

Recorded: 5/23/2025 at 9:12:20.0 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: 2025 PG: 1309

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED 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: James Joseph Doyle and Holly Elizabeth Doyle
Address: 26461 215th Ave., Delhi, IA 52223

TRANSFeree:

Name: Joshua Hellman
Address: 2976 125th Ave., Ryan, IA 52330

Address of Property Transferred:
26461 215th Ave., Delhi, Iowa 52223

Legal Description of Property: (Attach if necessary)

Parcel 2020-51, Part Of The SW 1/4 - NE 1/4; In Sec. 25, T88N, R5W Of The Fifth P.M., Delaware County, Iowa, according to plat recorded in Book 2020, Page 1260.

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: _____

Holly Daye
(Transferor)

Telephone No.: (319) 431-6203



IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 15048 BILL DOWNS CERT # 8880

Site Information

Parcel Description: **Jim Doyle**

Address: **26461 215th Ave, Delhi, IA 52223**

County: **Delaware**

Owner Information

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

Business Name:

Owner Name: **Jim Doyle**

Email Address:

Address: **26461 215th Ave, Delhi, IA 52223**

Phone No:

Additional Contact Information

Name

Susie Meyer

Email Address

susie@exitdyersville.com

Affiliate Type

Realtor

Site related information

No Of Bedrooms: **3**

Facility Type: **Residential**

Last Occupied:

Permit issued by County: **Yes**

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

Property Information Comments:

Inspection Date: **04/29/2025**

Currently Occupied: **Yes**

System Installation Date: **10/20/2016**

Permit Number: **2562**

County contacted for records: **Yes**

Primary Treatment

Tank 1

Tank Name: **Tank 1**

Tank Material: **Concrete**

No. of Compartments: **2**

Type: **Septic Tank**

Tank Corrosion Type: **None**

Pump Tank Chamber: **Yes**

Tank Size (Gal): **1250**

Liquid Level Type: **Normal**

Licensed Pumper Name: **Bill Downs**

Date Pumped: **4/29/2025**

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

Other 1

Label: **Other 1**

Tank Comments: **only 1 - 100 foot line right out from septic**

General Distribution System Comments : **Only 1 - 100 foot line right out from septic**

Secondary Treatment

Lateral Field1

Distribution Type: **Header Pipe**

Material Type: **Leaching Chamber**

Trench Width: .

Lines: **1**

Total Length of Absorption Line: **100**

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: **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: **only 1 bathroom home. System working well at time of inspection.**



IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 15048 BILL DOWNS CERT # 8880

