

Recorded: 8/26/2026 at 11:04:48.0 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: 2514

**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    | Enos H. Stutzman and Nettie E. Stutzman |                  |       |       |
| Address | 2751 Highway 38                         | Hopkinton        | IA    | 52237 |
|         | Number and Street or RR                 | City, Town or PO | State | Zip   |

**TRANSFeree:**

|         |                            |                  |       |       |
|---------|----------------------------|------------------|-------|-------|
| Name    | Elmer Yoder and Mary Yoder |                  |       |       |
| Address | 2687 Pheasant Rd           | Hopkinton        | IA    | 52237 |
|         | Number and Street or RR    | City, Town or PO | State | Zip   |

Address of Property Transferred:

|                         |                  |       |       |
|-------------------------|------------------|-------|-------|
| 2552 220th Ave          | Delhi            | Iowa  | 52223 |
| Number and Street or RR | City, Town or PO | State | Zip   |

Legal Description of Property: (Attach if necessary)

Lots Nine (9) and Ten (10) of the Village - Second Addition Part of the SW 1/4 & Part of the SE 1/4 of Section 19, T88N, R4W of the Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 2008, Page 32.

**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. *560 feet in front of General Store*

**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: \_\_\_\_\_

located SE of Hardware store ~50 feet

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:

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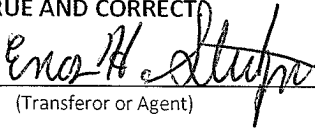
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I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT

Signature:

  
(Transferor or Agent)

Telephone No.:

563-929-1812



IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS  
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

## TIME OF TRANSFER INSPECTION TOT# 22646 ROBB HARTER CERT # 9343

### Site Information

Parcel Description: **220190001310**

Address: **2552 220th Ave, Delhi, IA 52223**

County: **Delaware**

### Owner Information

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

Business Name:

Owner Name: **Enos H & Nettie E Stutzman**

Email Address:

Address: **2751 Highway 38, Hopkinton, IA 52237**

Phone No:

### Site related information

No Of Bedrooms: **0**

Facility Type: **Commercial**

Last Occupied:

Permit issued by County: **N/A**

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

Property Information Comments:

**Amish hardware store**

Inspection Date: **08/04/2026**

Currently Occupied: **Yes**

System Installation Date:

Permit Number:

County contacted for records: **Yes**

### Primary Treatment

#### Tank 1

Tank Name: **Tank 1**

Type: **Septic Tank**

Tank Size (Gal): **1500**

Tank Material: **Concrete**

Tank Corrosion Type: **Slight**

Liquid Level Type: **Normal**

No. of Compartments: **2**

Pump Tank Chamber: **Yes**

Licensed Pumper Name: **Harter Custom Pumping**

Date Pumped: **8/4/2026**

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: **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: **Yes**

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: **24**

Lines: **4**

Total Length of Absorption Line: **400**

System Hydraulic Loaded: **Yes**

Gallons Loaded: **300**

Meets Setback to Well: **Yes**

Well Type: **Private**

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

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 was in good working order at the time of inspection. The tank was pumped at the time of inspection. Recommend pumping every three to four years depending on use. Do not drive, park or plant anything in the area of the leach field. This inspection in no way makes Harter Custom Pumping responsible for the continued operation of this septic system.**

