



Document 2025 GW1722

Book 2025 Page 1722 Type 43 001 Pages 13
Date 7/07/2025 Time 2:04:19PM
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BRANDY MACUMBER, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

**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/0/dnr/uploads/forms/5420960a%20Instructions.pdf>

Attachment 1, if required, can be found at: <https://www.iowadnr.gov/Portals/0/dnr/uploads/forms/5420960a.pdf>

TRANSFEROR:

Name: Madison County Renovations, Inc.
Address: PO Box 521, Winterset, IA 50273

TRANSFeree:

Name: Stephen D. Hays and Jessica M. Drey
Address: 2671 Quail Ridge Lane, Winterset, IA 50273

Address of Property Transferred:

2671 Quail Ridge Lane, Winterset, Iowa 50273

Legal Description of Property: (Attach if necessary)

The North Half (1/2) of the Northeast Quarter (1/4) of the Northeast Quarter (1/4) of Section Eleven (11), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th PM, Madison County, Iowa; EXCEPT Parcel "C" located therein, containing 5.463 acres, as shown in Amended Plat of Survey filed in Farm Plat Record 2, Page 719, on September 6, 1996 in the Office of the Recorder of Madison County, Iowa, and shown corrected by Affidavit filed in Miscellaneous Record 43, Page 694, on October 29, 1996 in the Office of the Recorder of Madison County, Iowa.

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.

February 15, 2023

FILE WITH RECORDER

DNR Form 542-0960

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]:
Inspected in the last two years.
☐ 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:

Home uses Warren Water (Rural Water) as water supply

One (1) active well is located in the yard behind the dwelling.

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.: 515-201-9555



IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 14273 SETH BROWN CERT # 13190

Site Information

Parcel Description: **40007112201100**

Address: **2671 Quail Ridge Ln, Winterset, IA 50273**

County: **Madison**

Owner Information

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

Business Name:

Owner Name: **Patricia Morris ESTATE**

Email Address: **krismorris52@gmail.com**

Address: **2671 Quail Ridge Ln, Winterset, IA 50273**

Phone No: **702-340-6553**

Site related information

No Of Bedrooms: **2**

Inspection Date: **03/21/2025**

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date:

Permit issued by County: **Yes**

Permit Number: **1379**

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): **1000**

Tank Material: **Concrete**

Tank Corrosion Type: **Slight**

Liquid Level Type: **Normal**

No. of Compartments: **2**

Pump Tank Chamber: **No**

Licensed Pumper Name: **Rogers Septic**

Date Pumped: **3/21/2025**

Meets Setback to Well: **Yes**

Well Type: **Private**

Distance To Well (Ft): **400**

Is Accessible: **Yes**

Lid Intact: **Yes**

Risers Intact: **No**

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: **Yes**

Speed Levelers Present: **Yes**

Watertight: **Yes**

Functioning As Designed: **Yes**

General Distribution System Comments :

Secondary Treatment

Lateral Field1

Distribution Type: **Distribution Box**

Material Type: **Gravelless Pipe**

Trench Width: **24**

Lines: **3**

Total Length of Absorption Line: **240**

System Hydraulic Loaded: **Yes**

Gallons Loaded: **200**

Meets Setback to Well: **Yes**

Well Type: **Private**

Distance To Well (Ft): **291**

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:

General Secondary Treatment Comments:

Narrative Report

TOT Inspection Report Overall Narrative Comments: **All wastewater goes to septic. Full bathroom on the lower level with kitchen sink, all go to septic. 1000 gallon watertight concrete septic tank in working condition with slight to moderate deterioration. Buried with 1ft of dirt cover. Exposed center and outlet pancake lid. Inlet and outlet baffles present, no outlet effluent filter. Outlet shows slight deterioration, was not able to probe through tank. Plastic watertight distribution box in working condition. Water diverter present, speed levelers present. Hydraulic load tested(via house) 3x80 equaling 240ft of gravelless laterals with 200 gallons. Each lateral took water and probed dry and clean. There is a well on the property, 291ft from the end of the closest lateral.**



IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 14273 SETH BROWN CERT # 13190

Owner Name: Patricia Morris ESTATE

Address: 2671 Quail Ridge Ln , Winterset , IA 50273

County: Madison

Inspection Date: 03/21/2025

Submitted Date: 3/21/2025

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).



