Document 2026 GW3339
Book 2026 Page 3339 Pages 10
Date 11/09/2026 Time 11:51:06AM
Rec Amt $.00

BRANDY MACUMBER. COUNTY RECORDER
MADISON 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: Garrett L. Tyler and Gracen E. Schrodt
Address: 2889 235th St, Saint Charles, IA 50240
Number and Street or RR, City, Town or P.O., State Zip

TRANSFEREE:
Name: Alivia Lincoln and Carson Short
Address: 2889 235th St, Saint Charles, IA 50240
Number and Street or RR, City, Town or P.O., State Zip

Address of Property Transferred:
2889 235th St, Saint Charles, IA 50240
Number and Street or RR, City, Town or P.O., State Zip

Legal Description of Property: (Attach if necessary)
See attached

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:

Well located on West side of property near shop structure. Not operational.

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

Signature: [signature] (Transferor) [signature] Telephone No.: 515-468-5038

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: Jean Schott Jeannette Zyla (Transferor) Telephone No.: 515-461-5038

LEGAL DESCRIPTION

A tract of land located in the Southeast Quarter (¼) of the Northeast Quarter (¼) of Section Seven (7), in Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, more particularly described as follows, to-wit: Commencing on the quarter section line at a point 1805 feet East of the Southwest Corner of the Northeast Quarter (¼) of said Section Seven (7), running thence North 201 feet, thence Westerly 149 feet, thence North 243 feet 4 inches, thence Easterly 384 feet, thence South 435 feet 3 inches to the South line of said quarter section, thence Westerly along said quarter section line to the point of beginning, containing 3.15 acres, more or less.

IOWA DNR

IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 14053 MIKE HARKIN CERT # 9450

Site Information

Parcel Description: **510090728020000**

Address: **2889-235th st, St. Charles, IA 50061** County: **Madison**

Owner Information

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

Business Name:

Owner Name: **Tracy Parker**

Email Address: **parkertracy182@gmail.com**

Address: **2889-235th st, St. Charles, IA 50061**

Phone No: **515-705-9033**

Additional Contact Information

Name	Email Address	Affiliate Type
Taylor	**tfrancis@wdwm.net**	**Attorney**
Garrett Tyler	**garrettlee97@yahoo.com**	**Buyer**

Site related information

No Of Bedrooms: **3**

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

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date:

Permit issued by County: **Yes**

Permit Number:

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

County contacted for records: **Yes**

Property Information Comments:

Zip code is 50240 all waste water appears to go into the septic system

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: **No** | Licensed Pumper Name: **Wiegert**

Date Pumped: **3/3/2025** | Meets Setback to Well: **Yes** | Well Type: **Private**

Distance To Well (Ft.): **Over 50 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: **1500 gallon septic tank was in good working condition at time of inspection**

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 baffles and speed levelers were in good working condition ,looks good**

Secondary Treatment

Lateral Field1

Distribution Type: **Distribution Box** | Material Type: **Leaching Chamber** | Trench Width: **36**

Lines: **3** | Total Length of Absorption Line: **255** | System Hydraulic Loaded: **Yes**

Gallons Loaded: **250** | Meets Setback to Well: **Yes** | Well Type: **Private**

Distance To Well (Ft.): **Over 100ft** | 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: **No saturation or pounding functioning as designed at time of inspection**

General Secondary Treatment Comments: **Septic system was in working condition at time of inspection, this is not a guarante e for future operation**

Narrative Report

TOT Inspection Report Overall Narrative Comments: **This is not a guarantee for future operation, septic system was in good working condition at time of inspection**

IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

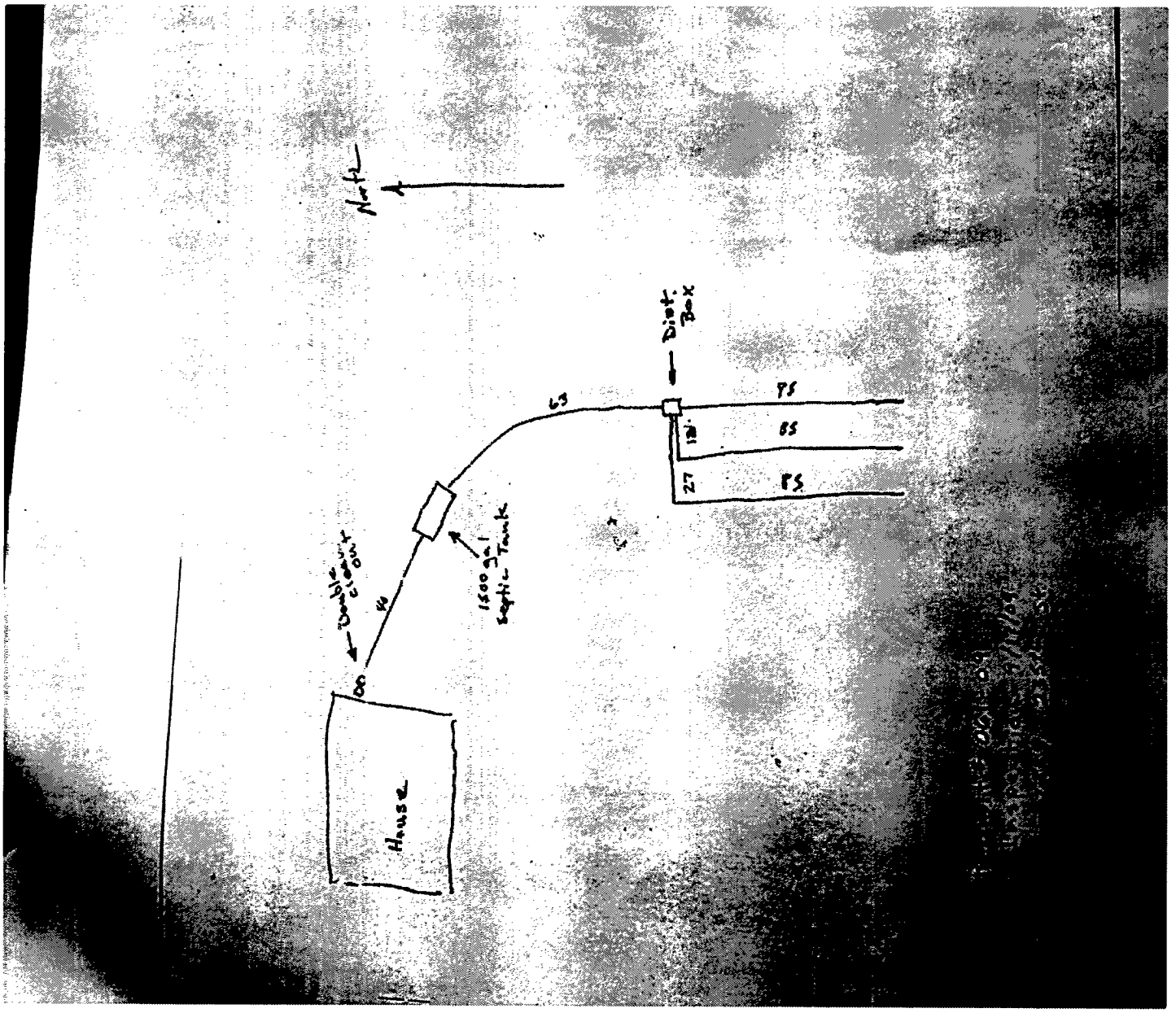
DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 14053 MIKE HARKIN CERT # 9450

Owner Name:	**Tracy Parker**		
Address:	**2889-235th st , St. Charles , IA 50061**		
County:	**Madison**		
Inspection Date:	**03/03/2025**	Submitted Date:	**3/5/2025**

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).

As-built Diagrams



Documents



