



Book 2022 Page 1405

Document 2022 GWH-1405 Type 53 001 Pages 14

Date 5/03/2022 Time 9:44:16AM

Rec Amt \$.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:

Name: Scallon Custom Homes, L.L.C.

Address: 6710 Cottage Hill Lane, Cedar Rapids, IA 52411

TRANSFeree:

Name: JKLM Rentals LLC

Address: 201 W Main St, Anamosa, IA 52205

Address of Property Transferred:

24327 204th Ave, Manchester, Iowa 52057

Legal Description of Property: (Attach if necessary)

See Attached Exhibit "A"

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)

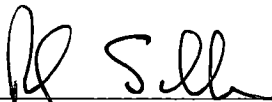
- ☐ All buildings on this property are served by a public or semi-public sewage disposal system.
- ☐ This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.

- ☒ 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)

Telephone No.: (319) 981-5898

Exhibit "A"

Lot Ten (10) of Logan's First Subdivision of Part of the North one-half (N½) of Section Twenty-Three (23), Township Eighty-Eight (88) North, Range Five (5), West of the Fifth Principal Meridian, according to plat recorded in Book 4 Plats, Page 46; also all lake frontage running to the middle of the Maquoketa River bed abutting said Lot Ten (10), except Parcel X Part of the Lake Frontage Running to the Middle of the Maquoketa River Bed, abutting on Lot 10 of Logan's First Subdivision of Part of the North Half (N½) of Section Twenty-Three (23), Township Eighty-Eight North (T88N), Range Five West (R5W) of the Fifth Principal Meridian, Delaware County, Iowa, according to the plat recorded in Book 2007, Page 3322.



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

Property information

Current owner Paul Scallan 319-981-5898
Buyer _____ Realtor None
Mailing address 3610 Spring Valley Place NE Cedar Rapids IA 52411
Site Address/County 24372 204th Ave Manchester IA
Legal Description _____

No. of bedrooms 2 Last occupied? seasonal Records available yes

Permit/installation date 5-6 Separation distances ok/no? OK

Septic system information

Septic tank(s): size 1500 material advantex Fiberglass condition good
Tank pumped? yes date 4-18-22 licensed pumper ST49
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

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 3 condition good
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:

length of absorption fields 350 sq Ft Bed determined by probe / pictures
condition of fields good determined by water test
type of trench material per pictures

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 provided _____



Time of Transfer Inspection Worksheet

Other components:

Alarms _____ Working? _____ disinfection _____ working? _____

Control box _____ Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status _____

Explain (attach additional pages as needed): _____

Comments: Seasonal Home / small bed 12' by 30'
350 sq Ft water test 30 minutes OK

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 and attach a site sketch.

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: Bill Downs Date: 4-18-22
Name (print): Bill Downs Certificate #: 8880
Address: 1497 110th Ave Danvers IA
Phone #: 563-924-2225

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

2098

DELAWARE COUNTY
BOARD OF SUPERVISORS

✓ 250-23-62-010-00

1664

Permit No. _____
(Print or Type)

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 24372 204th Ave Section 23 Township Milo

LOCATION: NE 1/4 Sec 23 T-88-N R-5-W

Owner: Paul Scallan Tenants _____ Plumber: Basix

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

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

Septic Tanks made by Adco Garbage Grinder _____ Construction Material concrete Gallons Cap 1500

Percolation Test: 1 _____ 2 _____ 3 _____ 4 _____ Made by: Holding tank

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

This system is new X Existing _____ Summer use - Alarm, If decentralized system comes in most hook-up - Advantix

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 WABM May 6

By Dennis Izard INSPECTOR

APPLICANT'S SIGNATURE _____

SEAL 42.422636
-91.395024

4.2-

~~AB~~

Alarm - pumped - IF anything goes
Paul Seadon - IF in next

5 years - Place is sold a

Advantage must ~~be~~ go 179. When

or IF a decentralized system goes

into his area - he will need

to hook to it.

Seadon ~~calls~~ 385- Collins Rd NE - 52402

Norm

Did you address - Logan's

for a Paul Seadon -

Conrad Area?

