

Recorded: 2/3/2026 at 2:33:10.0 PM  
County Recording Fee: \$0.00  
Iowa E-Filing Fee: \$0.00  
Combined Fee: \$0.00  
Revenue Tax: \$0.00  
Delaware County, Iowa  
Daneen Schindler RECORDER  
BK: 2026 PG: 274

**REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT**  
**TO BE COMPLETED IN FULL 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 Donald Kalb and Amanda Kalb

Address	1219 4th St Number and Street or RR	Dyersville City, Town or PO	IA State	52040 Zip
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**TRANSFeree:**

Name Jacob Besler and Elizabeth Wilhelm

Address	3074 320th Ave Number and Street or RR	Hopkinton City, Town or PO	IA State	52237 Zip
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**Address of Property Transferred:**

3074 320th Ave Number and Street or RR	Hopkinton City, Town or PO	IA State	52237 Zip
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**Legal Description of Property: (Attach if necessary)**

See attached exhibit "A"

**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."

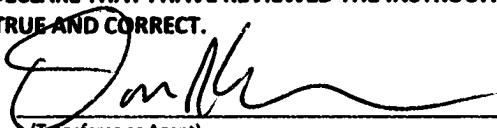
Please consult your realtor or legal counsel for further advice on this exemption. By law, the owner of the property is responsible for the accuracy of this statement, and the Department provides this information for statutory reference only.

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:

WELL IS EAST OF ATTACHED GARAGE  
SEPTIC IS ON NORTH SIDE OF HOME

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.: (563)451-4797

**Exhibit A**

**LEGAL DESCRIPTION:**

**Parcel 2022-84 Part Of The Northwest Quarter (NW1/4) Of The Southwest Quarter (SW1/4) And Part Of The Southwest Quarter (SW1/4) Of The Southwest Quarter (SW1/4) Of Section Fourteen (14), Township Eighty-Seven North (T87N), Range Three West (R3W) Of The Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 2022, Page 1931.**

# CHEMRIGHT LABORATORIES, INC.

117 N. Main St. - Maquoketa, IA 52060 - IA Lab# 379 - Phone 563-652-4226 - Fax 563-652-6137

## TESTING REPORT

Alex Linderwell  
Delaware County Health Department  
Courthouse, 301 East Main  
Manchester, IA 52057

Report Date: 01/09/26  
Report Number: 30931  
Sample Received: 01/08/26  
Order Number: 30122

<u>Sample ID</u>	<u>Parameter</u>	<u>Sample Matrix</u>	<u>Analysis Time</u>	<u>Method</u>	<u>Analyst</u>	<u>Codes</u>	<u>Result</u>	<u>Units</u>
260108-W-2008	Coliform (e-coli) MPN	Water	01/08/26 9:27	9223B-QT	JD/KD	ND	<	1.0 cfu/100 ml
260108-W-2008	Coliform (total) MPN	Water	01/08/26 9:27	9223B-QT	JD/KD	ND	<	1.0 cfu/100 ml
260108-W-2008	Nitrate-N	Water	01/08/26 13:31	300.0	SG/JD			0.22 ppm

Code Description

ND Non-Detect. The value given is the detection limit.

No coliform bacteria was detected.

The infant health advisory limit for nitrate-N is 10 ppm.

Susan E. Gossman, Operations Manager

01/09/2026

Technical Review

Date

Page 1



GOVERNOR KIM REYNOLDS  
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

## TIME OF TRANSFER INSPECTION TOT# 19088 ROBB HARTER CERT # 9343

Owner Name: **Donald & Amanda Kalb**

Address: **3074 320th Ave, Hopkinton, IA 52237**

County: **Delaware**

Inspection Date: **12/17/2025** Submitted Date: **12/17/2025**

Risers Intact: Yes

Effluent Filter Present: No

Watertight: Yes

Tank/Vault Pumped: Yes

Inlet Baffle Present: Yes

Outlet Baffle Present: Yes

Functioning as Designed: Yes

Tank Comments:

General Primary Treatment Comments:

