Recorded: 8/14/2026 at 2:37:45.0 PM
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: 2400

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	Wesley D. Schulte and Jamie K. Schulte			
Address	19166 Goodland Drive	Manchester	IA	52057
	Number and Street or RR	City, Town or PO	State	Zip

TRANSFEREE:

Name	Joshua A. Woodland and Jeanna K. Woodland			
Address	2208 Jefferson Road	Manchester	IA	52057
	Number and Street or RR	City, Town or PO	State	Zip

Address of Property Transferred:

19166 Goodland Drive	Manchester	Iowa	52057
Number and Street or RR	City, Town or PO	State	Zip

Legal Description of Property: (Attach if necessary)

Lot Twelve (12) of Oak Valley Subdivision being a subdivision of Parcel 'J' in Section 19, Township 89 North, Range 5 West of the Fifth Principal Meridian and of Parcel 'D' in Section 24, Township 89 North, Range 6 West of the Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 2009, Page 2567, now known as Lot Twelve (12) of 'Oak Valley Subdivision' A Subdivision of Parcel 'J' Being Part Of The Fractional Northwest Quarter Of The Northwest Quarter (Frl. NW¼-NW¼) And Part Of The Fractional Southwest Quarter Of The Northwest Quarter (Frl.SW¼-NW¼) Of Section 19, Township 89 North, Range 5 West Of The 5th P.M.; And A Subdivision Of Parcel 'D' Being Part Of The Northeast Quarter Of The Northeast Quarter (NE¼-NE¼) Of Section 24, Township 89 North, Range 6 West of the 5th P.M.; All In Delaware County, Iowa, according to Amended Final Plat recorded in Book 2020, Page 3080.

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: _____ Telephone No.: 563-608-1831

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: _____ Telephone No.: _____

IOWA DNR

IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 22787 LUKE OGDEN CERT # 6715

Site Information

Parcel Description: **130240001812**

Address: **19166 Goodland Dr, Manchester, IA 52057** County: **Delaware**

Owner Information

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

Business Name:

Owner Name: **Wesley & Jamie Schulte**

Email Address:

Address: **19166 Goodland Dr, Manchester, IA 52057**

Phone No: **563-608-1831**

Site related information

No Of Bedrooms: **5**

Facility Type: **Residential**

Last Occupied:

Permit issued by County: **Yes**

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

Property Information Comments:

Inspection Date: **08/13/2026**

Currently Occupied: **Yes**

System Installation Date: **08/13/2026**

Permit Number: **2765**

County contacted for records: **Yes**

Primary Treatment

Tank 1

Tank Name: **Tank 1**

Tank Material: **Concrete**

No. of Compartments: **2**

Date Pumped: **8/13/2026**

Distance To Well (Ft.): **100'**

Risers Intact: **Yes**

Type: **Septic Tank**

Tank Corrosion Type: **Slight**

Pump Tank Chamber: **No**

Meets Setback to Well: **Yes**

Is Accessible: **Yes**

Effluent Filter Present: **Yes**

Tank Size (Gal): **1500**

Liquid Level Type: **Normal**

Licensed Pumper Name: **st-49**

Well Type: **Private**

Lid Intact: **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 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 : **Top of distribution box is 18" from top of ground.**

Secondary Treatment

Lateral Field1

Distribution Type: **Distribution Box**
Material Type: **Rock and PVC Pipe**
Trench Width: **36**
Lines: **4**
Total Length of Absorption Line: **400**
System Hydraulic Loaded: **Yes**
Gallons Loaded: **250**
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: **Yes**
System Located on Owner Property: **Yes**
Easement Present: **N/A**
Functioning as Designed: **Yes**
Comments: **Leach field 4-100' lines 36" wide with approximately 18" of cover.**

General Secondary Treatment Comments:

Narrative Report

TOT Inspection Report Overall Narrative Comments: **Based on what we were able to observe and our experience with on-site wastewater technology, we submit this sanitary sewage disposal system inspection report based on the present condition of the on-site sewage disposal system. Oasis Well & Pump, LLC has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future. Because of numerous factors (usage, soil characteristics, previous failures, etc.) which effect the proper operation of a septic system as well as the inability of our Company to supervise or monitor the use or maintenance of the system, this report shall not be constructed as a warranty by our Company that the system will function properly for any particular buyer. Oasis Well & Pump, LLC DISCLAIMS ANY WARRANTY, either expressed or implied, arising from the inspection of the septic system or this report. We are also not ascertaining the impact the system is having on the ground water.**

IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER
DIRECTOR KAYLA LYON

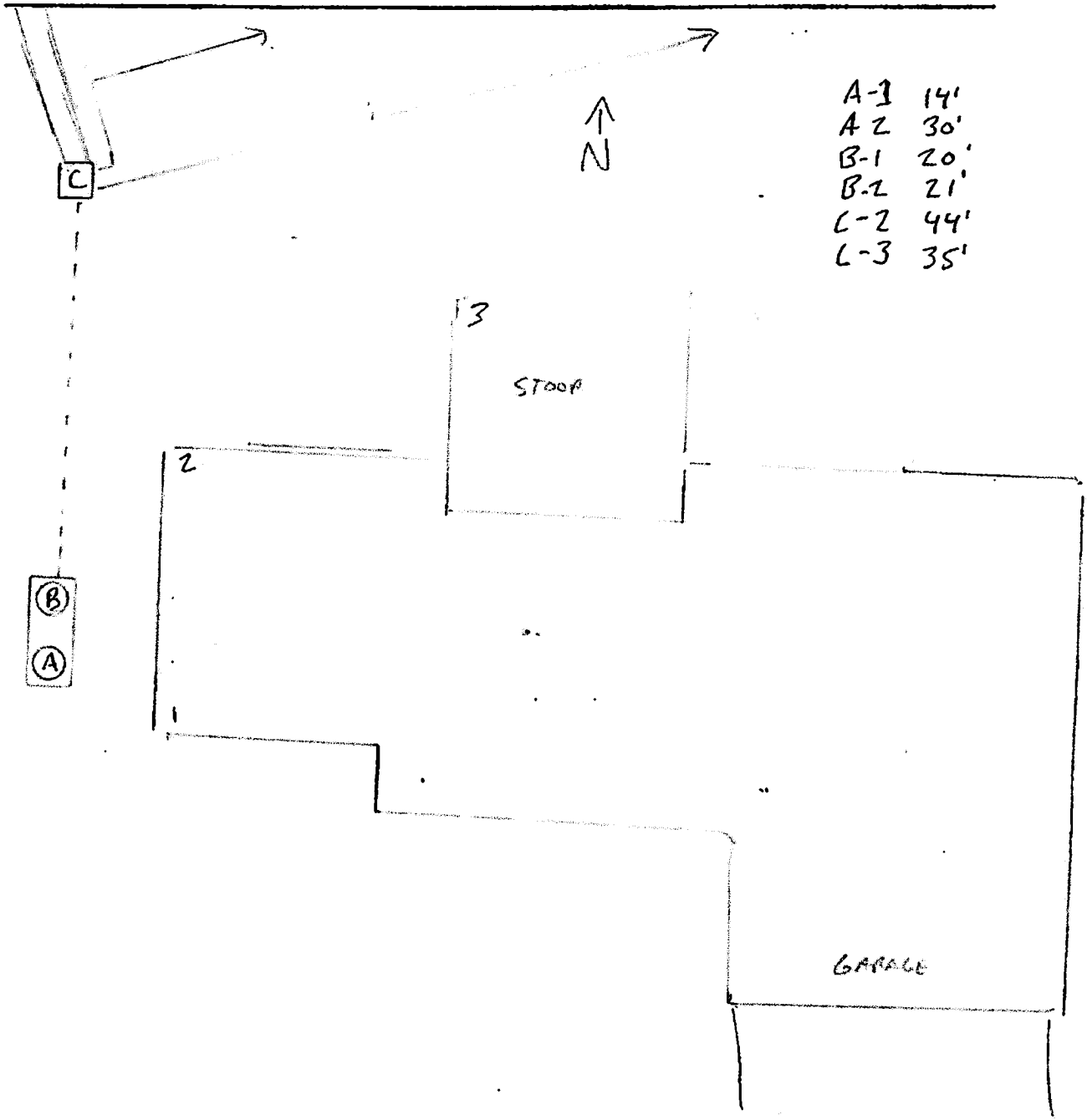
TIME OF TRANSFER INSPECTION TOT# 22787 LUKE OGDEN CERT # 6715