MADISON COUNTY
BOARD OF HEALTH
COURT HOUSE
WINTERSSET, IOWA 50273

PHONE
515 462 7630
Jerry K. Trevillyan
Sanitarian

SEPTIC SEWAGE DISPOSAL SYSTEM
PERMIT APPLICATION

PERMIT NO. 1379

PERMIT ISSUED: 8/5/93
FEE PAID: 8/5/93

APPLICANT: Pat Morris TELEPHONE NO. 515-462-3196

ADDRESS: R.R. #1 Box 272 Winterset, Iowa 50273

TENANT: same as above TELEPHONE: _____

ADDRESS: 2671 Quail Ridge Ln.

PROPERTY DESCRIPTION: part of the NE 1/4 of the NE 1/4 SECTION: 11 TOWNSHIP: UNION

PROPOSED: DWELLING: X NUMBER OF: BEDROOMS: 2

MOBILE HOME: _____ PERCOLATION TEST MUST STOOLS: 2

OTHER: _____ BE TAKEN AND APPROVED SHOWERS: 1

EXISTING: DWELLING: _____ PRIOR TO ISSUANCE OF TUBS: 1

MOBILE HOME: _____ THE SEWAGE DISPOSAL LAVATORIES: 2

OTHER: _____ PERMIT..... SINKS: 1

PERCOLATION TEST REPORT: TAKEN: 8/4/93 BY: Darrel Woods for: Vance & Hochstetler, Winterset, IA

RESULTS: TEST HOLE: NO. 1: 12 MIN./IN. 2: 9.6 MIN./IN. 3: 12.6 MIN./IN. 4: 10 MIN./IN.

AVERAGE: 11.1 MIN./IN. NO. OF LATERALS REQ.: 3 LENGTH OF LATERALS: 76.7 FT. EA.
(recommended 3 - 80 ft. laterals)

CONTRACTOR: Roger Banks - Re-Banks Corp. TELEPHONE NO. 515-396-2381

ADDRESS: R.R. #1 Box 7 St. Charles, Iowa 50240

DOUBLE COMPARTMENT SEPTIC TANKS REQUIRED/STATE APPROVED.....

2 BDR. 800 GALLON 3 BDR. 1000 GALLON 4 BDR. 1250 GALLON 5 BDR. 1500 GALLON

FEES: CHECK PAYABLE TO MADISON COUNTY TREASURER - RETURN FEE WITH APPLICATION

SEPTIC TANK/ABSORPTION FIELD - 600 FT. LATERALS..... \$15.00

ALTERNATIVE SYSTEMS: MOUNDS - DOUBLE SAND FILTERS - MULTI-FLO SYSTEMS... \$15.00

TYPE OF SYSTEM: PVC/GRAVEL: _____ GRAVELLESS 8 INCH: _____ 10 INCH: _____

I hereby certify that the above information is correct to the best of my knowledge and I agree that the system shall be installed in accordance with the rules and regulations of the Madison County Board of Health and Department of Natural Resources, Chapter 69. I further acknowledge that the system must remain open so that proper inspection and approval can be made by the local Health Sanitarian and that the system cannot be put into operation until approved.

DATE: 8/5/93 ✓ APPLICANT: Pat Morris

DATE OF INSPECTION: 11/1/93 INSPECTED BY: Jerry K. Trevillyan

NOTE: REQUEST FOR INSPECTION OF THE SYSTEM MUST BE MADE 24 HOURS IN ADVANCE, IF POSSIBLE. WATER AT SITE FOR TESTING OF DISTRIBUTION BOX MUST BE AVAILABLE

ANY DEVIATION FROM THE RULES AND REGULATIONS MUST BE SUBMITTED TO AND APPROVED BY PROPER AUTHORITY.....