DELAWARE COUNTY
WATER AND SANITATION OFFICE
Dennis Lyons

301 East Main St.
Manchester, Iowa 52057

Phone 563-927-5925
Cell # 563-920-5185

Fax 563-927-5561
e-mail: dlyons@co.delaware.il.us

12/04/2008

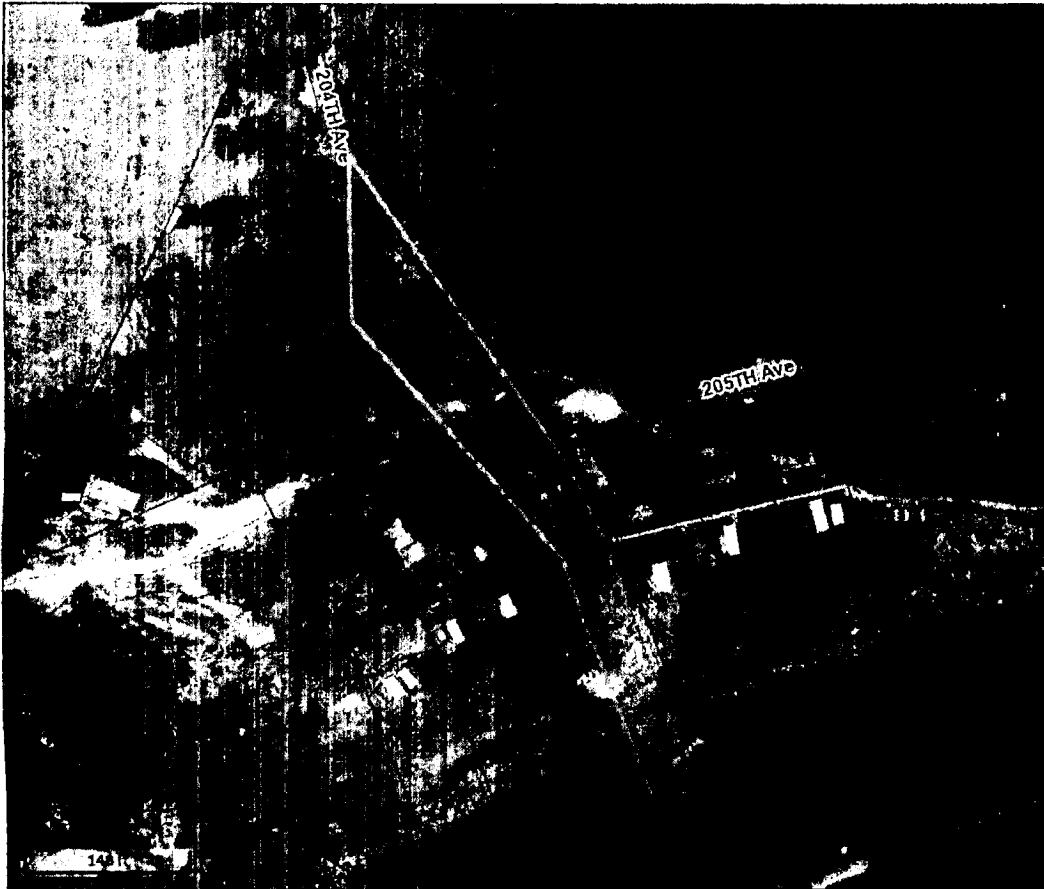
To Whom It May Concern:

I had conversation with you and your septic installer last spring and I had notes wrote down for your septic tank that was installed by Luke Ogden of Oasis Well and Pump. I did not write the permit up at that time and I came across the paper work the other day and thought I would send it off to you now. The tank was set on May 6th. Please send me \$75.00 for the permit. Please also send me copies of your septic tank pumping as we are now able to keep track of holding tanks on a state web site. Luke I had told you and Luke I don't like holding tanks on new installations so we need to do what we can to protect the environment. Please send the check before the end of the year to help keep our records clean.

Thank You

Dennis Lyons

Add - 350 Sq. Ft. Bed
5-28-17



Overview



Legend


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

Parcel ID	250230201000	Alternate ID	n/a	Owner Address	Scallon Custom Homes, LLC
Sec/Twp/Rng	23-88-5	Class	R		c/o Scallon, Paul
Property Address	24372 204TH AVE	Acreage	n/a		3610 Spring Valley Place NE
	MANCHESTER				Cedar Rapids, IA 52411
District	MILO				
Brief Tax Description	LOGAN'S 1ST SUBDIV LOT 10 PT N 1/2 & PT LAKE FRONTAGE THEREOF (10.16 Acres) (10.16 Acres) (10.16 Acres)				

1664

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Date created: 8/22/2016
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 Developed by
The Schneider Corporation