Owner Name:	**Wesley & Jamie Schulte**		
Address:	**19166 Goodland Dr , Manchester , IA 52057**		
County:	**Delaware**		
Inspection Date:	**08/13/2026**	Submitted Date:	**8/13/2026**

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).

OASIS
WELL & PUMP
1332 N. Franklin, Manchester, Iowa 52057
563-927-6503
www.oasiswell.com

OWNER: WES SCHULTE **DATE:** 8/13/26
SITE ADDRESS: 19166 GOODLAND DR **TOWN/COUNTY:** MANCHESTER / DELAWARE
GPS: Long: Lat:
TANK SIZE: 1500 GAL Plastic **OR** (Concrete) **D-BOX:** (2) or 3 **OUTLETS USED:** 4
SECONDARY TREATMENT: 400' x 3' ROCK & PIPE



DELAWARE COUNTY

BOARD OF SUPERVISORS

PERMIT NO. 2765

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS 19166 Goodland Dr. Manchester SECTION 24 TOWNSHIP C. Grove

LOCATION QT____ QT____ SEC 24 T 89 N R 6 W Parcel# ✓ 130240001812

Owner Wes Schulte Plumber Oasis

Lot size 1.84 Type Commercial____ Residential (No. Bedrooms) 4

Fixtures: Stools 4 Bath tubs____ Showers 3 Sinks 5 Automatic Laundry 1 Lift Pump____

Septic tank made by Sewalo Construction Material Cmtk Gallon Cap. 1500 Garbage disposal —

Absorption Field: Total length of Laterals 400 No. of lateral lines 4 Size of leach bed____

Trench Material rock-pipe Secondary Treatment Type____

This system is new construction X Existing____

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

Delaware County Septic System Disclaimer

The issuance of a permit and the completion of the inspection required by Delaware County Ordinance No. 40 do not serve as any type of warranty, guarantee, or certification regarding the proper functioning of a private septic system for any period of time in the future. Delaware County and its employees or agents are unable to supervise or monitor the numerous factors (usage, soil characteristics, previous failures, etc.) that may affect the proper operation or the use and maintenance of the system.

The issuance of a permit and/or the completion of the inspection do not constitute any type of warranty, guarantee, or certification regarding the impact the system is or is not having on the groundwater. Delaware County and its employees or agents are not able to determine the impact a septic system is having on the groundwater.

Delaware County hereby **DISCLAIMS ALL WARRANTIES**, either expressed or implied, associated with this permit and the inspection required under Ordinance No. 40.

By signing below, I acknowledge that I have received and read the above disclaimer.

Name _____ Date_____

Applicant

I have studied the information contained herein and certify that the application complies with Delaware County Ordinance No. 40 and Iowa Administrative Code 567—69, Private Sewage Disposal Systems.

Name Dennis Lyon Date 9/24-18

Delaware County Representative

DELAWARE COUNTY SANITATION

Application # _____ EnvTrack # _____ Permit # 2765

Completion Report for Private Sewage Disposal System

Owner: Wm Schultz

Site Address: 19166 Goodland Av. Township: C. G.

Parcel #: 13024 000 1812 Lot # _____ Legal S-T-R 24-89-6

Mailing Address: _____

Contractor: Oasis Bedroom #: 4

Water Supply: Shared

Primary Treatment: Latitude: 42.51117 Longitude: -91.49126

Septic Tank Volume (g): 1500 Manuf: Swab Material: Conc # Pieces: 1 # Cmp: 2

Riser Ht Lid 1 (in): 6" Riser Ht Lid 2 (in): 6" Filter Brand: Polylok Diameter (in): ____ Distance to well (ft): ____

Note: Effluent filter requires frequent cleaning.