Distribution Type

#### Distribution Box 1

Label: Distribution Box 1

Material Type: Plastic and Concrete

Accessible: Yes

Box Opened: Yes

Baffle Present: No

Speed Levelers Present: Yes

Watertight: Yes

Functioning As Designed: Yes

General Distribution System Comments :

Secondary Treatment

#### Lateral Field1

Distribution Type: Distribution Box

Material Type: Leaching Chamber

Trench Width: 36

Lines: 3

Total Length of Absorption Line: 80

System Hydraulic Loaded: Yes

Gallons Loaded: 300

Meets Setback to Well: Yes

Well Type: Private

Distance To Well (Ft): 103

Lateral Lines Probed: Yes

Saturation or Ponding Present: No

Grass Cover Present: Yes

Lateral Lines Equal Length: Yes

System Located on Owner Property: Yes

Easement Present: N/A

Functioning as Designed: Yes

Comments:

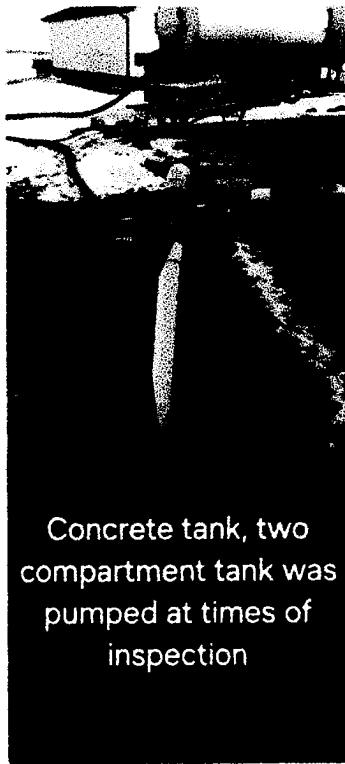
General Secondary Treatment Comments:

Narrative Report

TOT Inspection Report Overall Narrative Comments: **Tank was pumped at the time of inspection. Everything is in good working order at the time of inspection. Recommend pumping every three to four years. Do not park, plant, drive or build on bed. This approval in no way makes Harter Custom Pumping responsible for the continued operation of this septic system.**

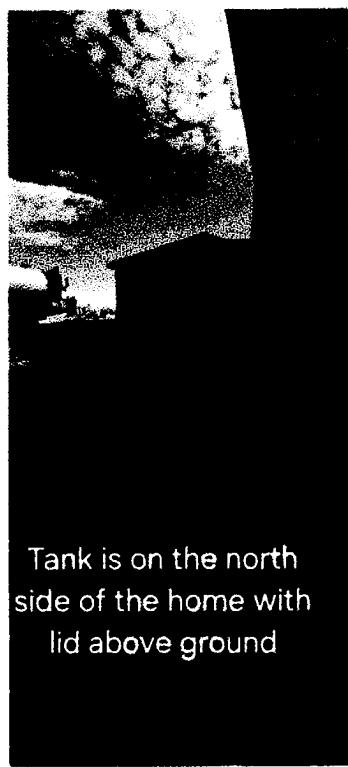
## As-built Diagrams

Documents

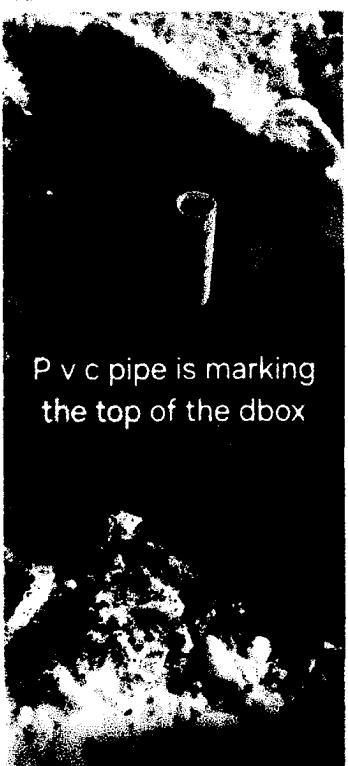


Concrete tank, two compartment tank was pumped at times of inspection





Tank is on the north  
side of the home with  
lid above ground



Pvc pipe is marking  
the top of the dbox



d box have 4 out linds

