

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	Dyersville	IA 52040
	Number and Street or RR	City, Town or PO	State Zip

TRANSFeree:

Name	Jacob Besler and Elizabeth Wilhelm		
Address	3074 320th Ave	Hopkinton	IA 52237
	Number and Street or RR	City, Town or PO	State Zip

Address of Property Transferred:

3074 320th Ave	Hopkinton	IA	52237
Number and Street or RR	City, Town or PO	State	Zip

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 HOUSE

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.

CHEM RIGHT 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>
Amanda Kalb (kitchen) 3074 320th Ave Hopkinton, IA								
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

Technical Review

01/09/2026

Date

Page 1



IOWA DEPARTMENT OF NATURAL RESOURCES

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

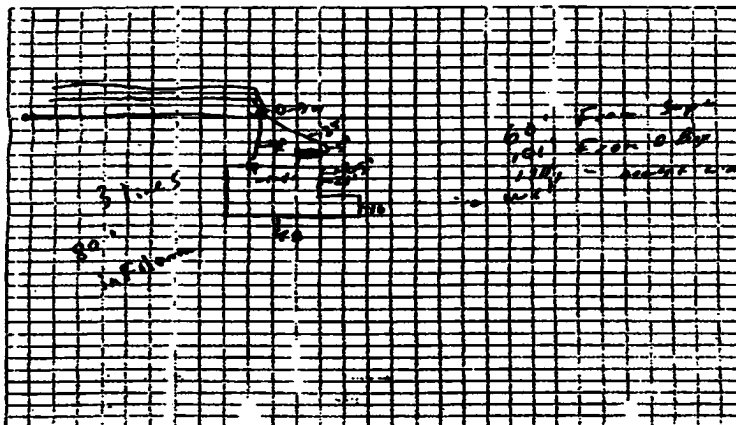
TOT Inspection Report Overall Narrative Comments: **Tank was pumped at the time of inspection. Everything is in good working order at the time of inspection. Recommend pumping every three to four years. Do not park, plant, drive or build on bed. This approval in no way makes Harter Custom Pumping responsible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

Site Evaluation Map page 2 of 2

Designer Anderson

List any construction issues:

Don Kelly



Mapping Checklist

Map scale:

Locate

- ___ lot dimensions/property lines
- ___ dwelling and other improvements
- ___ existing and/or proposed easels (s)
- ___ replacement area
- ___ unbuildable area(s)
- ___ public water supply wells
- ___ pumping access
- ___ inner watershed zone(s)

Indicate north

- ___ easements
- ___ phone
- ___ electric
- ___ gas
- ___ elevations
- ___ borings
- ___ benchmark
- ___ para tests
- ___ horizontal reference pts

show slope

- ___ setbacks
- ___ building
- ___ all water walls within 100ft
- ___ pressure pipe
- ___ water suction pipe
- ___ streams, lakes, rivers
- ___ roadway and fringe

% direction

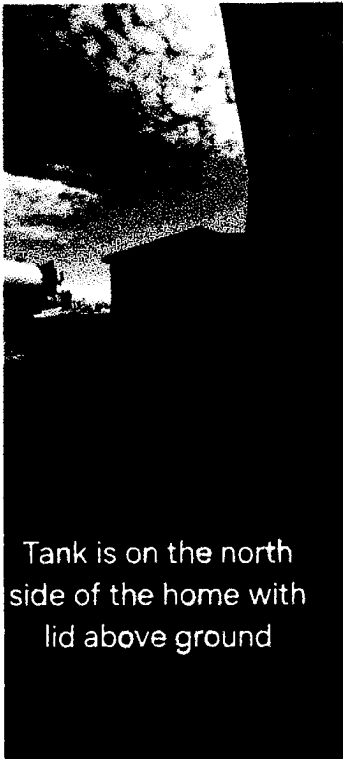
Documents



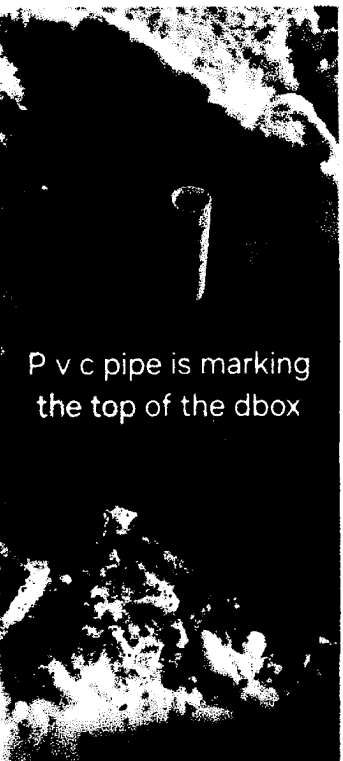
Concrete tank, two
compartment tank was
pumped at times of
inspection



well 822 tank



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



P v c pipe is marking
the top of the dbox

