Book 2026 Page 2470
Document 2026 GWH-2470 Type 53 001 Pages 14
Date 8/21/2026 Time 3:08:25PM
Rec Amt $.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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	C-Honk 5, LLC			
Address	3812 Lafayette Rd	Center Point	IA	52213
	Number and Street or RR	City, Town or PO	State	Zip

TRANSFEREE:

Name	Next Level 15 Properties, L.L.C.			
Address	3100 N. Center Point Rd.	Cedar Rapids	IA	52411
	Number and Street or RR	City, Town or PO	State	Zip

Address of Property Transferred:

20649 Kayak Ct.	Manchester	IA	52057
Number and Street or RR	City, Town or PO	State	Zip

Legal Description of Property: (Attach if necessary)

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)

- [x] 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)

- [x] 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)

- [x] 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.
- [x] 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:

Active well to the northwest of the property

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.: 319.329.1828

EXHIBIT A

LEGAL DESCRIPTION

Lot Two (2) of Nautic Estates A Subdivision Of Part Of Lot 5 Of Logan's Fifth Subdivision Sec. 23, T88N, R5W Of The Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 2015, Page 2477.

IOWA DNR

IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 22815 ROBB HARTER CERT # 9343

Site Information

Parcel Description: **250230800530**

Address: **20649 Kayak Ct, Manchester, IA 52057** County: **Delaware**

Owner Information

Property is owned by a business: **Yes**

Business Name: **C-Honk 5 LLC**

Owner Name:

Email Address:

Address: **1157 6th Ave SE, Cascade, IA 52033**

Phone No:

Site related information

No Of Bedrooms: **4**

Inspection Date: **08/11/2026**

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date:

Permit issued by County: **Yes**

Permit Number: **2450**

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): **1500**

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: **8/11/2026**

Meets Setback to Well: **Yes**

Well Type: **Private**

Distance To Well (Ft.): **125+**

Is Accessible: **Yes**

Lid Intact: **Yes**

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** 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: **Rock and PVC Pipe** Trench Width: **30**

Lines: **3** 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.): **125+** 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. The tank was pumped at the time of inspection. Recommend pumping every three to four year depending on use. This filter does not have a filter. Would recommend installing a filter. The riser are covered with gravel approx. 3 inches deep. Do not park, plant or drive in the are of the lateral field. 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