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

D-Box: Latitude: 42.51131 Longitude: -91.49112 Depth: ____

Subsurface Absorption Type: _____ Chamber Manuf: _____ Lineal Ft: 400 # Trenches: 4

Inches rock under pipe: 10" Trench Depth (in): 24" Trench width (in): 36" Distance to well (ft): >100

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): _____

*Peat 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.

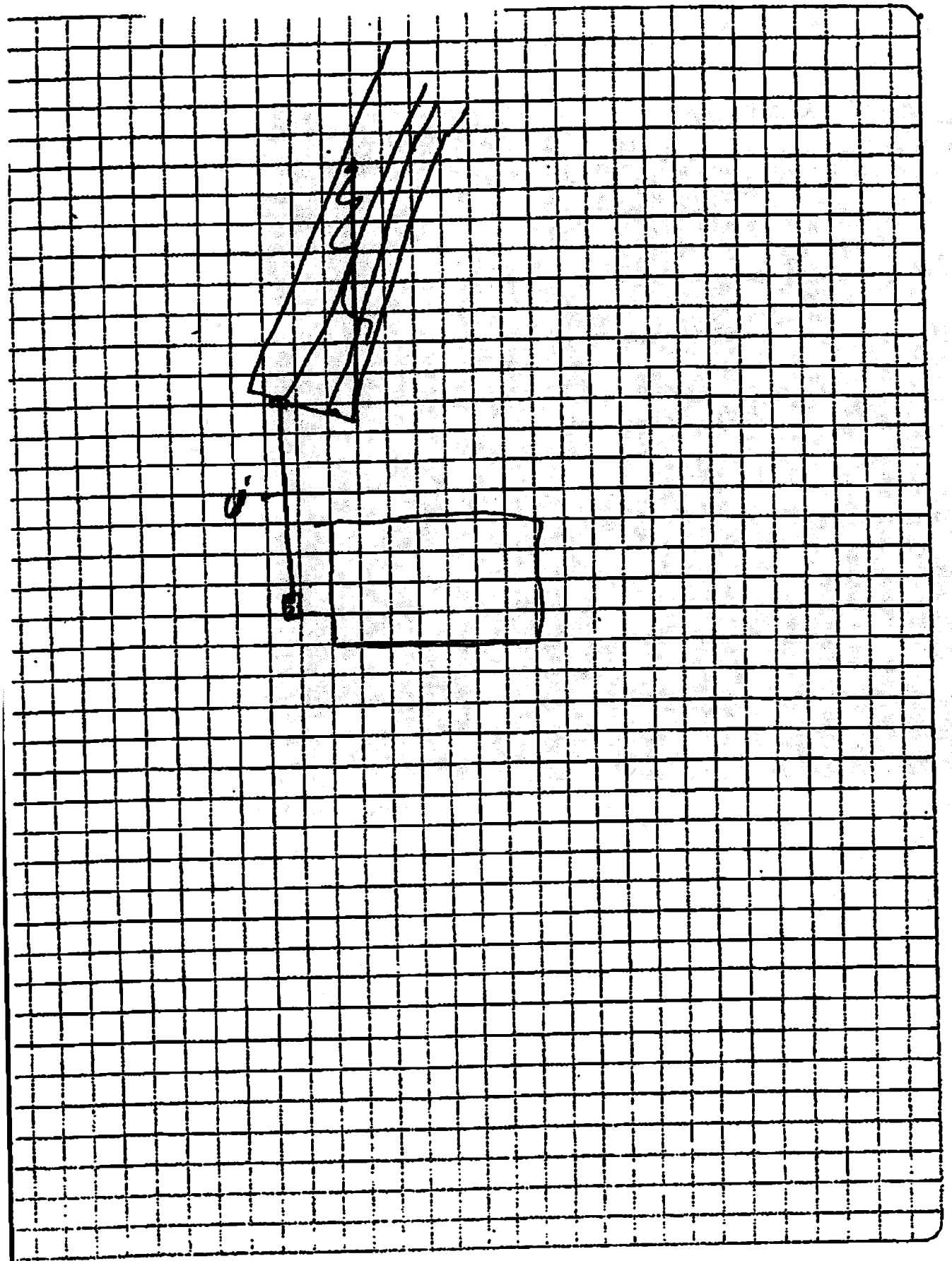
Comments: Effluent filter requires frequent cleaning.

