



Book 2019 Page 592

2019 GWH-592 Type 53 001 Pages 6

Date 3/21/2019 Time 1:30:03PM

Rec Amt \$.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:

Name Gary Hughes

Address	P.O. Box 748	Monticello	IA	52310
	Number and Street or RR	City, Town or PO	State	Zip

TRANSFeree:

Name The Leona Tauke Revocable Living Trust

Address	408 2nd Avenue SE	Dyersville	IA	52040
	Number and Street or RR	City, Town or PO	State	Zip

Address of Property Transferred:

20570 254th Street	Delhi	IA	52223
Number and Street or RR	City, Town or PO	State	Zip

Legal Description of Property: (Attach if necessary)

See attached Exhibit A for Legal Description

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:

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.: _____

319-480-1769

Exhibit A

Unit 9 and the undivided 6.250% interest in the land and common elements appurtenant to said Unit in "The Maples, A Condominium", according to Declaration of Submission Of Property To Horizontal Property Regime For The Maples, A Condominium, recorded in Book 2000, Page 2401, and First Amendment to Declaration Of Submission Of Property To Horizontal Property Regime For The Maples, A Condominium, recorded in Book 2007, Page 1313, and Second Amendment To Declaration Of Submission Of Property To Horizontal Property Regime For The Maples, A Condominium, recorded in Book 2009, Page 4113, and Third Amendment To Declaration Of Submission Of Property To Horizontal Property Regime For The Maples, A Condominium, recorded in Book 2010, Page 724, and Fourth Amendment To Declaration Of Submission Of Property To Horizontal Property Regime For the Maples, A Condominium, recorded in Book 2015, Page 1837; same being located on Lot Four (4) in The Maples A Subdivision Of Lot 8 and Lot 8A Of Lake View First Addition, Part Of Section 23, T88N, R5W Of The Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 2000, Page 2399.

DELAWARE COUNTY
BOARD OF SUPERVISORS

250 23 04 013 10
Shared
(Print or Type)

Permit No.

2576

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 20570 20570-2542 82 Section 23 Township M. 10 D. 10

LOCATION: 250230401311 20570 23-88-5

Owner: Condo - Gary Hughes Tenant: Plumber: White Hawk

Lot Size: Type Commercial: Residential: (No. Bedrooms)

Fixtures: Stools 4 Lavatories Bath Tubs 2 Showers 4 Sinks 8 Automatic Laundry 2 Sump Pump

Septic Tank made by Sincis Garbage Grinder Construction Material C. 12 Gallons Cap. 1500

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

Absorption Field: Total length of laterals 20x70 B-1 No. of lateral lines

This system is new X 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 91-24-16

By Dennis Lyons INSPECTOR

SEAL

APPLICANT'S SIGNATURE

DELAWARE COUNTY SANITATION

Application # _____

EnvTrack # _____
Permit # 2576

Completion Report for Private Sewage Disposal System

Owner: Gary Hughes - Condo
Site Address: 20570 - 20572 254th St Township: Mile
Parcel #: -20 250230401311 Lot # _____ Legal S-T-R 23-88-5
Mailing Address: _____
Contractor: White Hawk Bedroom #: 4

Water Supply:

Primary Treatment: Latitude: 42.420161 Longitude: -91.3916800
Septic Tank Volume (g): 2-1500 Manuf: Swaglo Material: cr. ft # Pieces: 1 # Cmp: 2
Riser Ht Lid 1 (in): 12' Riser Ht Lid 2 (in): 12' Filter Brand: no 4 Diameter (in): 4" 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: 42.420060 Longitude: -91.391867 Depth: _____

Subsurface Absorption Type: rock and p. Chamber Manuf: _____ Lineal Ft: _____ # Trenches: _____
Inches rock under pipe: 8" Trench Depth (in): _____ Trench width (in): _____ Distance to well (ft): _____

Surface Absorption Type: _____ Overall length (ft): _____ Overall width (ft): _____
Rock bed length (ft): 45 Rock bed width (ft): 30 Length of laterals (ft): 440 # Laterals: 9
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.

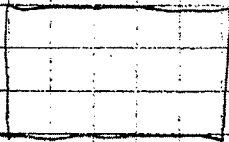
Comments: Effluent filter requires frequent cleaning.

System completed to code and to county specs.

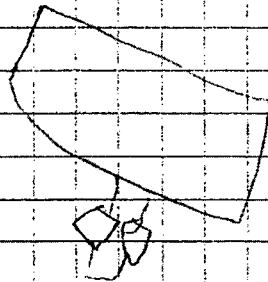
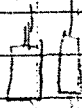
Was any portion of the field covered before the inspection: no System installation approved: yes

Date of Final Inspection: 12-2-16 Environmental Health Specialist: Dennis Lyon
Scanned ☐

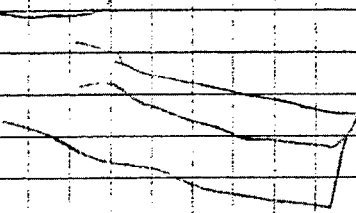
This APPROVAL in no way makes the County responsible for the continued operation of this sanitation system



Now



New
B



old