



Document 2026 GW2739

Book 2026 Page 2739 Pages 11  
 Date 9/14/2026 Time 12:26:38PM  
 Rec Amt \$.00

BRANDY MACUMBER, COUNTY RECORDER  
 MADISON COUNTY IOWA

**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 Mitchell L. Johnson Trust and Anne E. Johnson Trust

Address 3237 Valleyview Avenue, Truro, IA 50257

Number and Street or RR

City, Town or PO

State

Zip

**TRANSFeree:**

Name Lucas F. Northway

Address 3229 305th Lane, Truro, IA 50257

Number and Street or RR

City, Town or PO

State

Zip

Address of Property Transferred:

3229 305th Lane, Truro, IA 50257

Number and Street or RR

City, Town or PO

State

Zip

Legal Description of Property: (Attach if necessary)

See Addendum 1.

**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:

One (1) active well is located approximately six (6) to eight (8) feet southeast of the corner of the dwelling house under the deck.

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

Signature:

*Mitchell Johnson, Trustee*

(Transferor or Agent)

dotloop verified  
08/26/26 8:24 AM  
CDT  
CPEJ-1J18-XD11-W55K

Telephone No.:

563-505-0990

## **Addendum 1**

### **Legal Description of Property Conveyed:**

A parcel of land located in the South Half ( $\frac{1}{2}$ ) of the Northwest Quarter ( $\frac{1}{4}$ ) of Section Fourteen (14), Township Seventy-four (74) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing 5.357 acres, as shown in Plat of Survey filed in Farm Plat Book 1, Page 268 on November 6, 1979, in the Office of the Recorder of Madison County, Iowa.

# RECEIVED

|                                                                                                                       |                                                    |                                   |                        |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------|------------------------|
| Collection Location<br>sample tap @ p tank                                                                            | Collector and Phone<br>feick logan<br>515/537-5074 | Client Reference<br>mitch johnson | Accession #<br>2939371 |
| TRURO, IA                                                                                                             | Collected<br>2026-08-19 19:48                      | Received<br>2026-08-20 09:20      | Project                |
| Report To<br><br>TOM THORPE<br>THORPE WATER DEVELOPMENT COMPANY<br>1485 NE 70TH AVE<br>PO BOX 555<br>ANKENY, IA 50021 | Sample Description<br>drinking water               |                                   |                        |
|                                                                                                                       | Sample Type<br>Drinking Water                      |                                   |                        |
|                                                                                                                       | Sample Source                                      |                                   |                        |
|                                                                                                                       | Sample Note(s)<br>1                                |                                   |                        |

## RESULTS OF ANALYSIS - FINAL REPORT

| TEST                                          | RESULT (/100 mL)         | ANALYSIS NOTE(S) |
|-----------------------------------------------|--------------------------|------------------|
| Total Coliform and E.coli Bacteria, SM 9223 B |                          | 2                |
| Total Coliform Bacteria                       | Absent, Bacterially Safe |                  |
| E.coli                                        | Absent                   |                  |

| TEST                    | RESULT (mg/L) | QUANT LIMIT | MCL | ANALYSIS NOTE(S) |
|-------------------------|---------------|-------------|-----|------------------|
| Nitrate as N, EPA 300.0 |               |             |     | 3                |
| Nitrate nitrogen as N   | 6.2           | 0.05        | 10  |                  |

## SAMPLE AND ANALYSIS NOTES

1. Unless otherwise noted, the sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

Units provided for the Result of each test also apply to all numerical fields reported with said result unless otherwise noted.

2. If the total coliform bacteria and E.coli test results are "Absent" or "<1", these results are satisfactory and the water is bacterially safe for drinking purposes. If the total coliform bacteria test is "Present" or number is greater than or equal to 1 (e.g. 1, 20.7, 50.4, >2419.6, etc), this result is UNSATISFACTORY and indicates the water is bacterially UNSAFE and should NOT be used for drinking unless properly disinfected before use (e.g. boiling for one minute). In addition, if the E.coli bacteria test result is also "Present" or number is greater than or equal to 1, this result indicates the water may be contaminated by human or animal sewage. E.coli presence indicates that the water may be contaminated with microorganisms that CAN cause disease and thus, represents a serious health concern. Contact your local county health department or SHL's web site (<https://shl.uiowa.edu/environmental-testing/private-well-water>) for information and guidance to help correct your water quality problem.

3. The MCL (maximum contaminant level) is only applicable to compliance monitoring samples under the Safe Drinking Water Act (SDWA).

