



Book 2021 Page 2040

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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

TRANSFEROR:

Name KTT INVESTMENTS, LLC

Address 862 ARCHER DRIVE, MARION, IA 52302

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name LAVERN J. YODER AND MATTIE J. YODER

Address 2536 OMEGA RD., DELHI, IA 52223

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

2834 285TH STREET, HOPKINTON, IA 52237

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: THE EAST ONE-HALF (E½) OF THE NORTHEAST QUARTER (NE¼) OF THE SOUTHEAST QUARTER (SE¼) OF SECTION ONE (1), TOWNSHIP EIGHTY SEVEN (87) NORTH, RANGE FOUR (4), WEST OF THE FIFTH P.M., ACCORDING TO RETRACEMENT SURVEY RECORDED IN BOOK 2017, PAGE 146; ALSO PARCEL 2017-04 PART OF THE NORTHWEST FRACTIONAL QUARTER (NW FRL.1/4) OF THE SOUTHWEST FRACTIONAL QUARTER (SW FRL.1/4), PART OF THE NORTHEAST QUARTER (NE 1/4) OF THE SOUTHWEST FRACTIONAL QUARTER (SW FRL.1/4), AND

COMPRISED OF THE SOUTHWEST FRACTIONAL QUARTER (SW FRL.1/4) OF THE SOUTHWEST FRACTIONAL QUARTER (SW FRL.1/4), ALL IN SECTION SIX (6), TOWNSHIP EIGHTY-SEVEN NORTH (T87N), RANGE THREE WEST (R3W) OF THE FIFTH PRINCIPAL MERIDIAN, DELAWARE COUNTY, IOWA, ACCORDING TO PLAT RECORDED IN BOOK 2017, PAGE 146

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:

Drilled well located 40' west of shed - Active well

**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.: _____

319-360-1409



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

Property information

Current owner KTT Investments
Buyer _____ Realtor Hertz Real Estate
Mailing address _____
Site Address/County 2834 285th St. Hopkinton Iowa
Legal Description _____
No. of bedrooms 2 Last occupied? still Records available yes
Permit/installation date 5-15-17 Separation distances ok/no? OK

Septic system information

Septic tank(s): size 1250 material concrete condition good
Tank pumped? yes date 5-15-21 licensed pumper St 49
Septic/trash/processing tank: size - material - condition -
Tank pumped? - date - licensed pumper -
Aerobic treatment unit (ATU) mfr - 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 2 condition good
Header pipe(s) - # of lines - Pressure dosed? -

Secondary treatment:
length of absorption fields 200' determined by permit
condition of fields good determined by water test
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 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 newer system good shape

Explain (attach additional pages as needed): part time home
water test 4-5 gallons/minute 30 minutes

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 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: Bree Dawn Date: 5-15-21
Name (print): Bree Dawn Certificate #: 8880
Address: 1497 110th Ave Dundee 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

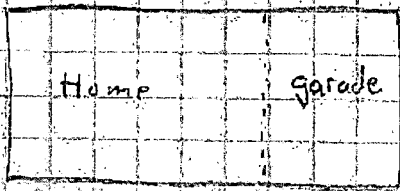
2

West

DB of 2 Deep



1250 gallon
125 to top



Lane

11

5

Beacon Delaware County, IA

Summary

Parcel ID 410060001000
 Alternate ID
 Property Address 2834 285th St
 Hopkinton
 Sec/Twp/Rng 6-87-3
 Brief Legal Description PARCEL 2017-04 PT NW FR'L 1/4 SW FR'L 1/4 & PT NESW & PT SW FR'L 1/4 SW FR'L 1/4
 Document(s) (Note: Not to be used on legal documents)
 EAS: 2017-2903 (2017-10-19)
 PLT: 2017-146 (2017-01-12)
 EAS: 2010-164 (2010-01-15)
 VAC: 2008-3732 (2008-12-10)
 COD: 2007-1412 (2007-05-04)
 COD: 2007-1411 (2007-05-04)
 REC: 2007-1410 (2007-05-04)
 COT: 2000-3673 (2000-12-28)
 QCD: 139-333 (1998-05-07)
 Gross Acres 58.61
 Exempt Acres 41.31 (FRR)
 Net Acres 0.55 (ROW)
 16.75
 CSR N/A
 Class A - Agriculture
 (Note: This is for tax purposes only. Not to be used for zoning.)
 Tax District SOUTH FORK MAQ VALLEY FD 3
 School District MAQUOKETA VAL



Owner

Primary Owner
 (Deed Holder)
 KTS INVESTMENTS LLC
 1427 Archer Dr
 Marion, IA 52302

Secondary Owner

Mailing Address

Residential Dwellings

Residential Dwelling
 Occupancy Single-Family / Owner Occupied
 Style 1 Story Frame
 Architectural Style N/A
 Year Built 2017
 Condition Normal
 Grade what is this? 3-10
 Roof Mtl / Gable
 Flooring Laminate
 Foundation None
 Exterior Material Alum / SII
 Interior Material Drwl
 Brick or Stone Veneer
 Total Gross Living Area 2,670 SF
 Attic Type None
 Number of Rooms 6 above; 0 below
 Number of Bedrooms 4 above; 0 below
 Basement Area Type Full
 Basement Area 2,346
 Basement Finished Area
 Plumbing 2 Shower Stall Bath; 1 Toilet Room; 1 No Bathroom;
 Appliances
 Central Air Yes
 Heat Yes
 Fireplaces 2 Gas-Vertical;
 Porches 15 Frame Open (64 SF); 15 Frame Open (60 SF);
 Decks
 Additions 1 Story Frame (324 SF);
 Garages 1,242 SF - Att Metal (Built 2017);

DELAWARE COUNTY

BOARD OF SUPERVISORS

PERMIT NO. 2613

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS 2889 2834 285th St SECTION 6 TOWNSHIP SF
LOCATION QT QT SEC 6 T 87 N R3 W Parcel# 1410060001000
OWNER Investments Plumber Fin H
Lot size _____ Type Commercial _____ Residential (No. Bedrooms) 2
Fixtures: Stools 2 Bath tubs _____ Showers 1 Sinks 3 Automatic Laundry _____ Lift Pump _____
Septic tank made by Swale Construction Material concrete Gallon Cap. 1250 Garbage disposal _____
Absorption Field: Total length of Laterals 200 No. of lateral lines 3 Size of leach bed _____
Trench Material rock - p.p.e 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 X [Signature] Date 5-15-17
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 [Signature] Date 5-15-17
Delaware County Representative

DELAWARE COUNTY SANITATION

EnvTrack #

Permit # 2613

Application #

Completion Report for Private Sewage Disposal System

Owner: Q KTT InvestmentsSite Address: 2834 285th StTownship: S. FParcel #: 910060001000

Lot #

Legal S-T-R: 6-87-3

Mailing Address:

Contractor: Mark FinkBedroom #: 2Water Supply: PrivatePrimary Treatment: Latitude: 42-3708Longitude: -92-2478Septic Tank Volume (g): 1250 Manuf: Sweden Material: crete # Pieces: 1 # Cmp: 2Riser Ht Lid 1 (in): 6" Riser Ht Lid 2 (in): 6" 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: 42-37212Longitude: -91-27513

Depth:

Subsurface Absorption Type: rock L.P.T Chamber Manuf: Lineal Ft: 2200 # Trenches: 2Inches rock under pipe: 6" Trench Depth (in): 20" Trench width (in): 36" Distance to well (ft): 5100

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):

*Fast 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: N System installation approved: YESDate of Final Inspection: 5.24 Environmental Health Specialist:Scanned ☐

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