Recorded: 6/16/2026 at 9:18:25.0 AM
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: 1619

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/media/5465.

Attachment 1, if required, can be found at: https://www.iowadnr.gov/media/5466.

TRANSFEROR:

Name	Mark A. Biggs and Dawn M. Biggs			
Address	20679 Kayak Court	Manchester	IA	52057
	Number and Street or RR	City, Town or PO	State	Zip

TRANSFEREE:

Name	Philip W. Varner and Shari B. Varner			
Address	128 Coppersmith Court	St. Charles	MI	63301
	Number and Street or RR	City, Town or PO	State	Zip

Address of Property Transferred:

20679 Kayak Court	Manchester	Iowa	52057
Number and Street or RR	City, Town or PO	State	Zip

Legal Description of Property: (Attach if necessary)
Lot One (1) of Pirc Townhomes 1st Subdivision; A subdivision of Lot 8 and Lot 10 in Nautic Estates in the Northwest Quarter of the Northeast Quarter Section 23, Township 88 North, Range 5 West of the 5th P.M., Delaware County, Iowa, according to plat recorded in Book 2017, Page 3119

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 <u>any</u> box stating "Condition Present" for <u>any</u> 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: Dawn M. Briggs (Transferor or Agent) Telephone No.: 319-202-4051

IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER
DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 20651 ROBB HARTER CERT # 9343

Site Information

Parcel Description: **250230800590**

Address: **20679 Kayak Court, Manchester, IA 52057** County: **Delaware**

Owner Information

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

Business Name:

Owner Name: **Mark A & Dawn M Biggs**

Email Address:

Address: **20679 Kayak Court, Manchester, IA 52057**

Phone No:

Site related information

No Of Bedrooms: **3**

Inspection Date: **04/28/2026**

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date:

Permit issued by County: **No**

Permit Number:

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

County contacted for records: **Yes**

Property Information Comments:

Primary Treatment

Tank 1

Tank Name: **Tank 1**

Type: **Septic Tank**

Tank Size (Gal): **1250**

Tank Material: **Concrete**

Tank Corrosion Type: **None**

Liquid Level Type: **Normal**

No. of Compartments: **2**

Pump Tank Chamber: **Yes**

Licensed Pumper Name: **Harter Custom Pumping**

Date Pumped: **4/28/2026**

Meets Setback to Well: **Yes**

Well Type: **Public**

Distance To Well (Ft.): **250+**

Is Accessible: **Yes**

Lid Intact: **Yes**

Risers Intact: **Yes** Effluent Filter Present: **Yes** 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** 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: **24**

Lines: **6** Total Length of Absorption Line: **300** System Hydraulic Loaded: **Yes**

Gallons Loaded: **300** Meets Setback to Well: **Yes** Well Type: **Private**

Distance To Well (Ft.): **260+** 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: **Everything in good working order at the time of inspection. Tank was pumped at the time of inspection. Filter needs to be cleaned one time per year. DO not drive, park, build or plant anything south of the pipe marking the dbox. Recommend pumping every three to four years depending on use. This inspection in no way makes Harter Custom pumping responsible for the continued operation of this septic system.**

IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

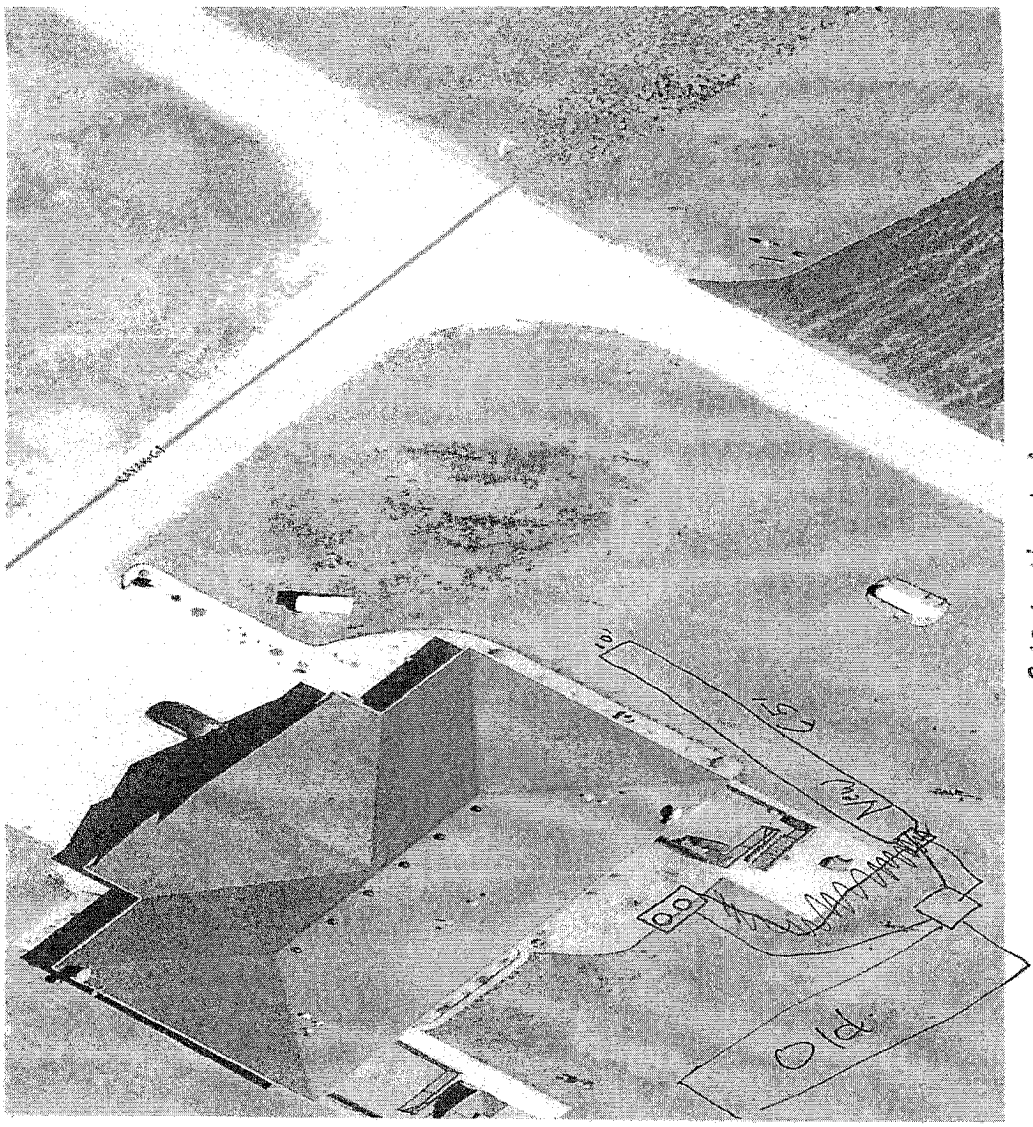
DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 20651 ROBB HARTER CERT # 9343

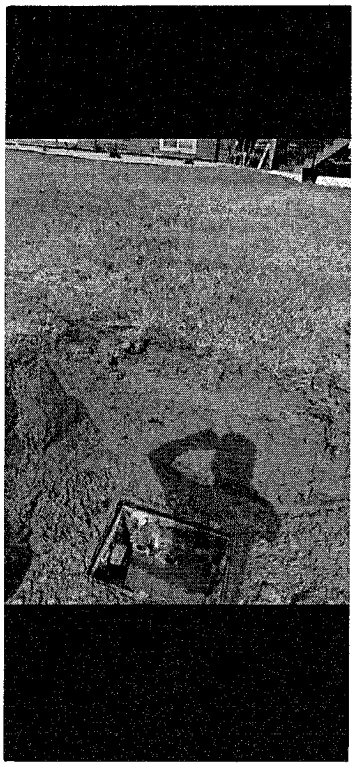
Owner Name:	**Mark A & Dawn M Biggs**		
Address:	**20679 Kayak Court , Manchester , IA 52057**		
County:	**Delaware**		
Inspection Date:	**04/28/2026**	Submitted Date:	**4/29/2026**

This page certifies a Time of Transfer inspection was conducted and submitted for the property listed above in accordance with Subrule 567 IAC 69.2(8).