NOTE: MECHANICAL SYSTEMS REQUIRE USE OF FREE ACCESS SAND FILTER AND MUST BE COVERED BY MAINTENANCE AGREEMENT BETWEEN THE APPLICANT AND DEALER. MAINTENANCE AGREEMENT MUST BE RECORDED.

DISCHARGE FROM MECHANICAL SYSTEMS OR SAND FILTER SYSTEMS MUST BE SAMPLED AND TESTED DURING EARLY SPRING, MIDSUMMER AND EARLY FALL.

PERCOLATION TEST RESULTS

APPLICANT Pat Morris
(NAME)

ADDRESS RR # 1, Box 272 Winterset, Iowa 50273
(Current) (Street/RFD) (City/State) (Zip Code)

TELEPHONE NO: 462-3196
(Home) (Business)

BUILDING SITE: part of the NE.1/4 of the NE.1/4 of Sec. 11- T76N-R27W
(Legal Description) (Township/Section)

NUMBER OF BEDROOMS: 2

PERCOLATION TEST	HOLE NUMBER	MINUTES PER INCH
DATE TAKEN: <u>8-4-93</u>	1	<u>12 min/in</u>
BY: <u>Darrel Woods</u>	2	<u>9.6 min/in</u>
	3	<u>12.6 min/in</u>
	4	<u>10 min/in</u>
	AVERAGE:	<u>11.1 min/in</u>

TOTAL NUMBER LATERAL FEET OF ABSORPTION FIELD: 230 feet

NUMBER OF LATERALS REQUIRED: 3

AVERAGE LENGTH OF LATERALS: 76.7 feet each (Not to exceed 100 feet)

COMMENTS:

6' deep hole: no rock water at 5'-1"

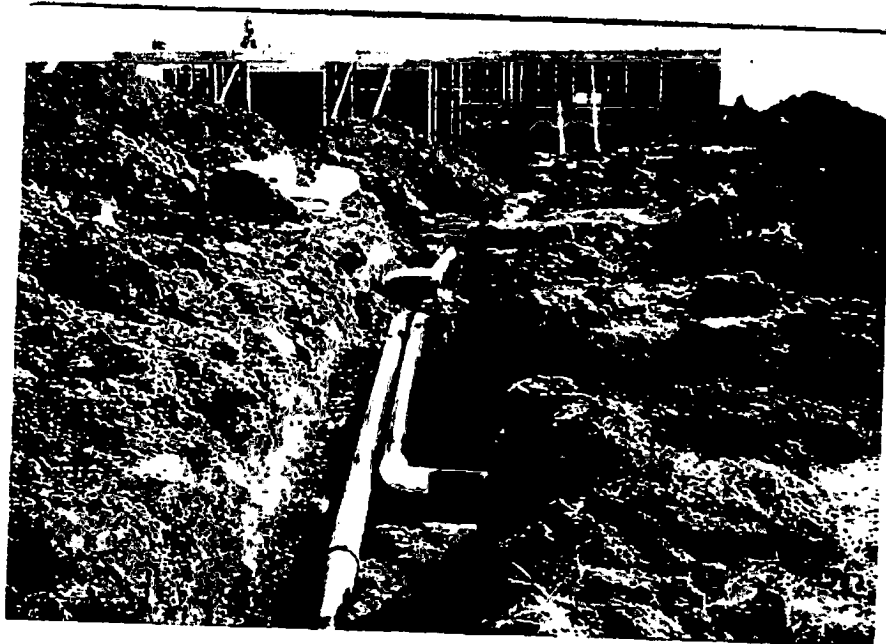
SEAL:

I HEREBY CERTIFY THAT THIS PLAN, SPECIFICATION, PLAT, MAP, SURVEY OR REPORT WAS MADE BY ME OR UNDER MY DIRECT PERSONAL SUPERVISION AND THAT I AM A DULY REGISTERED PROFESSIONAL ENGINEER AND LAND SURVEYOR UNDER THE LAWS OF THE STATE OF IOWA

SIGNED Charles T. Vance DATE 5 Aug. 1993
Charles T. Vance, P.E. & L.S. Iowa Reg. No. 5041
My Registration Expires December 31, 1993