**TIME OF TRANSFER INSPECTION TOT# 22646 ROBB HARTER CERT # 9343**

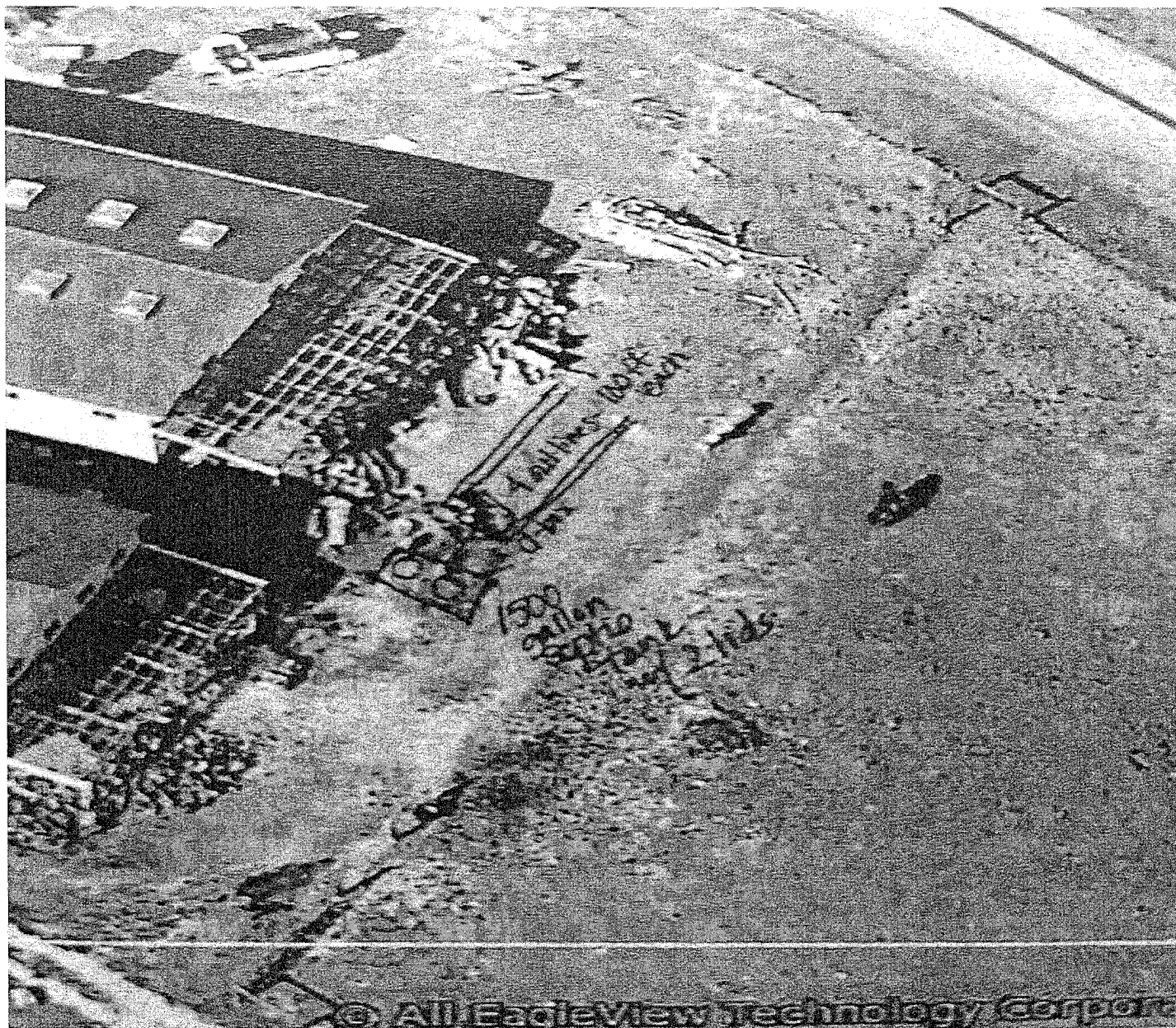
Owner Name: Enos H & Nettie E Stutzman

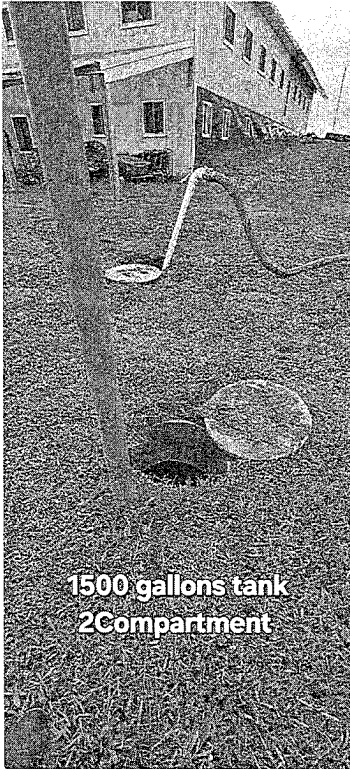
Address: 2552 220th Ave , Delhi , IA 52223