Small Bed
in Front of
House - 12' x 30'

DELAWARE COUNTY SANITATION

EnvTrack #

Permit # 7664

Application # _____

Completion Report for Private Sewage Disposal System

Owner: Paul ScallionSite Address: 24372 204th AveTownship: Mt. Pleasant

Parcel #:

Lot #

Legal S-T-R 23-89-5

Mailing Address:

Contractor: OasisBedroom #: 2Water Supply: private

Primary Treatment: Latitude:

Longitude:

Septic Tank Volume (g): 1500 Manuf: Advanta Material: poly # Pieces: 1 # Comp: 2Riser Ht Lid 1 (in): 31" Riser Ht Lid 2 (in): 36 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.

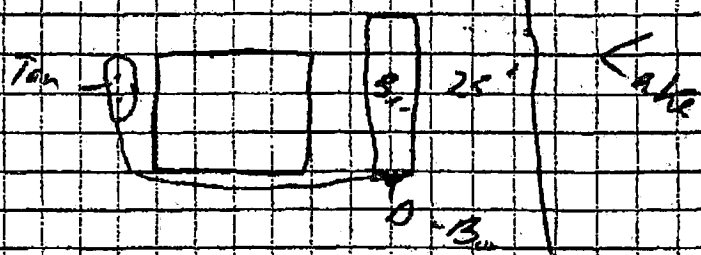
Comments: Effluent filter requires frequent cleaning.

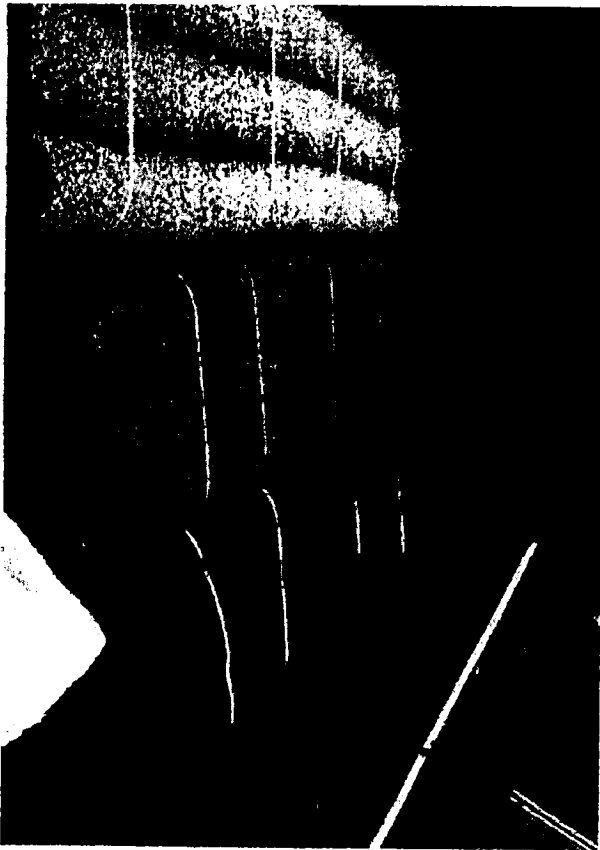
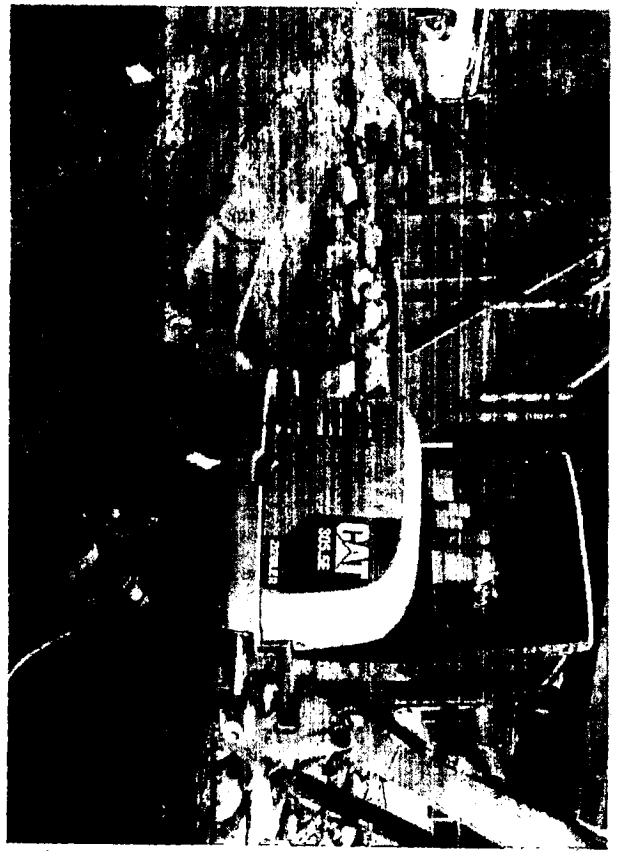
Bed is very small -
Owner put rock Rip Rock By House we lost
50 sq. ft.
problem need secondary treatment
Sandy Soil - if any