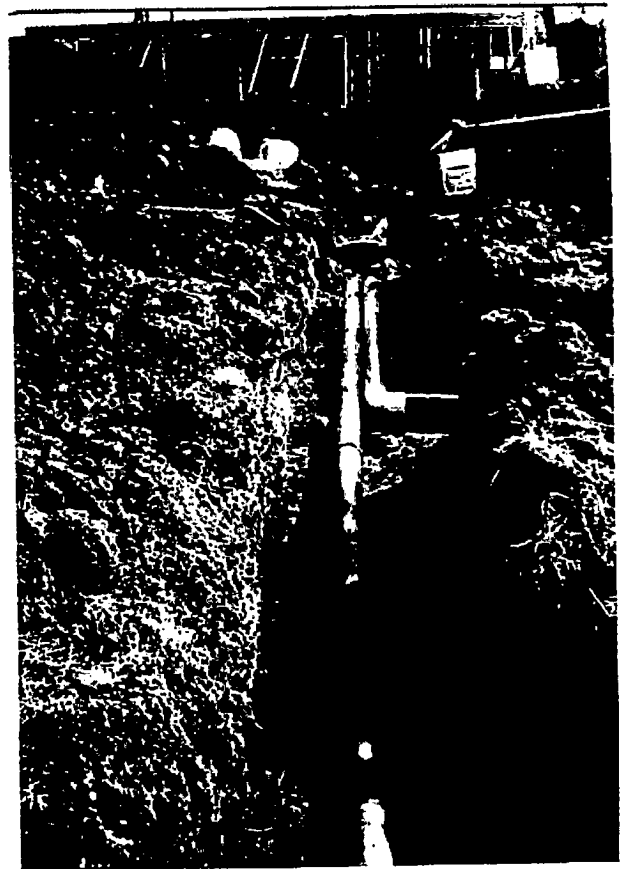
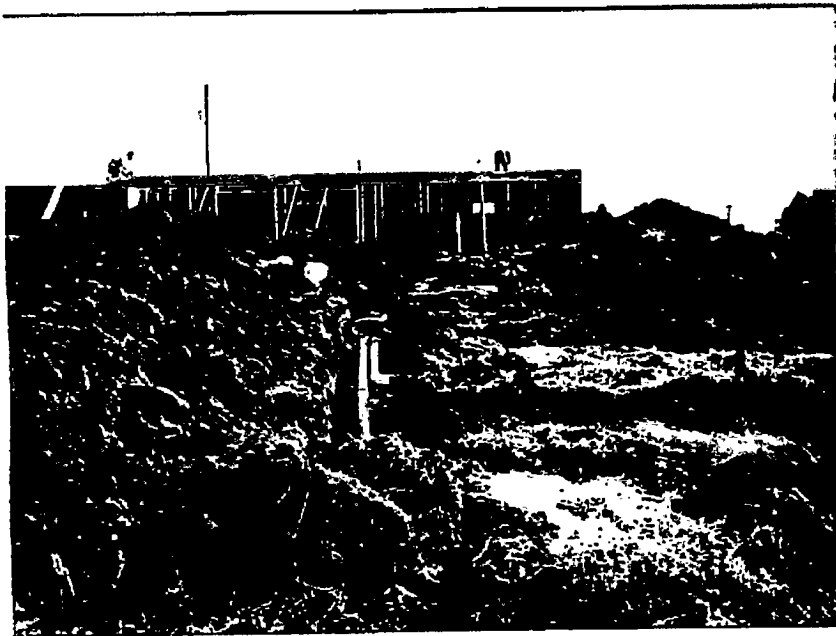


#1396





#1396





MADISON COUNTY
BOARD OF HEALTH
COURT HOUSE
WINTERSET, IOWA 50273

PHONE
515-462-2636

*****MEMO*****

PERMIT NO. 1379

DATE ISSUED: August 5, 1993

NAME: Patrick Morris SECTION: 11 TOWNSHIP: UNION
for: new dwelling

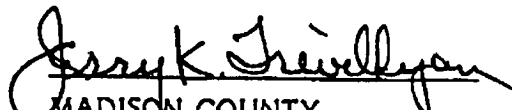
Dear Permit Holder:

A sewage treatment disposal permit has been issued to you for installation of a sewage treatment disposal system to be installed on your property.

