



Document 2026 GW2376

Book 2026 Page 2376 Pages 11

Date 8/11/2026 Time 1:08:23PM

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 Michael Ayers

Address 1619 N Avenue Apt 5 Norwalk, IA 50211

Number and Street or RR

City, Town or PO

State

Zip

TRANSFeree:

Name Katlyn Godwin

Address 2489 Willow Bend Trail, Saint Charles, IA 50240

Number and Street or RR

City, Town or PO

State

Zip

Address of Property Transferred:

2489 Willow Bend Trail, Saint Charles, IA 50240

Number and Street or RR

City, Town or PO

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:

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

Signature: _____

(Transferor or Agent)

Telephone No.: _____

575-314-7003

Legal Description

The Southeast Quarter ($\frac{1}{4}$) of the Southwest Quarter ($\frac{1}{4}$) AND Parcel "L" located in the Southwest Quarter ($\frac{1}{4}$) of the Southeast Quarter ($\frac{1}{4}$), containing 1.60 acres, as shown in Plat of Survey filed in Book 2019, Page 3050 on September 23, 2019, in the Office of the Recorder of Madison County, Iowa, ALL in Section Fourteen (14), Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa.



IOWA DEPARTMENT OF NATURAL RESOURCES

05326
14-South
GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COUNOYER
DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 22249 CARTER DAVIDSON CERT # 14464

Site Information

Parcel Description: **House/Acrag**

Address: **2489 Willow Bend Trl, St. Charles, IA 50240**

County: **Madison**

Owner Information

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

Business Name:

Owner Name: **Michael Ayers**

Email Address:

Address: **2489 Willow Bend Trl, St. Charles, IA 50240**

Phone No:

Site related information

No Of Bedrooms: **2**

Facility Type: **Residential**

Last Occupied:

Permit issued by County: **Yes**

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

Property Information Comments:

Inspection Date: **06/29/2026**

Currently Occupied: **Yes**

System Installation Date: **07/20/2004**

Permit Number: **071-04**

County contacted for records: **Yes**

Primary Treatment

Tank 1

Tank Name: **Tank 1**

Tank Material: **Concrete**

No. of Compartments: **2**

Date Pumped: **6/29/2026**

Distance To Well (Ft.):

Risers Intact: **No**

Type: **Septic Tank**

Tank Corrosion Type: **Slight**

Pump Tank Chamber: **No**

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

Is Accessible: **Yes**

Effluent Filter Present: **Yes**

Tank Size (Gal): **1250**

Liquid Level Type: **Above Baffle**

Licensed Pumper Name: **Rob McCulley**

Well Type:

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:

The special filter riser was broken in along the side of the PVC

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

Sand Filter1

Filter Type: **Subsurface**

Distribution Type: **Distribution Box**

Material Type: **Rock and PVC Pipe**

Absorption Area: **720**

System Hydraulic Loaded: **Yes**

Gallons Loaded: **350**

Discharge At Time of Inspection: **Yes**

CBOD5 Results: **2**

TSS Results: **2.5**

Disinfection Present: **No**

Disinfection Type:

Tertiary Treatment Present: **No**

Tertiary Treatment Type:

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

Well Type:

Distance To Well (Ft.):

Sand Filter Probed: **Yes**

Vent(s) Located: **Yes**

Saturation or Ponding Present: **No**

Grass Cover Over System: **Yes**

Outlet Found: **Yes**

Sample Taken: **Yes**

GP4 Permitted: **No**

GP4 Required: **No**

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: **Upon arrival we had to locate the septic tank with a probe and dig it up. The lids were only about 18 inches deep. we then discovered the broken riser built for the filter. Upon removing the lids, we found the filter to be plugged and the wastewater was entering from the top of the filter tee. We proceeded to check that all water in the house was draining to the tank from any fixtures in the home. We then located the D-box behind the shed and dug it up to do our hydraulic load test. After the tank was pumped, we found minimal corrosion and the tank it self-appeared to be in good condition with the baffle wall still intact.**



GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER
DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 22249 CARTER DAVIDSON CERT # 14464

Owner Name: Michael Ayers

Address: 2489 Willow Bend Trl , St. Charles , IA 50240

County: Madison

Inspection Date: 06/29/2026

Submitted Date: 7/14/2026

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).

Documents