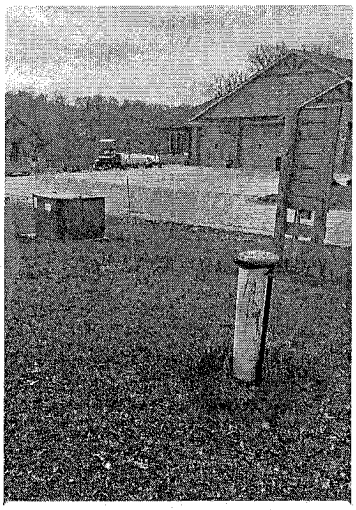
As-built Diagrams



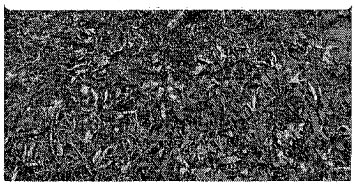
Documents

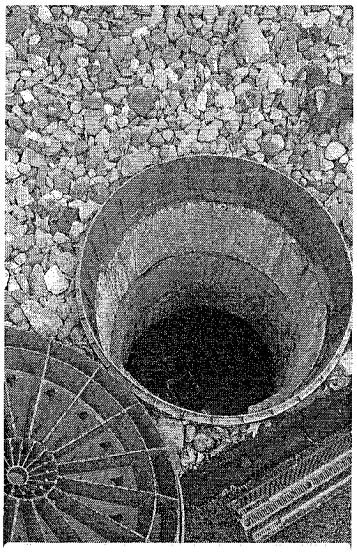


tank has lids and rises above ground

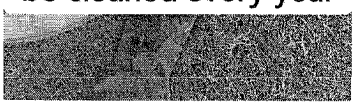


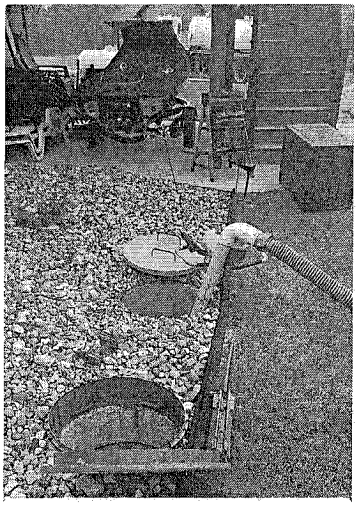
well is over 285 ft to tank



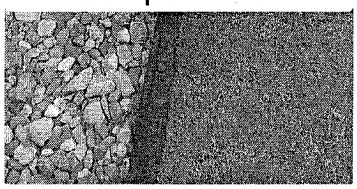


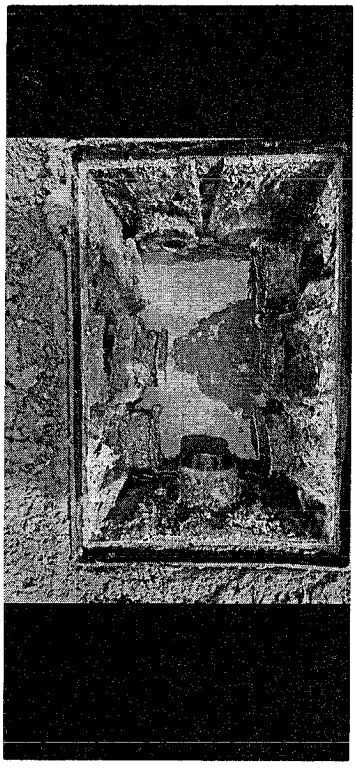
System has filter in the green lid.That needs to be cleaned every year

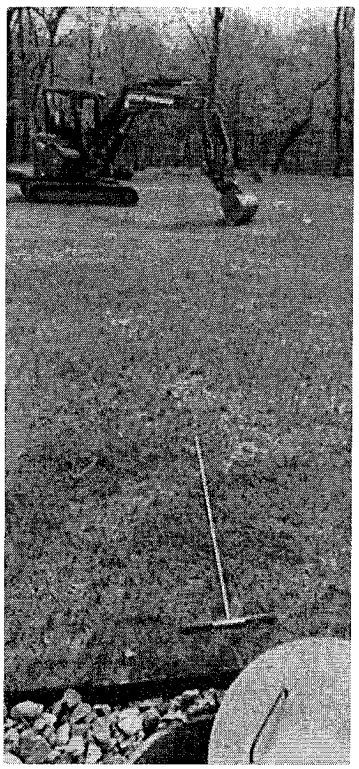




1250 gallon tank 2 Compartment







DELAWARE COUNTY

BOARD OF SUPERVISORS PERMIT NO. 3408

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS 20679 Kayak Ct SECTION 23 TOWNSHIP Mid.

Owner Dawn Biggs Plumber Bonert

LOCATION SEC 23 T 88 N R 5 W Parcel# 250230005710

Lot size 1 Acres Type Commercial _____ Residential (No. Bedrooms) 2

Fixtures: Stools ___ Bath tubs ___ Showers ___ Sinks ___ Lift Pump ___

Septic tank made by Sanitec Construction Material Conc. Gallon Cap. 1250 existing

Absorption Field: Total length of Laterals _____ No. of lateral lines _____ Size of leach bed 10x45 4'-5' Rock

Trench Material R/P Secondary Treatment Type _____ Serial No. _____

This system is new construction ___ 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. 40 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. 40.

By signing below, I acknowledge that I have received and read the above disclaimer.

Name _____ Date _____
Applicant

I have studied the information contained herein and certify that the application complies with Delaware County Ordinance No. 40 and Iowa Administrative Code 567 - 69, Private Sewage Disposal Systems.

Name _____ Date 8/15/25
Delaware County Representative

DELAWARE COUNTY SANITATION

Application # _____ EnvTrack # _____ Permit # 3408

Completion Report for Private Sewage Disposal System

Owner: Dawn Biggs

Site Address: 20079 Kayak Ct Township: Milo

Parcel #: 2502.308005.90 Lot # _____ Legal S-T-R _____

Mailing Address: _____

Contractor: Boast Bedroom #: 2

Water Supply: _____

Primary Treatment: Latitude: _____ Longitude: _____

Septic Tank Volume (g): 1250 Manuf: Swales Material: crete # Pieces: _____ # Cmpt: _____

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): _____ 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.

Was any portion of the field covered before the inspection: ____ System installation approved: _____

Date of Final Inspection: _____ Environmental Health Specialist: _____

Scanned ☐

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