Recorded: 9/16/2026 at 9:20:33.0 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: 2711

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	Gregory E. Greve and Teresa J. Greve			
Address	2151 110th Ave	Masonville	IA	50654
	Number and Street or RR	City, Town or PO	State	Zip

TRANSFEREE:

Name	Shannon L. Lytle			
Address	805 Charles Street	Masonville	IA	50654
	Number and Street or RR	City, Town or PO	State	Zip

Address of Property Transferred:

2151 110th Ave	Masonville	Iowa	50654
Number and Street or RR	City, Town or PO	State	Zip

Legal Description of Property: (Attach if necessary)

One (1) acre in square form in the Northeast corner of the Northeast Quarter (NE¼) of the Southeast Quarter (SE¼) of Section Thirty One (31), Township Eighty Nine (89) North, Range Six (6), West of the Fifth P.M., according to retracement plat recorded in Book 2021, Page 3895.

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 <u>any</u> box stating "Condition Present" for <u>any</u> 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:

92 feet towards the garage from the septic

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

Signature: Teresa J. Drew Telephone No.: 563-920-4809

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a. Solid Waste Disposal (check one)

☐ There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.

☐ There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.

b. Hazardous Wastes (check one)

☐ There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.

☐ There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.

Further descriptive information:

_____

_____

_____

_____

_____

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

Signature: Teresa J Steve Telephone No.: 563-920-4809

IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 23336 ROBB HARTER CERT # 9343

Site Information

Parcel Description: **110310001200**

Address: **2151 110th Ave, Masonville, IA 50654** County: **Delaware**

Owner Information

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

Business Name:

Owner Name: **Gregory E & Teresa J Greve,**

Email Address: **teresagreve11@gmail.com**

Address: **2151 110th Ave, Masonville, IA 50654**

Phone No:

Site related information

No Of Bedrooms: **3**

Inspection Date: **09/11/2026**

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date:

Permit issued by County: **Yes**

Permit Number: **2677**

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: **Plastic**

Tank Corrosion Type: **None**

Liquid Level Type: **Normal**

No. of Compartments: **2**

Pump Tank Chamber: **Yes**

Licensed Pumper Name: **Harter Custom Pumping**

Date Pumped: **9/11/2026**

Meets Setback to Well: **Yes**

Well Type: **Private**

Distance To Well (Ft.): **93**

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: **Premier tech peat system**

General Distribution System Comments :