Was any portion of the field covered before the inspection: yes System installation approved: no

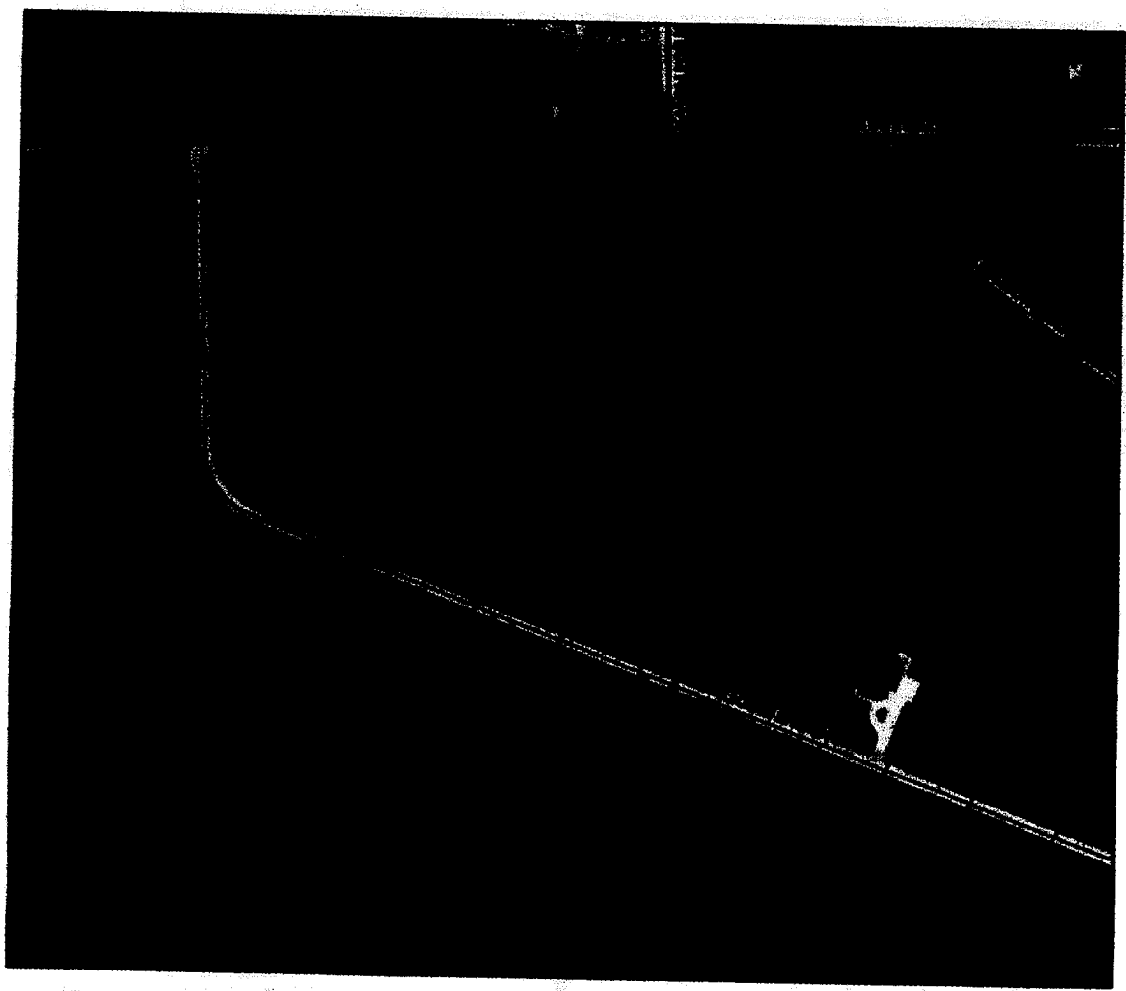
Date of Final Inspection: 9-24 Environmental Health Specialist: Dennis Lyon