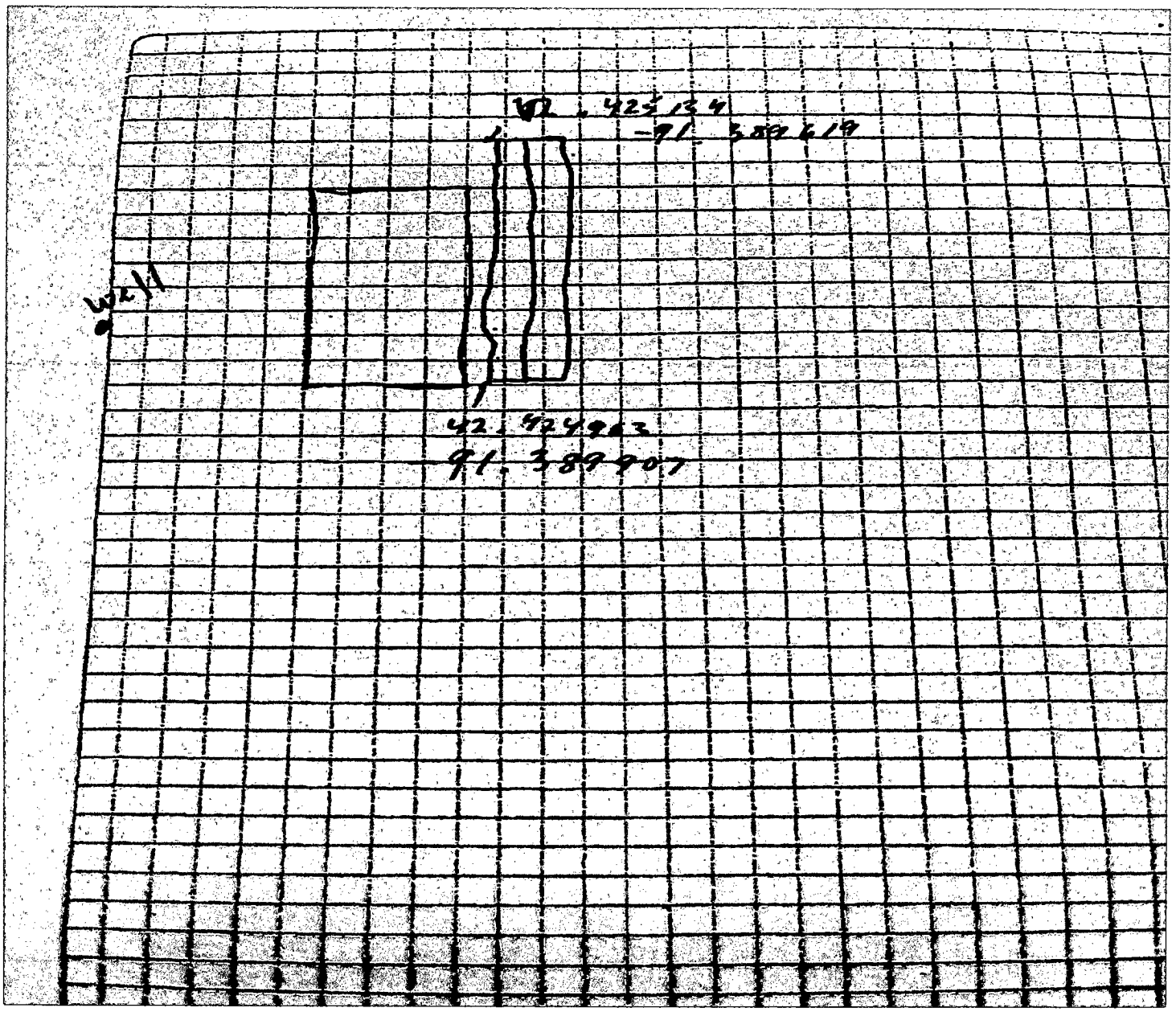
DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 22815 ROBB HARTER CERT # 9343

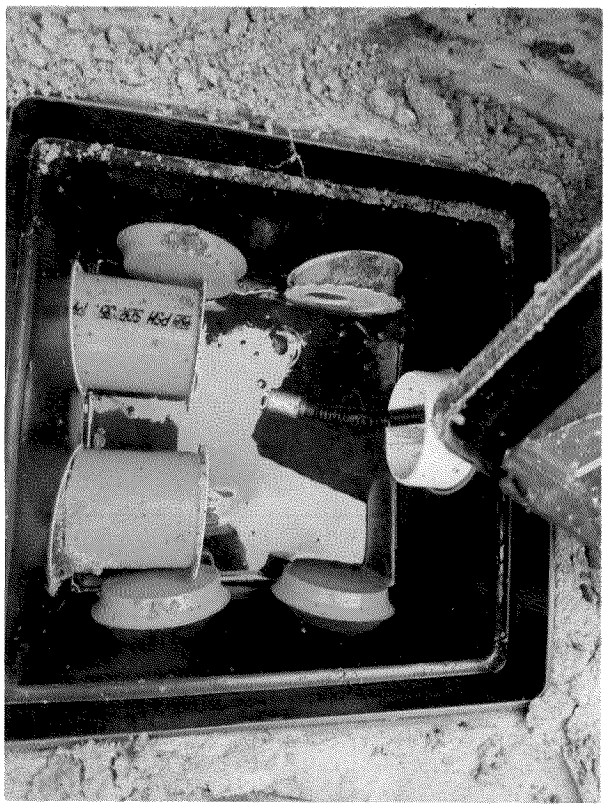
Owner Name:	**C-Honk 5 LLC**		
Address:	**20649 Kayak Ct , Manchester , IA 52057**		
County:	**Delaware**		
Inspection Date:	**08/11/2026**	Submitted Date:	**8/13/2026**