## ANALYSIS INFORMATION

| TEST                                             | ANALYZED             | SITE | RELEASED             | ANALYSIS PREP |
|--------------------------------------------------|----------------------|------|----------------------|---------------|
| 1. Total Coliform and E.coli Bacteria, SM 9223 B | 2026-08-20 12:54 DMJ | 3201 | 2026-08-21 10:34 KAR |               |
| 2. Nitrate as N, EPA 300.0                       | 2026-08-20 13:34 MGB | 3201 | 2026-08-21 10:10 JAE |               |

## DESCRIPTION OF UNITS

/100 mL = Number per 100 Milliliters  
mg/L = Milligrams per Liter

# RECEIVED

**IOWA** | STATE HYGIENIC  
LABORATORY

AUG 21 2026

ANALYTICAL REPORT

1-800-421-IOWA (4692)

| Collection Location | Collector   | Client Reference | Accession # |
|---------------------|-------------|------------------|-------------|
| sample tap @ p tank | feick logan | mitch johnson    | 2939371     |

## SITE(S) PERFORMING TESTING

3201 STATE HYGIENIC LAB AT THE UNIV. OF IOWA, IOWA LABORATORIES COMPLEX, 2220 S ANKENY BLVD, ANKENY, IA 50023; Phone 515/725-1600; Fax 515/725-1642; Report Authorized By: Dustin M. May, Ph.D., Associate Director; Michael A. Pentella, Ph.D., D(ABMM), Director; IOWA ENVIRONMENTAL LAB ID #397; CLIA ID Number 16D0709302

The result(s) of this report relate only to the items analyzed. Where the laboratory has not been responsible for the sampling stage the results apply only to the sample as received. This report shall not be reproduced except in full without the written approval of the laboratory. If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500.

**TIME OF TRANSFER INSPECTION TOT# 22707 MIKE HARKIN CERT # 9450**

Site Information

Parcel Description: **770161448020000**

Address: **3229 305th Ln, Truro, IA 50273**

County: **Iowa**

Owner Information

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

Business Name:

Owner Name: **Mitchell Johnson**

Email Address: **mitch@jcwihomes.com**

Address: **3229 305th Ln, Truro, IA 50273**

Phone No: **515-205-9810**

Additional Contact Information

Name

**Michelle Flatt**

Email Address

**michelleflatt@c21sre.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:

**All plumbing fixtures appear to go into the septic system**

**Zip code is 50257**

Inspection Date: **08/07/2026**

Currently Occupied: **N/A**

System Installation Date:

Permit Number:

County contacted for records: **Yes**

Primary Treatment

**Tank 1**

Tank Name: **Tank 1**

Tank Material: **Plastic**

No. of Compartments: **2**

Type: **Septic Tank**

Tank Corrosion Type: **None**

Pump Tank Chamber: **No**

Tank Size (Gal): **1250**

Liquid Level Type: **Normal**

Licensed Pumper Name: **Wiegert**

Date Pumped: **8/7/2026**

Meets Setback to Well: **N/A**

Well Type:

Distance To Well (Ft.):

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: **Plastic 1250 ak septic tank with baffles**

General Primary Treatment Comments:

**Septic tank was functioning as designed**

#### Distribution Type

##### Distribution Box 1

Label: **Distribution Box 1**

Material Type: **Plastic**

Accessible: **Yes**

Box Opened: **Yes**

Baffle Present: **Yes**

Speed Levelers Present: **Yes**

Watertight: **Yes**

Functioning As Designed: **Yes**

General Distribution System Comments : **Plastic distribution box with baffle and speed levelers was in good working condition**

#### Secondary Treatment

##### Lateral Field1

Distribution Type: **Distribution Box**

Material Type: **Leaching Chamber**

Trench Width: **24**

Lines: **4**

Total Length of Absorption Line: **400**

System Hydraulic Loaded: **Yes**

Gallons Loaded: **250**

Meets Setback to Well: **N/A**

Well Type:

Distance To Well (Ft.):

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: **All laterals took water at time of inspection**

General Secondary Treatment Comments: **Probed laterals and they were dry,no ponding present**

#### Narrative Report

TOT Inspection Report Overall Narrative Comments: **Septic system was functioning as designed at time of inspection,this is not a guarantee for future operations**



GOVERNOR KIM REYNOLDS  
LT. GOVERNOR CHRIS COURNOYER  
DIRECTOR KAYLA LYON

## TIME OF TRANSFER INSPECTION TOT# 22707 MIKE HARKIN CERT # 9450

Owner Name: Mitchell Johnson

Address: 3229 305th Ln , Truro , IA 50273

County: Iowa

Inspection Date: 08/07/2026

Submitted Date: 8/10/2026

130-03 Fenimore Inspection 11/10/03