Owner Name: Jim Doyle

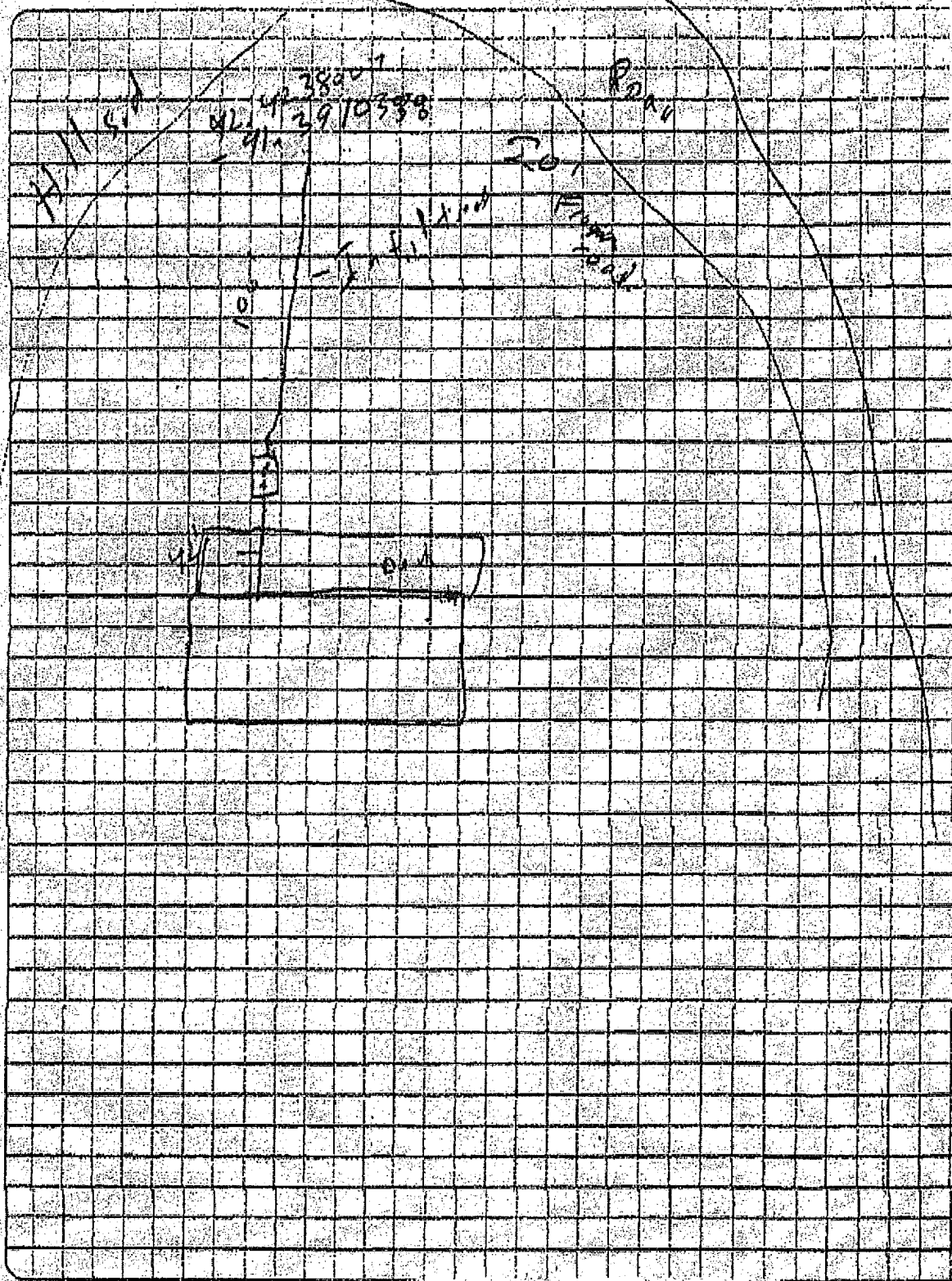
Address: 26461 215th Ave , Delhi , IA 52223

County: Delaware

Inspection Date: 04/29/2025

Submitted Date: 5/1/2025

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).



DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) Permit No. 2562

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 26461 215th Ave Section 25 Township M:10

LOCATION: 250256301520 25-88-3

Owner: James P. C. Tenant: _____ Plumber: Cory Heims

Lot Size: 1.9 Type Commercial: _____ Residential: (No. Bedrooms) _____

Fixtures: Sinks 1 Lavatories _____ Bath Tubs _____ Showers _____ Sinks 1 Automatic Laundry _____ Sump Pump _____

Septic Tank made by Beck's Sewers Garbage Grinder _____ Construction Material C-24 Gallons Cap 1250

Percolation Test: 1 _____ 2 _____ 3 _____ 4 _____ Made by _____

Absorption Field: Total length of laterals 100' No. of lateral lines 10-2

This system is new X Existing _____
Chambers

I certify that the above information is correct and that all proposed work will be completed in accordance with the Delaware County Regulations.

Date Approved 10-20-16

By Dennis Lyons INSPECTOR

SEAL
APPLICANT'S SIGNATURE
[Signature]

DELAWARE COUNTY SANITATION

EnvTrack #

Application #

Permit # 2566

Completion Report for Private Sewage Disposal System

Owner: James P. ...Site Address: 26761 - 21st AveTownship: 17.10Parcel #: 250250301520

Lot #

Legal S-T-R: 25-8B-1Mailing Address: ...Contractor: Co. H. ...Bedroom #: N/A

Water Supply:

Primary Treatment:

Latitude: 42.40558913Longitude: -91.37314605Septic Tank Volume (g): 1250 Manuf: Swale Material: C-4 # Pieces: 1 # Comp: 2Riser Ht Lid 1 (in): 6 Riser Ht Lid 2 (in): 6 Filter Brand: ... Diameter (in): 4 Distance to well (ft): 276

Note: Effluent filter requires frequent cleaning.

Dose Tank Volume (g): Pump or Siphon Dose: Gallons/dose: Riser Ht (in): Alarm:

D-Box: Latitude: N/A - 1 - Line Longitude: Depth: ...Subsurface Absorption Type: Chamber Chamber Manuf: Lineal Ft: 100 # Trenches: 1

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):

*Feet 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: h.e. System installation approved: 7/13Date of Final Inspection: 11-21 Environmental Health Specialist:Scanned ☐ ...

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