

Recorded: 8/3/2023 at 8:35:12.0 AM
County Recording Fee: \$0.00
Iowa E-Filing Fee: \$0.00
Combined Fee: \$0.00
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2023 PG: 1820

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	Kimberly K. McElree		
Address	3979 Macbride Place Northeast	Solon	Iowa 52333
	Number and Street or RR	City, Town or PO	State Zip

TRANSFeree:

Name	Garrett C. Akins		
Address	20553 249th St.	Manchester	Iowa 52057
	Number and Street or RR	City, Town or PO	State Zip

Address of Property Transferred:

20553 249th St., Manchester, IA 52057

Number and Street or RR	City, Town or PO	State	Zip
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Legal Description of Property: (Attach if necessary)

See Addendum

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:

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

Signature: Scott C. Arbuckle Telephone No.: 319-350-8706
(Transferor or Agent)

Well Location: neighbors

Lot Twenty Three (23) and the Westerly one-half (W 1/2) of Lot Twenty Two (22) and the Easterly one-half (E 1/2) of Lot Twenty Four (24) of Logan's Second Subdivision of Part of the South one-half (S 1/2) of Section Fourteen (14), and Part of the Northeast Quarter (NE 1/4) of Section Twenty Three (23), Township Eighty Eight (88) North, Range Five (5), West of the Fifth Principal Meridian, according to plat recorded in Book 4 Plats, Page 55, and all lake frontage running to the middle of the Maquoketa River bed, with respect to said premises; and Lot Six (6) of Logan's Sixth Subdivision to Delaware County, according to plat recorded in Book 5 Plats, Page 82.



TIME OF TRANSFER INSPECTION TOT# 6291 ROBB HARTER CERT # 9343

Site Information

Parcel Description: **250140402400**

Address: **20553 249th Street, Manchester, IA 52057**

County: **Delaware**

Owner Information

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

Business Name:

Owner Name: **Scott Carbaugh**

Email Address:

Address: **115 C Ave, Atkins, IA 52206**

Phone No:

Site related information

No Of Bedrooms: **2**

Inspection Date: **07/25/2023**

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date: **07/21/2000**

Permit issued by County: **Yes**

Permit Number: **906**

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

County contacted for records: **Yes**

Property Information Comments:

Weekend Cabin

Primary Treatment

Tank

Tank Name: **Tank**

Type: **Septic Tank**

Tank Size (Gal): **1250**

Tank Material: **Concrete**

Tank Corrosion Type: **Slight**

Liquid Level Type: **Normal**

No. of Compartments: **2**

Pump Tank Chamber: **Yes**

Licensed Pumper Name: **Harter**

Date Pumped: **7/25/2023**

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: **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

Label: **Distribution Box**

Material Type: **Concrete**

Accessible: **Yes**

Box Opened: **Yes**

Baffle Present: **No**

Speed Levelers Present: **No**

Watertight: **Yes**

Functioning As Designed: **Yes**

General Distribution System Comments :

Secondary Treatment

ATU

Manufacturer: **Norweco**

Model Number: **960-500GPD**

Serial Number: **07252023**

Maintenance Contract: **No**

Maintenance Provider:

System Hydraulic Loaded: **Yes**

Gallons Loaded: **300**

Discharge At Time of Inspection: **No**

CBOD Results (mg/L):

TSS Results (mg/L):

Disinfection Present: **No**

Disinfection Type:

Tertiary Treatment Present: **Yes**

Tertiary Treatment Type: **Soil
Absorption Field**

Meets Setback to Well: **Yes**

Well Type: **Private**

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

GP4 Permitted:

GP4 Required:

Alarm Present: **Yes**

Alarm Functioning: **Yes**

Outlet Found: **Yes**

Sample Taken: **No**

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: **System in good working condition. Pump tank every 2-3 years.**



TIME OF TRANSFER INSPECTION TOT# 6291 ROBB HARTER CERT # 9343

Owner Name: **Scott Carbaugh**

Address: **20553 249th Street , Manchester , IA 52057**

County: **Delaware**

Inspection Date: **07/25/2023**

Submitted Date: **7/26/2023**

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).











