIAL

DBx is 13 Ft south of
TANK

Do not Drive on Absorption Field.



42.3686679
- 91.2193505

DELAWARE COUNTY SANITATION

Application # _____

EnvTrack # _____

Permit # 2541

Completion Report for Private Sewage Disposal System

Owner: B. J. Kraus

Site Address: 2897 29th Ave

Parcel #: 410050000800

Lot # _____

Township: S. F.

Legal S-T-R: 5-87-3

Mailing Address: _____

Contractor: Ted Kraus Mont. Plumbing

Bedroom #: 3

Water Supply: Private 368848

Primary Treatment: Latitude: 42.219477

Longitude: -91.219477

Septic Tank Volume (g): 120 Manuf: Swales Material: concrete # Pieces: 1 # Cmp: 2

Riser Ht Lid 1 (in): 12" Riser Ht Lid 2 (in): 11" 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: 42.36885 Longitude: -91.28365 Depth: 12"

Subsurface Absorption Type: rock chips Chamber Manuf: _____ Lineal Ft: 296 # Trenches: 4

Inches rock under pipe: 10" Trench Depth (in): 24" Trench width (in): 36" Distance to well (ft): 710

Surface Absorption Type: _____

Rock bed length (ft): _____ Overall length (ft): _____ Overall width (ft): _____

Header pipe diameter (in): _____ Rock bed width (ft): _____ Length of laterals (ft): _____ # Laterals: _____

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.

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

Date of Final Inspection: 9-17 Environmental Health Specialist: _____

Scanned ☐

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

CONNECTEXPLORER

Bill Kraus Options -

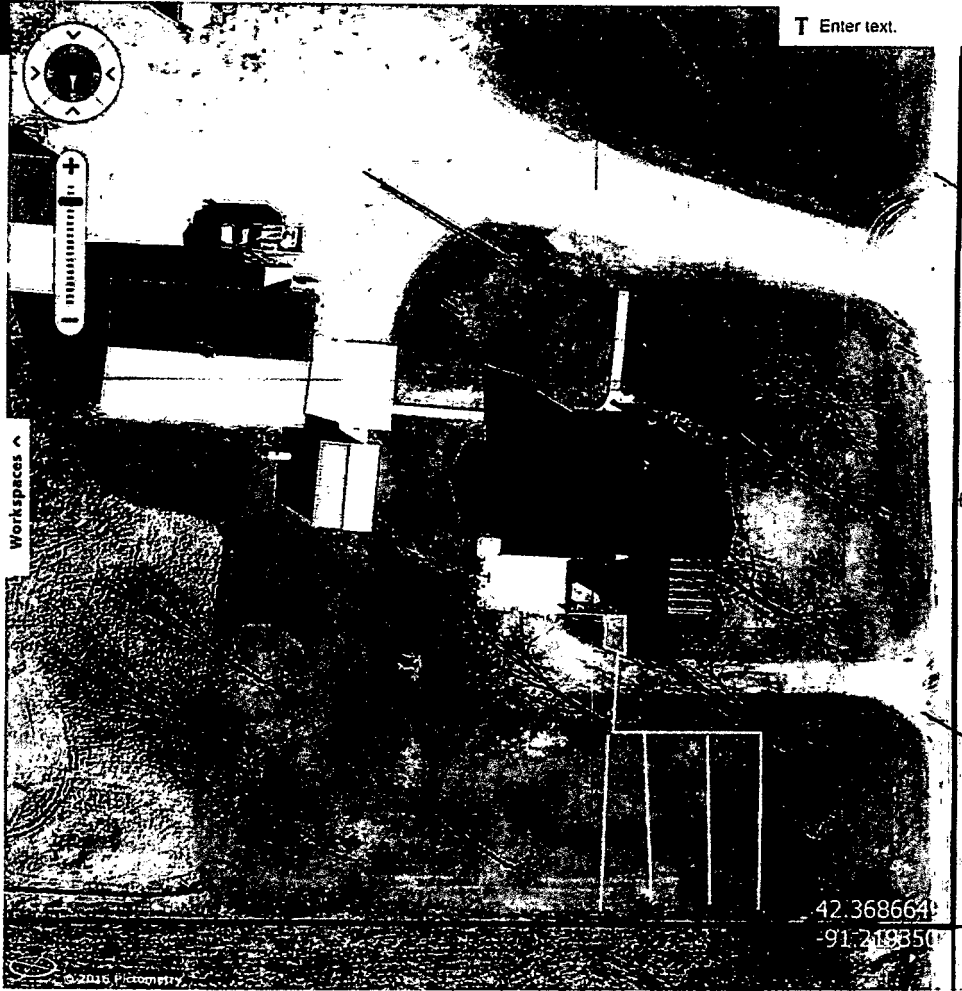
Group - Filter -

- Shape
- Line
- Line
- Line
- Line
- Text: 42.3686649 -91.2193505

Workspaces

42.3686649
-91.2193505

map: Auto - 03/26/2015 Select Date - < image 1 of 23 >



**DELAWARE COUNTY
BOARD OF SUPERVISORS**

(Print or Type)

Permit No. 2541

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 2897 295th Ave Section 5 Township S F

LOCATION: 910050000800 5-87-3

Owner: Bill Kraus Tenant: _____ Plumber: Ted Kraus

Lot Size: 14 Acres Type Commercial: _____ Residential: (No. Bedrooms) 3

Fixtures: Stools 2 Lavatories _____ Bath Tubs 2 Showers 2 Sinks 3 Automatic Laundry _____ Sump Pump _____ 1250

Septic Tank made by Simulas Garbage Grinder _____ Construction Material Concrete Gallons Cap. 1250

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

Absorption Field: Total length of laterals 280' No. of lateral lines 4

This system is new X Existing _____

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 8-30-16

By Dennis L. Ligon
INSPECTOR

[Signature]
APPLICANT'S SIGNATURE

SEAL