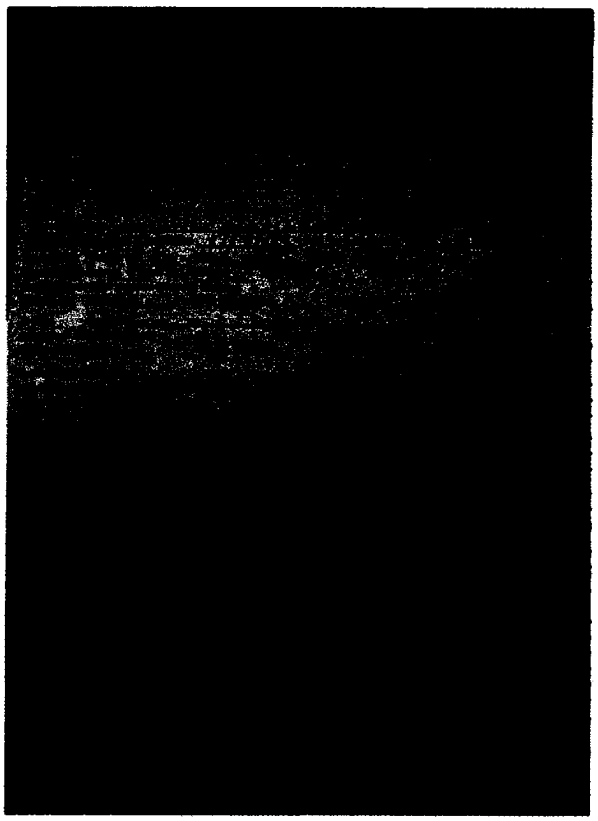
Secondary Treatment

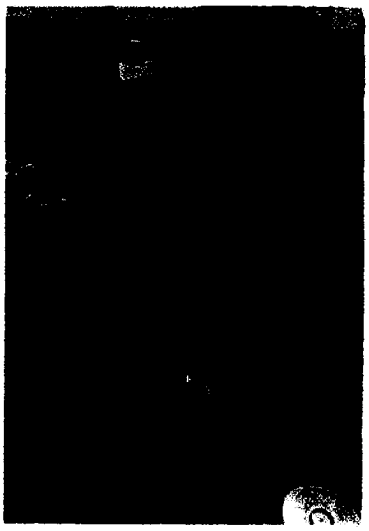
Secondary Treatment: **No**

General Secondary Treatment Comments:

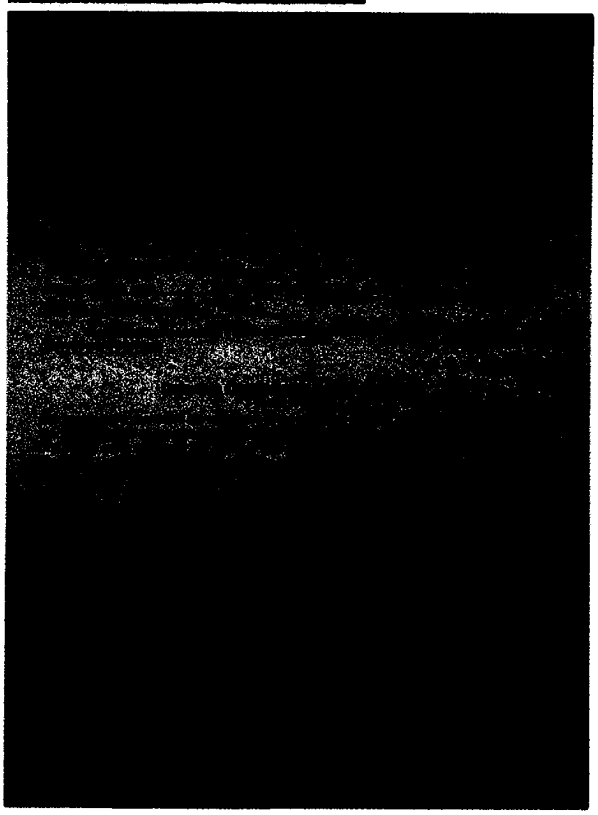
Narrative Report

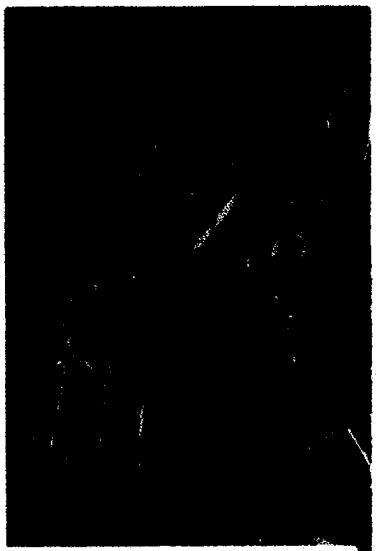
TOT Inspection Report Overall Narrative Comments: **Everything was in working con. System has a filter in the south lid that needs to be cleaned one time per year. This system needs a maintenance agreement. Harter supplies this service. The current maintenance agreement will expire one year from the date of inspection on 09/11/27. This system must be pumped every two years. Do not park, plant or drive in the area of the septic system. This inspection in no way makes Harter Custom Pumping responsible for the continued operation of this septic system.**



