



Book 2024 Page 1672

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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

If the transaction is exempt from filing a declaration of value pursuant to Iowa Code 428A.1(2), **STOP HERE**. Pursuant to Iowa Code section 558.69(1), when no declaration of value is submitted during a transaction, you are not required to submit a groundwater hazard statement or include the statutory language in Iowa Code section 558.69(8A). Please consult your realtor or legal counsel for further advice, including on whether a declaration of value is required. The Department provides this information for statutory reference only.

Instructions for this document can be found at:

<https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960%20Instructions.pdf>

Attachment 1, if required, can be found at: <https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960a.pdf>

TRANSFEROR:

Name: Jeffrey Landau and Debra Landau
Address: 3109 Tuscon Dreive, Cedar Falls, IA 50613

TRANSFeree:

Name: David W. Zahradnik and Karla L. Zahradnik
Address: 202 23rd St. Dr. SE, Cedar Rapids, IA 52403

Address of Property Transferred:

25950 214th Ave., Delhi, Iowa 52223

Legal Description of Property: (Attach if necessary)

Lot 12 of the Plat of Cedar Acres Subdivision in the Southwest Quarter of Section 24, Township 88, North, Range 5, West of the 5th P.M., except Parcel G according to plat recorded in Book 2000, Page 1480. Subject to all easements of record and restrictive covenants filed June 5, 1988 in Book Z page 97, Delaware County Records

1. Wells (check one)

- No Condition - There are no known wells situated on this property.
- Condition Present - 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)

- No Condition - There is no known solid waste disposal site on this property.
- Condition Present - 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)

- No Condition - There is no known hazardous waste on this property.
- Condition Present - 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)

- No Condition - 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.)
- Condition Present - 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)

- No Condition - There are no known private burial sites on this property.
- Condition Present - 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)

- No Condition - All buildings on this property are served by a public or semi-public sewage disposal system.
- No Condition - This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
- Condition Present - 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.
- Condition Present - 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.
- Condition Present - There is a building served by private sewage disposal system on this property. The system is failing to ensure effective wastewater treatment or is otherwise improperly functioning, and 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.
- Condition Present - 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 #7]
- Condition Present - There is a building served by private sewage disposal system on this property. This property is exempt from the private sewage disposal inspection requirements pursuant to the following Exemption [Note: for exemption #7 use prior check box]:

- Condition Present - There is a building served by private sewage disposal system on this property. The private sewage disposal system has been installed within the past two years pursuant to permit number:

Review the following two directions carefully:

A. If you selected a box stating "No Condition" for every numbered section above, **STOP HERE**. Do not submit this form. Instead, pursuant to Iowa Code section 558.69(8A), you must include the following language on the first page of

the recorded deed, instrument, or other writing:

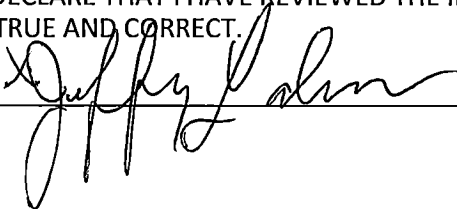
“There is no known private burial site, well, solid waste disposal site, underground storage tank, hazardous waste, or private sewage disposal system on the property as described in Iowa Code section 558.69, and therefore the transaction is exempt from the requirement to submit a groundwater hazard statement.”

Please consult your realtor or legal counsel for further advice on this exemption. By law, the owner of the property is responsible for the accuracy of this statement, and the Department provides this information for statutory reference only.

- B. If you checked any box stating “Condition Present” for any of the numbered sections above, continue below. You must complete this form, including providing all required information, and you must submit this form to the county recorder’s office with declaration of value.

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: 

Telephone No: (319) 240-4288



TIME OF TRANSFER INSPECTION TOT# 10781 BILL DOWNS CERT # 8880

Site Information

Parcel Description: **Jeff & Deb Landau**

Address: **25950 214th Ave, Delhi, IA 52223**

County: **Delaware**

Owner Information

Property is owned by a business: **No**

Business Name:

Owner Name: **Jeff & Deb Landau**

Email Address: **landaud@cfu.net**

Address: **3109 Tuscan Dr., Cedar Falls, IA 50613**

Phone No: **319-240-3283**

Site related information

No Of Bedrooms: **2**

Inspection Date: **06/21/2024**

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date: **11/14/2017**

Permit issued by County: **Yes**

Permit Number: **2684**

All plumbing fixtures enter septic system: **Yes**

County contacted for records: **Yes**

Property Information Comments:

Seasonal cabin - Holding tank

Primary Treatment

Tank 1

Tank Name: **Tank 1**

Type: **Holding Tank**

Tank Size (Gal): **2000**

Tank Material: **Concrete**

Tank Corrosion Type: **None**

Liquid Level Type: **Normal**

No. of Compartments: **1**

Pump Tank Chamber: **No**

Licensed Pumper Name: **Bill Downs**

Date Pumped: **5/15/2024**

Meets Setback to Well: **Yes**

Well Type: **Private**

Distance To Well (Ft): **100+**

Is Accessible: **Yes**

Lid Intact: **Yes**

Risers Intact: **Yes**

Effluent Filter Present:

Watertight: **Yes**

Tank/Vault Pumped: **Yes** Inlet Baffle Present: **No** Outlet Baffle Present: **No** Functioning as Designed: **Yes**
Tank Comments: **HOLDING TANK**

General Primary Treatment Comments:

Distribution Type

Distribution System : **No**

General Distribution System Comments :

Secondary Treatment

Secondary Treatment: **No**

General Secondary Treatment Comments:

Narrative Report

TOT Inspection Report Overall Narrative Comments: **Holding tank - Part time cabin on Lake Delhi, minimal use**



TIME OF TRANSFER INSPECTION TOT# 10781 BILL DOWNS CERT # 8880

Owner Name: **Jeff & Deb Landau**

Address: **25950 214th Ave , Delhi , IA 52223**

County: **Delaware**

Inspection Date: **06/21/2024**

Submitted Date: **6/25/2024**

DELAWARE COUNTY SANITATION

EnvTrack #

Permit # 2689

Application # _____

Completion Report for Private Sewage Disposal System

Owner: Jeff Landau

Site Address: 25950 214th Ave N/hi Township: M. 10

Parcel #: 250240109200 Lot # _____ Legal S-T-R: 24-885

Mailing Address: _____

Contractor: Finnell Bedroom #: 2

Water Supply: Private - shared

Primary Treatment: Latitude: 42.41377 Longitude: -91.37663

Septic Tank Volume (g): _____ Manuf: Cobra Material: concrete # Pieces: 1 # Comp: 2

Riser Ht Lid 1 (in): _____ Riser Ht Lid 2 (in): _____ Filter Brand: _____ Diameter (in): _____ Distance to well (ft): _____

Note: Effluent filter requires frequent cleaning.

Dose Tank Volume (g): 100 Pump or Siphon Dose: 50 Gallons/dose: _____ Riser Ht (in): _____ Alarm: _____

D-Box: Latitude: 42.41383 Longitude: -91.37657 Depth: _____

Subsurface Absorption Type: NA Chamber Manuf: _____ Lineal Ft: _____ # Trenches: _____

Inches rock under pipe: _____ Trench Depth (in): _____ Trench width (in): _____ Distance to well (ft): _____

Surface Absorption Type: NA 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.

_____ Cabin

_____ limited use

_____ NO

Was any portion of the field covered before the inspection: NO System installation approved: YES

Date of Final Inspection: 11-15 Environmental Health Specialist: _____

Scanned _____ Dennis Lynn

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