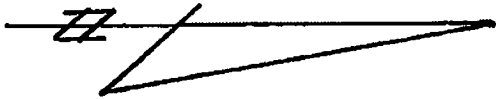
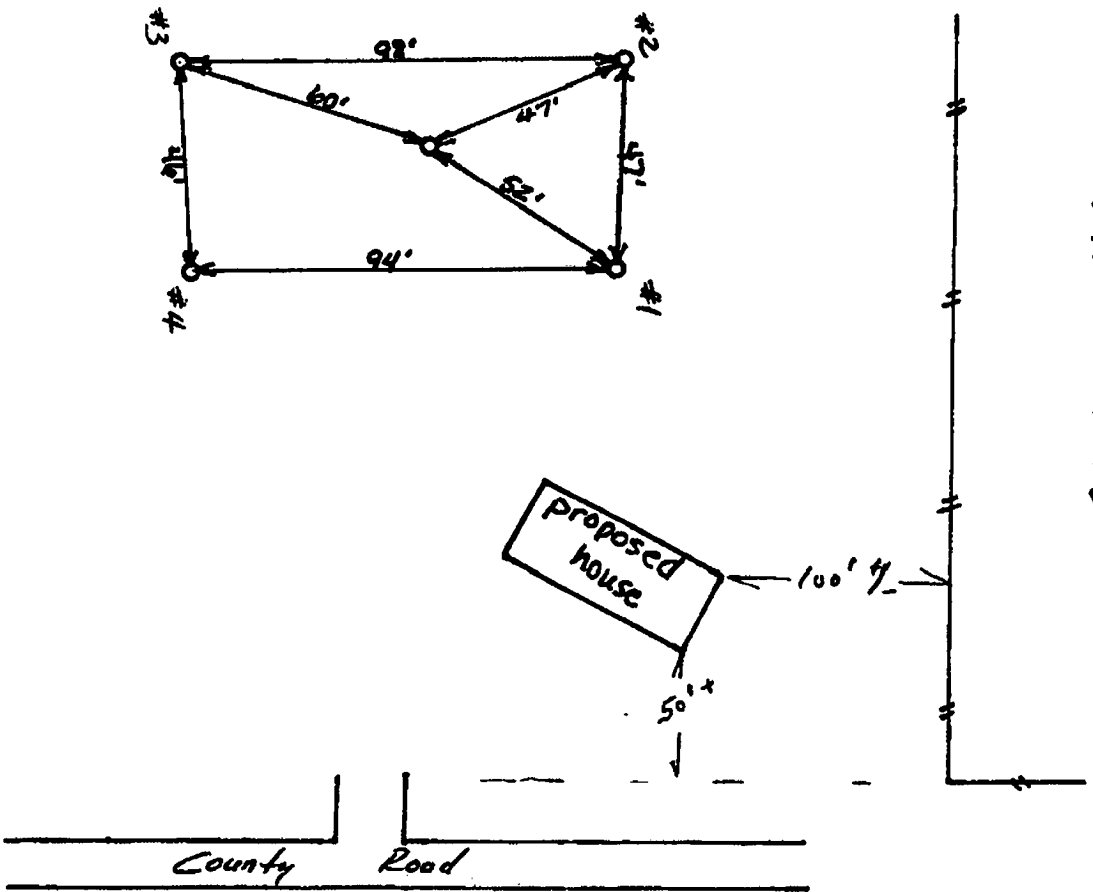
It is required that this system be inspection by the Madison County Board of Health Sanitarian prior to the system being covered for compliance with the Madison County Board of Health Rules and Regulations on Private Sewage Treatment Systems, and Chapter 69, Iowa Administrative Code, Departemt of Natural Resources.

