



Book 2025 Page 2273

Document 2025 GWH-2273 Type 53 001 Pages 9  
Date 8/25/2025 Time 12:56:25PM  
Rec Amt \$.00

Daneen Schindler, RECORDER/REGISTRAR  
DELAWARE COUNTY IOWA

**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: Tyler J. Smith and Tiffany K. Smith

Address: 1743 Honey Creek Rd., Manchester, IA 52057

**TRANSFeree:**

Name: Austin J. Mensen

Address: 625 6th St., Jessup, IA 50648

Address of Property Transferred:

1743 Honey Creek Rd., Manchester, Iowa 52057

Legal Description of Property: (Attach if necessary)

The West nineteen-fortieths (W 19/40) of the Northeast Quarter (NE1/4) of the Northwest Quarter (NW1/4) of Section Ten (10), Township Eighty nine (89) North, Range Five (5), West of the Fifth P.M. except that part described as commencing at the Southwest corner of said Northeast Quarter (NE1/4) of the Northwest Quarter (NW1/4) and running thence North on the West line of said Northeast Quarter (NE1/4) of the Northwest Quarter (NW1/4) two hundred sixty (260) feet, thence Southeasterly to a point on the South line of said Northeast Quarter (NE1/4) of the Northwest Quarter (NW1/4) that is three hundred forty (340) feet East of the point of beginning, thence West along the South line of said Northeast Quarter (NE1/4) of the Northwest Quarter (NW1/4) three hundred forty (340) feet to the point of beginning, and also except that part of the West nineteen-fortieths (W19/40) of said Northeast Quarter (NE1/4) of the Northwest Quarter (NW1/4) lying South and East of the County Road

**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)**

February 15, 2023

FILE WITH RECORDER

DNR Form 542-0960

- ☒ 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.

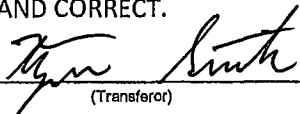
- B. If you checked any box stating "Condition Present" for any of the numbered sections above, continue below. You must complete this form, including providing all required information, and you must submit this form to the county recorder's office with declaration of value.

Information required by statements checked above should be provided here or on separate sheets attached hereto:

(1) Well is located South west of the house. Active - drilled

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

Signature: \_\_\_\_\_

  
(Transferor)

Telephone No.: (563) 920-1907



IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS  
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

## TIME OF TRANSFER INSPECTION TOT# 16323 ROBB HARTER CERT # 9343

### Site Information

Parcel Description: **140100000200**

Address: **1743 Honey Creek Road, Manchester, IA 52057** County: **Delaware**

### Owner Information

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

Business Name:

Owner Name: **Tyler J & Tiffany K Smith**

Email Address:

Address: **1753 210th Ave, Manchester, IA 52057**

Phone No:

### Site related information

No Of Bedrooms: **2**

Facility Type: **Residential**

Last Occupied:

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

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

Property Information Comments:

Inspection Date: **07/03/2025**

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: **7/3/2025**

Meets Setback to Well: **Yes**

Well Type: **Private**

Distance To Well (Ft): **135**

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

**Absorption Bed1**

Distribution Type: **Distribution Box**                      Material Type: **Rock and PVC Pipe**                      Absorption Bed Width: **20**  
Absorption Bed Length: **30**                      Total Absorption Area: **600**                      System Hydraulic Loaded: **Yes**  
Gallons Loaded: **300**                      Meets Setback to Well: **Yes**                      Well Type: **Private**  
Distance To Well (Ft.): **140**                      Absorption Bed Probed: **Yes**                      Saturation or Ponding Present: **No**  
Grass Cover Present: **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 is working properly at the time of inspection. Lids and risers are at ground level. Do not drive or park or build anything over the absorption bed. Recommend pumping every three to four years. System has filter that needs to be cleaned every year.**



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DIRECTOR KAYLA LYON

## TIME OF TRANSFER INSPECTION TOT# 16323 ROBB HARTER CERT # 9343

Owner Name: Tyler J & Tiffany K Smith

Address: 1743 Honey Creek Road , Manchester , IA 52057

County: Delaware

Inspection Date: 07/03/2025

Submitted Date: 7/7/2025

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).