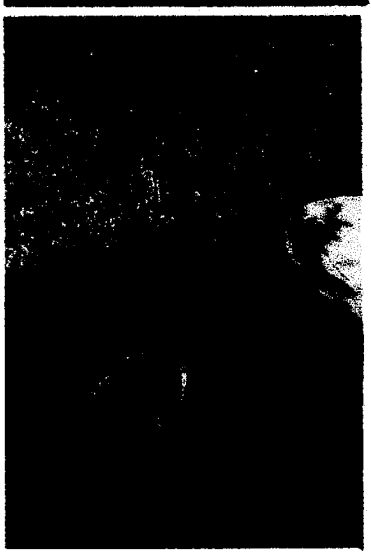


well to tank 92 ft

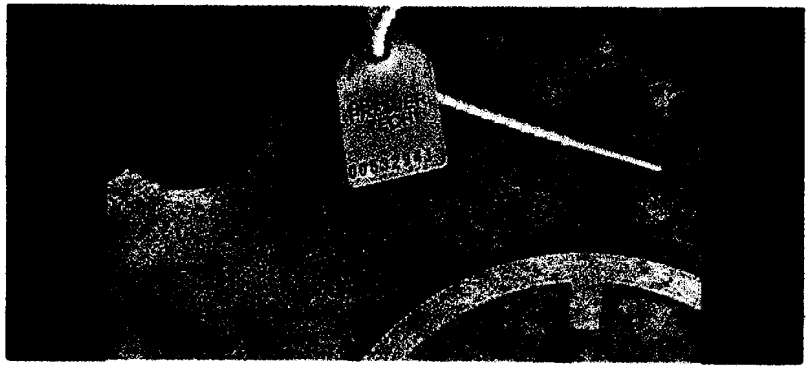


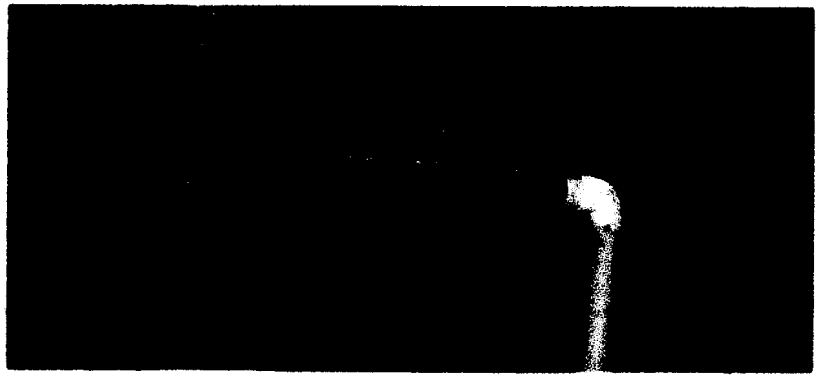


Premiere, tech, it goes to surface system needs to be maintained and tested once a year