County: Delaware

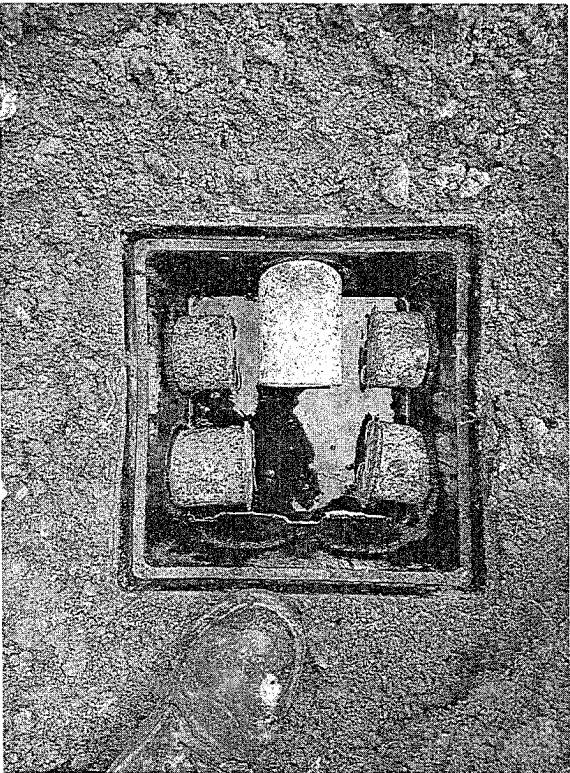
Inspection Date: 08/04/2026 Submitted Date: 8/4/2026

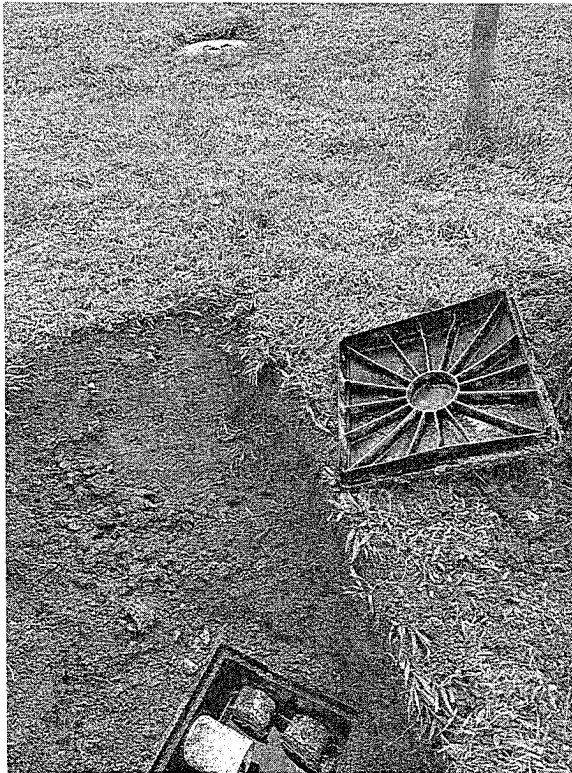
This page certifies a Time of Transfer inspection was conducted and submitted for the property listed above in accordance with Subrule 567 IAC 69.2(8).











# 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: 08/07/26  
Report Number: 32174  
Sample Received: 08/06/26  
Order Number: 31370

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| <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> |
|--------------------------------------------------------------|-----------------------|----------------------|----------------------|---------------|----------------|--------------|---------------|--------------|
| Enos Stutzman (bathroom sink)<br>2552 220th Ave<br>Delhi, IA |                       |                      |                      |               |                |              |               |              |
| 260806-W-3560                                                | Coliform (e-coli) MPN | Water                | 08/06/26 13:12       | 9223B-QT      | JD             | ND <         | 1.0           | MPN/100 ml   |
| 260806-W-3560                                                | Coliform (total) MPN  | Water                | 08/06/26 9:23        | 9223B-QT      | JD/KD          | ND <         | 1.0           | MPN/100 ml   |
| 260806-W-3560                                                | Nitrate-N             | Water                | 08/06/26 10:16       | 300.0         | SG/KD          |              | 17            | ppm          |

Code Description

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

No coliform bacteria was detected.

Nitrate-N level greater than 10 ppm exceeds the infant health advisory.

Susan E. Gossman, Operations Manager

Technical Review

08/07/2026

Date

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