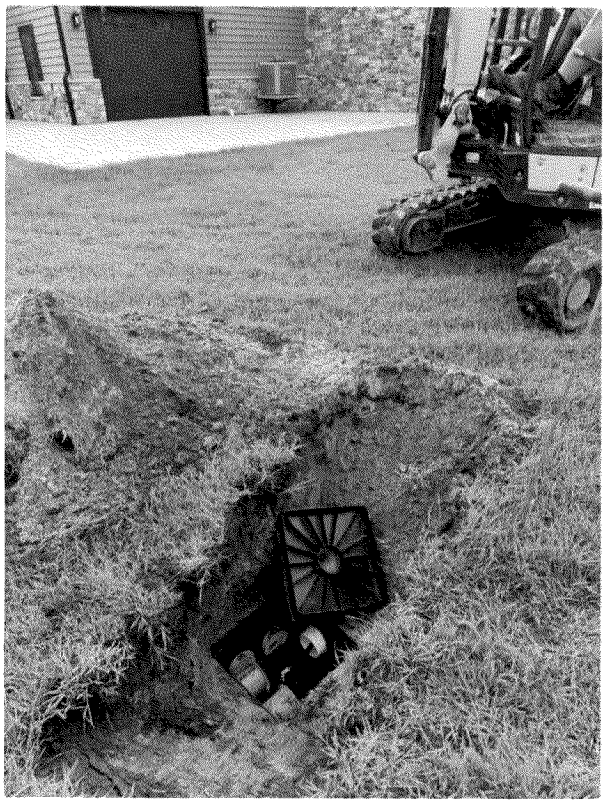
This page certifies a Time of Transfer inspection was conducted and submitted for the property listed above in accordance with Subrule 567 IAC 69.2(8).