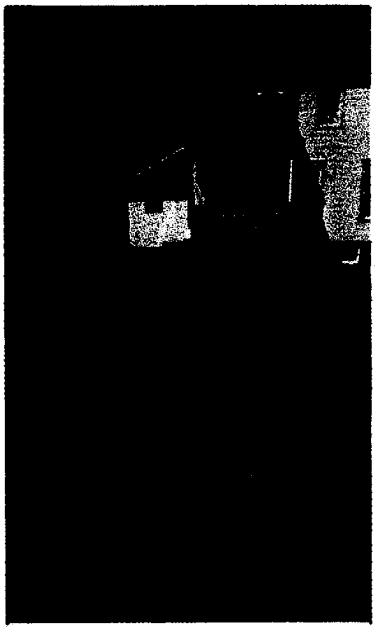


System has filter in south lid that needs to be cleaned once a year

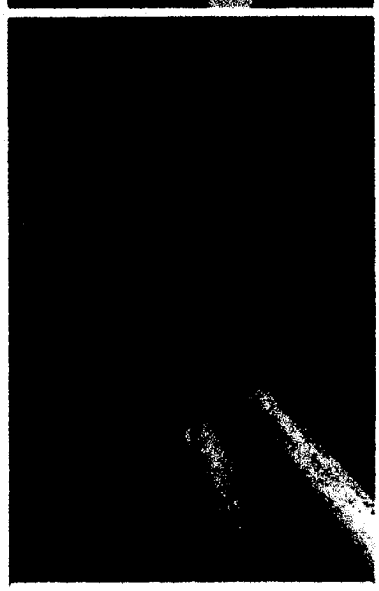




Documents

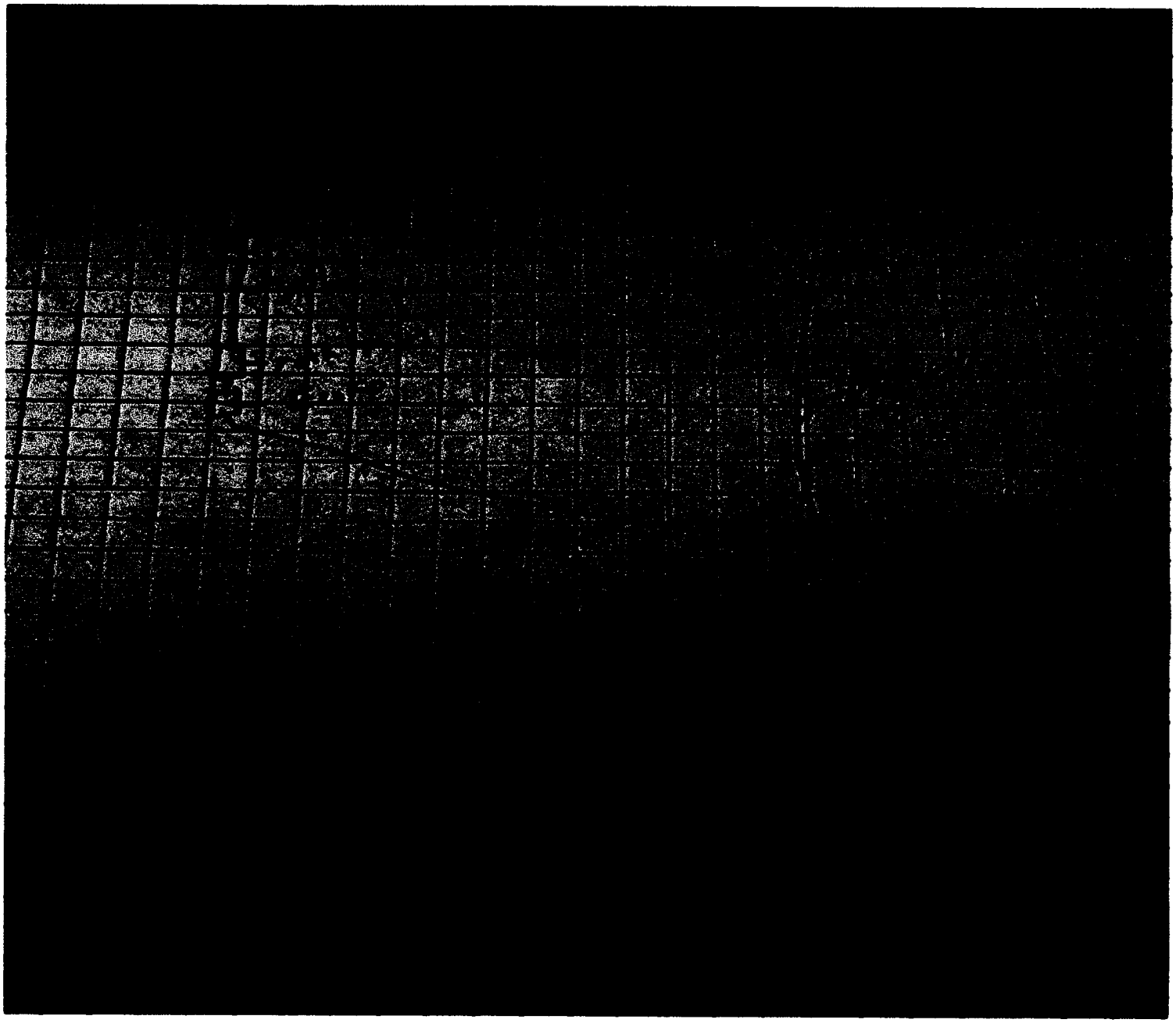


System was pumped and inspected 9 11 26



1500 gallon two compartment

As-built Diagrams



IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 23336 ROBB HARTER CERT # 9343

Owner Name:	**Gregory E & Teresa J Greve,**		
Address:	**2151 110th Ave , Masonville , IA 50654**		
County:	**Delaware**		
Inspection Date:	**09/11/2026**	Submitted Date:	**9/11/2026**

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).

WASTEWATER ANALYSIS REPORT

CITY OF DUBUQUE ENVIRONMENTAL MONITORING LABORATORY — **IOWA LAB #014**

OWNER OF SUPPLY: Greg Greve **PHONE:** 563-920-4809

ADDRESS: 2151 110 Ave **EMAIL:**

REPORT TO: Robb Harter **PHONE:** 563-542-1010

ADDRESS: 3031 160 St Dyersville 52040 **EMAIL:** HARTERS@Yousq.net

SAMPLE COLLECTOR NAME (please print): Robb Harter

SAMPLE DATE/TIME: 9-10-26 (month/day/year) 7:20AM (time) **SUBMISSION DATE/TIME:** 9-10-26 (month/day/year) 8:46 AM (time)

RELINQUISHED BY (Print Name) Robb Harter **SIGNATURE:**