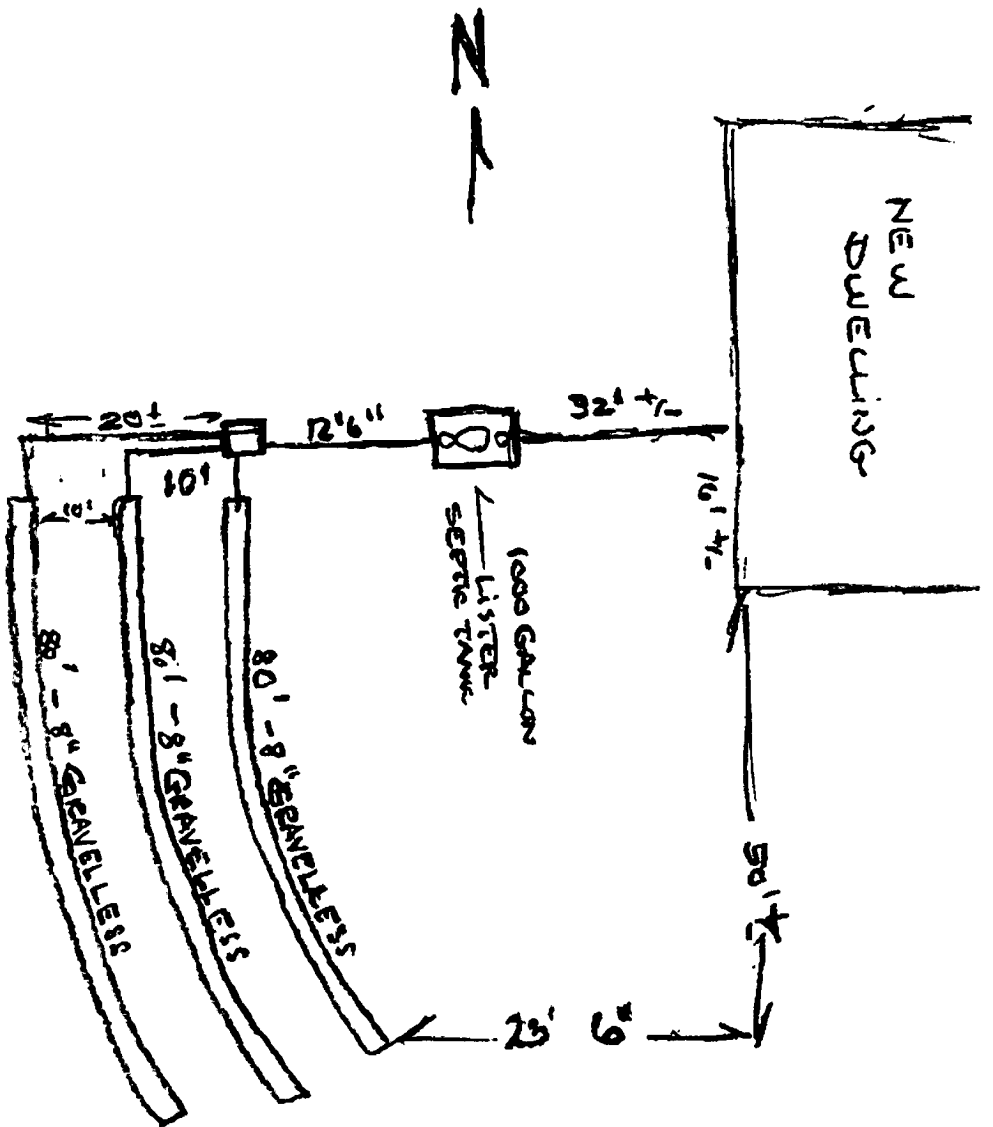
Issuance of a permit and the inspeciton of the system provides no guarantee of the functioning of this system. Madison County accepts no liability for this system.

It is recommended that septic tanks be cleaned every three to five years to prevent overflow of solids into the secondary treatment of the system.


MADISON COUNTY
BOARD OF HEALTH
SANITARIAN

PERCOLATION TEST FOR PAT MORRIS





CONTRACTOR: ROGER BANKS
 RO-BANKS CORP.
 ST. CHARLES 11/1/93

INSPECTED: 11/1/93
 Frank K. Davidson
 Sanitexon