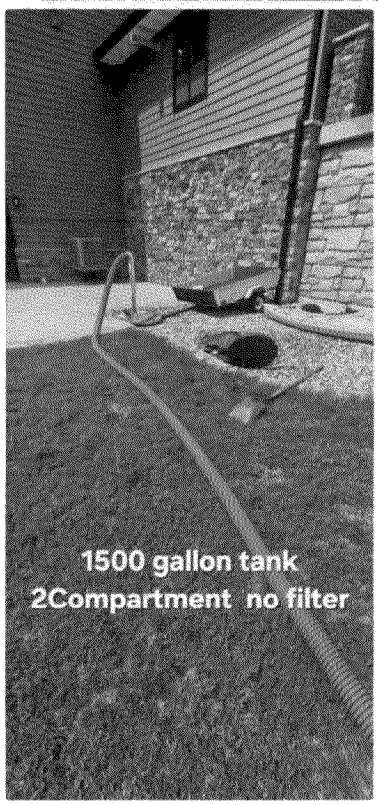
As-built Diagrams

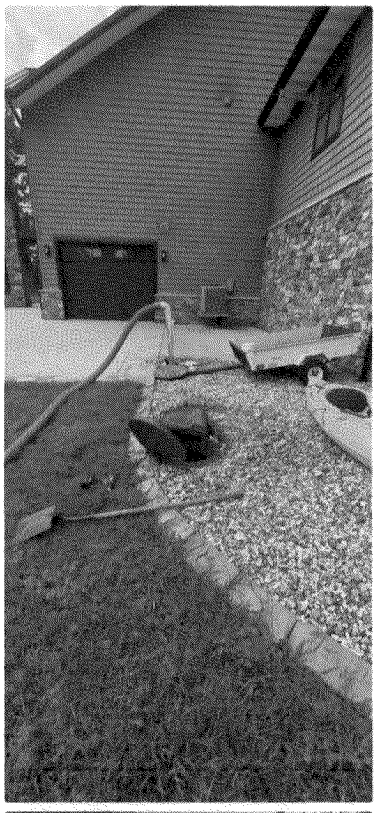


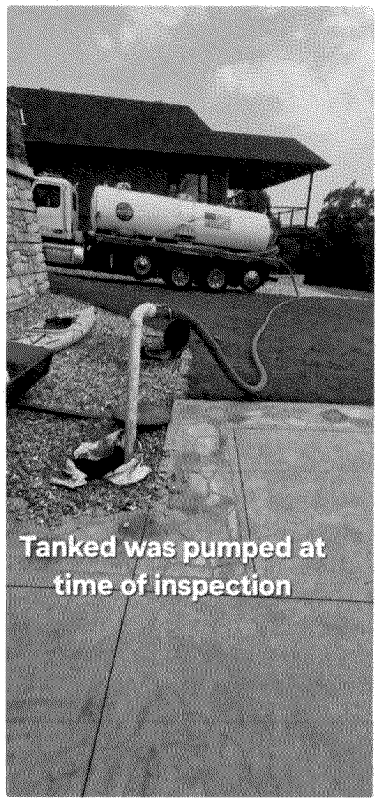
Documents






1500 gallon tank
2Compartment no filter




Tanked was pumped at
time of inspection

DELAWARE COUNTY SANITATION

Application # _____ EnvTrack # _____ Permit # 2450

Completion Report for Private Sewage Disposal System

Owner: Casey Hoffman
Site Address: 20649 Kayak Ct Township:
Parcel #: 25 023 080 530 Lot # 2 Legal S-T-R 23-88-5
Mailing Address:
Contractor: Oasis Bedroom #: 4
Water Supply: Private 42.425289 -91.390157
Primary Treatment: Latitude: 42.425078 Longitude: -91.389782
Septic Tank Volume (g): 850 Manuf: Smith Material: Concrete # Pieces: 1 # Comp: 2
Riser Ht Lid 1 (in): 12 Riser Ht Lid 2 (in): 12 Filter Brand: Orenco 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: 42.425134 Longitude: -91.389619 Depth: 2'
Subsurface Absorption Type: Chamber Manuf: Lineal Ft: # Trenches:
Inches rock under pipe: 10" Trench Depth (in): 38" Trench width (in): 21 Distance to well (ft): 50'
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.

Very Sandy

Was any portion of the field covered before the inspection: No System installation approved: yes
Date of Final Inspection: 8-L.. Environmental Health Specialist: Dennis Lyon
Seasonal ☐
This APPROVAL in no way makes the County responsible for the continued operation of this installation system

DELAWARE COUNTY
BOARD OF SUPERVISORS

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

PERMIT NO. 2450

ADDRESS 20649 Kayak Ct
LOCATION QT. ___ QT. ___ SEC. 23 TOWNSHIP Milo
T 80 N R 5 W Parcel # 25 023 080 530
Owner Casey Hoffman Plumber Oasis
Lot size ___ Type Commercial ___ Residential (No. Bedrooms) 4
Fixtures: Stools 3 Bath tubs 3 Showers 4 Sinks 6 Automatic Laundry 1 Lift Pump ___
Septic tank made by Smith Construction Material Concrete Gallon Cap. 850 Garbage disposal ___
Absorption Field: Total length of Laterals 300 No. of lateral lines 4 Size of leach bed ___
Trench Material rock/pipe Secondary Treatment Type ___
This system is new construction ___ Existing ___ Lat. 42.425078 Long. -91.389732
I certify that the above information is correct and that all proposed work will be completed in accordance with Delaware county Regulations.
Date Approved 10-7-15
By Dennis Lyon
INSPECTOR APPLICANT'S SIGNATURE