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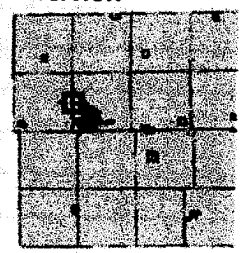
This APPROVAL in no way makes the County responsible for the continued operation of this sanitation system



Beacon™ Delaware County, IA



Overview



Legend

- Corporate Limits
- Political Township

Parcels

- BLL
- Parcel
- Roads

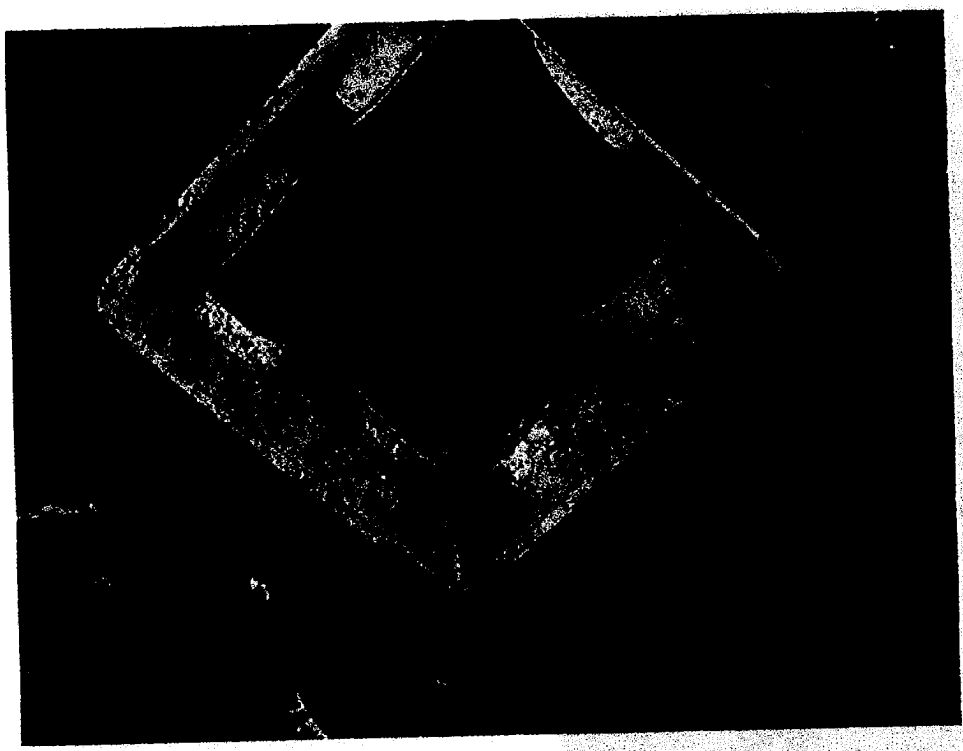
Parcel ID	130240001812	**Alternate ID**	n/a	**Owner Address**	Schulte, Wesley D & Jamie K
Sec/Twp/Rng	24-89-6	**Class**	R		17080 185th St
Property Address	19166 GOODLAND DR MANCHESTER	**Acreage**	1.84		Manchester, IA 52057
District	COFFINS GROVE WEST DELAWARE FD#7				
Brief Tax Description	LT 12 OAK VALLEY SUB (Note: Not to be used on legal documents)				

Disclaimer: The information in this web site represents current data from a working file which is updated continuously. Information is believed reliable, but its accuracy cannot be guaranteed. No warranty, express or implied, is provided for the data herin, or its use. Special assessments not shown.