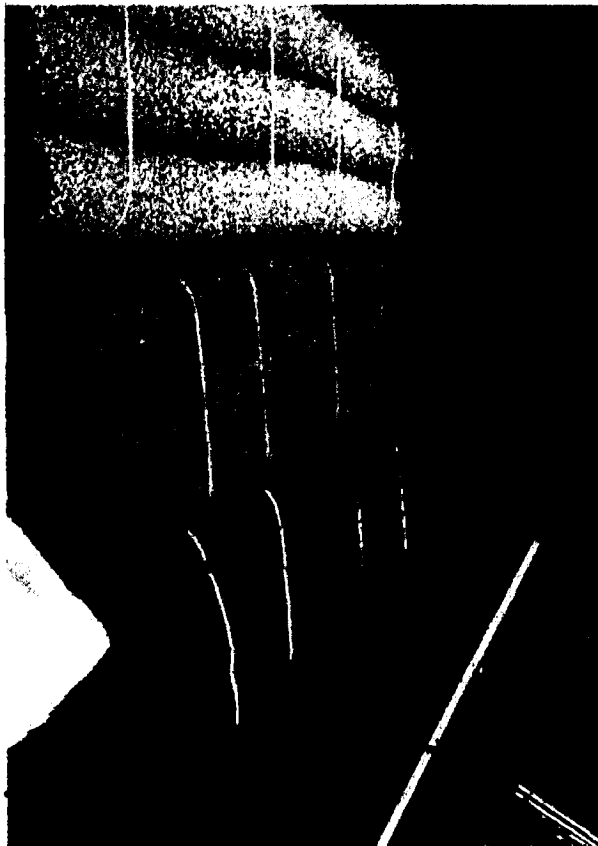
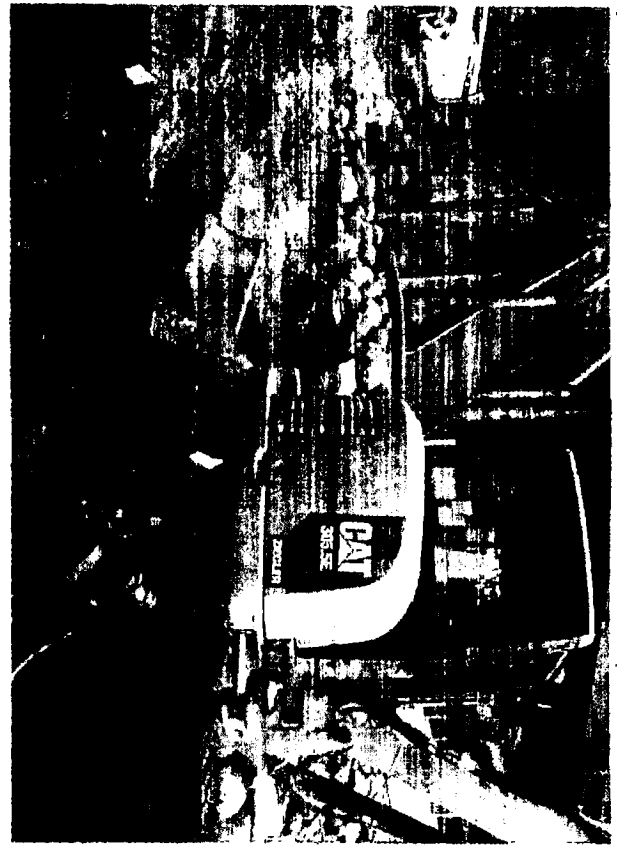
Was any portion of the field covered before the inspection: no System installation approved: yesDate of Final Inspection: 5-27 Environmental Health Specialist:Scanned ☐Dennis Lee

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

N







SC 11/025