SAMPLE RECEIVED BY: L-- **SAMPLE TEMPERATURE (upon receipt):** 20.6

SPECIAL INSTRUCTIONS: Call Robb 542-1010 **COOLING STARTED:** [X]

ANALYSES REQUESTED ↓	COLLECTION POINT: DS Chaag	COLLECTION POINT:	COLLECTION POINT:
$CBOD_5$ [SM 5210 B] mg/L Date Analyzed: 9/15/26	X 12 Tech MT	Tech ____	Tech ____
TSS [SM 2540 D] mg/L Date Analyzed: 9/10	X 6.0 Tech LM	Tech ____	Tech ____
pH [SM 4500-H+ B] SU Date Analyzed:	Tech ____	Tech ____	Tech ____
AMMONIA [SM 4500-NH3 E (18) (TITRATION)] mg/L Date Analyzed:	Tech ____	Tech ____	Tech ____
E. COLI. [SM 9223B-QT] MPN/100mL (1:10) Date Analyzed: 9-10-26	X >24,196 Tech in L-- Tech out MH Time in 0910 Time out 0940	Sampled in not Sterile Bottle. Lmm Tech in ____ Tech out ____ Time in ____ Time out ____	Disqualified Sample Tech in ____ Tech out ____ Time in ____ Time out ____
OTHER: Date Analyzed:	Tech ____	Tech ____	Tech ____
OTHER: Date Analyzed:	Tech ____	Tech ____	Tech ____

TOTAL CHARGE $ 85- **EMS #** 34173

THIS IS NOT A BILL – INVOICE WILL BE SENT

< MEANS LESS THAN
Tech____ = TECHNICIAN INITIALS
CBOD = CARBONACEOUS BIOCHEMICAL OXYGEN DEMAND
TSS = TOTAL SUSPENDED SOLIDS
CFU = COLONY FORMING UNITS
MPN = MOST PROBABLE NUMBER
SU = STANDARD UNITS