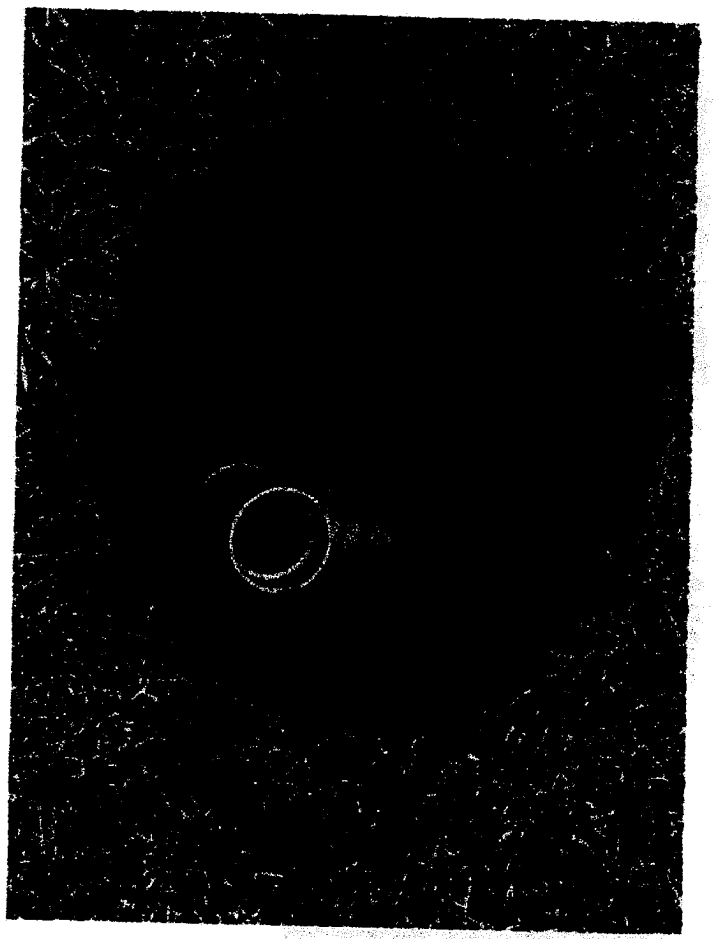
Date created: 9/18/2018
Last Data Uploaded: 9/18/2018 3:55:17 AM

Developed by Schneider GEOSPATIAL

600 gal. Tank
4 - 100 F. Lines







OASIS WELL & PUMP
1332 N. Franklin, Manchester, Iowa 52057
563-927-6503
www.oasiswell.com

August 13, 2026

SEPTIC INSPECTION
Wesley & Jamie Schulte
19166 Goodland Dr.
Manchester, IA 52057

Septic inspection was completed at 19166 Goodland Dr. Manchester, IA. Septic system was installed 9/24/2018, permit #2765. Home consists of 5 bedrooms, 3.5 bathrooms. Water softener in home discharges into the septic system. There is a lift station in the basement of the home. Septic system was hydraulic loaded and septic filter was cleaned at the time of inspection. Septic tank was pumped. The septic system at the above address is in working order at the time of inspection.

Please contact Luke with any questions at (563) 927-6503 or (563) 920-5148.

Company Disclaimer
Based on what we were able to observe and our experience with on-site wastewater technology, we submit this sanitary sewage disposal system inspection report based on the present condition of the on-site sewage disposal system. Oasis Well & Pump, LLC has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future. Because of numerous factors (usage, soil characteristics, previous failures, etc.) which effect the proper operation of a septic system as well as the inability of our Company to supervise or monitor the use or maintenance of the system, this report shall not be constructed as a warranty by our Company that the system will function properly for any particular buyer. Oasis Well & Pump, LLC DISCLAIMS ANY WARRANTY, either expressed or implied, arising from the inspection of the septic system or this report. We are also not ascertaining the impact the system is having on the ground water.

I have studied the information contained herein and that my assessment is honest, thorough, and, to the best of my ability correct.

Certified by Luke Ogden #6715

Owner: Wesley & Jamie Schulte 19166 Goodland Dr. Manchester, IA 52057