



Document 2026 GW730

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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/media/5465>.

Attachment 1, if required, can be found at: <https://www.iowadnr.gov/media/5466>.

TRANSFEROR:

Name	Margaret M. Casper Revocable Trust U/A/D September 23, 2021			
Address	2218 N. John Wayne Drive	Winterset	IA	50273
	Number and Street or RR	City, Town or PO	State	Zip

TRANSFeree:

Name	Casey Patton and Kerri Patton			
Address	2218 N. John Wayne Drive	Winterset	IA	50273
	Number and Street or RR	City, Town or PO	State	Zip

Address of Property Transferred:

2218 N. John Wayne Drive	Winterset	Iowa	50273
Number and Street or RR	City, Town or PO	State	Zip

Legal Description of Property: (Attach if necessary)

A tract of land located in the Southeast Quarter (1/4) of the Northeast Quarter (1/4) of Section Twenty-five(25), Township Seventy-six (76) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, more particularly described as follows to wit: Commencing at the Northeast corner of the Southeast Quarter (1/4) of the Northeast Quarter (1/4) of said Section Twenty-five (25), running thence West 500 feet, thence South 500 feet, thence East 500 feet, thence North to the point of beginning, EXCEPT all that part thereof conveyed for highway purposes.

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:

see attached

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

Signature: Michelle M. Casper Buska
(Transferor or Agent)

Telephone No.: 515-681-7381

Madison County Environmental Health
201 W. Court Ave
Winterset, IA 50273
515-462-2636

Madison County

Private On-Site Wastewater Treatment System Construction Permit

This permit shall be posted adjacent to the driveway or construction ingress/egress, and be viewable from the county (or private) road.

Certificate Number: 2026-14

Date Issued: 02/17/2026

Date Expires: 02/17/2027

Owner(s): CASPER, MARGARET M REV TRUST (DED)

Address Location: 2218 JOHN WAYNE DR N WINTERSET, IA

Legal Description: 5.74A NE CORN SE NE|DWELLING ONLY|(LAND0625200004)

Parcel #: 820007100060000

POWTS Components Specifications:

Primary Treatment 1500/500g Indianola precast concrete tank, Secondary treatment 720 Sqft. Sand Filter

This Construction Permit has been issued in accordance with the Madison County Environmental Health Regulations, authorizing the construction of a private on-site wastewater treatment system, and shall be null & void one year from permit issuance.

All components of the system must be uncovered for the inspection and the system must be approved before it can be put into operation. Notice for inspection must be received 24 hours in advance (8 a.m. through 4:30 p.m., Monday-Friday). For inspection, contact the Madison County Zoning & Environmental Health Office at (515)-462-2636.

This certificate is not transferable.

MADISON COUNTY ENVIRONMENTAL HEALTH SEPTIC INSPECTION REPORT – SAND FILTER

General Information

Owner: CASPER, MARGARET M REV Installer: Huff Well LLC
Address: 2218 JOHN WAYNE DR
Inspection Date/s: 02/17/2026 Inspected by: Hornback (Andrew)

System Materials: Rock and Pipe EPS Aggregate

Sewer Pipe from Building to Primary Treatment

Sewer Pipe was installed in accordance with Chapter 69.7(1)-(3) & 69.9(1)g: Yes or No
If no, explain _____

Septic Tank

Septic Tank Size 1250 1500 1750 2000 Other _____ Material: Concrete
 septic tank only Plastic
 +500 gallon pump /siphon combination tank
 + Separate 0 gallon pump/siphon tank Source: Indianola Precast
Septic tank was installed in accordance with Chapter 69.8(2)- 69.8(3): Yes or No
If no, explain _____

Connection (Tank-to-box/filter bed) and Distribution Box

Piping between tanks/after tank was installed according to Chapter 69.13(3): Yes or No
If no, explain _____
Distribution Box was installed according to Chapter 69.13(3): Yes No or N/A
If no, explain _____

Siphon Dose and Pump Systems

Siphon or Pump dosing system was installed according to Chapter 69.13(5): Yes No or N/A
If no, explain _____
High water alarm at tank or inside home
Squirt test Height 6 inches or pumps to distribution box _____

Construction Specifications

Sand filter Type: Gravity Siphon Dose Pressure Dose Bed Dimension 12 x 60
of Collector lines 4 # of Distribution Lines 4 NOI Required Yes or No
Discharge Type: Direct or Indirect
Sand Filter was installed in accordance with Chapter 69.13(2-3): Yes or No
If no, explain _____

Minimum Distances for Closed and Open Portions of Treatment System

Both open and closed portion the the septic system have been installed in accordance with the minimum distances listed in Table 1 of Chapter 69.3(2): Yes No
If no, explain _____

Final Review: Approved or Disapproved

TIME OF TRANSFER INSPECTION TOT# 16375 MIKE HARKIN CERT # 9450

Site Information

Parcel Description: **820007100060000**

Address: **2218 N John Wayne Dr, Winterset, IA 50273**

County: **Madison**

Owner Information

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

Business Name:

Owner Name: **Margaret Casper**

Email Address:

Address: **2218 N John Wayne Dr, Winterset, IA 50273**

Phone No:

Additional Contact Information

Name	Email Address	Affiliate Type
Randy bruett	rbruett@aol.com	Other

Site related information

No Of Bedrooms: **4**

Facility Type: **Residential**

Last Occupied:

Permit issued by County: **Yes**

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

Property Information Comments:

All waste water appears to go into the septic system

Inspection Date: **07/08/2025**

Currently Occupied: **N/A**

System Installation Date:

Permit Number:

County contacted for records: **Yes**

Primary Treatment

Tank 1

Tank Name: **Tank 1**

Tank Material: **Concrete**

No. of Compartments: **2**

Type: **Septic Tank**

Tank Corrosion Type: **Slight**

Pump Tank Chamber: **No**

Tank Size (Gal): **1500**

Liquid Level Type: **Normal**

Licensed Pumper Name: **Wiegert**

Date Pumped: **7/8/2025**

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

Well Type:

Distance To Well (Ft.):

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: **Cement tank was in working condition & water tight**

General Primary Treatment Comments:

1500 gallon septic tank with baffles was in working condition , with slight corrosion

Distribution Type

Distribution Box 1

Label: **Distribution Box 1**

Material Type: **Concrete**

Accessible: **Yes**

Box Opened: **Yes**

Baffle Present: **Yes**

Speed Levelers Present: **No**

Watertight: **Yes**

Functioning As Designed: **Yes**

General Distribution System Comments : **Cement distribution box with 7 laterals outlets & showing corrosion , with no speed levelers**

Secondary Treatment

Lateral Field1

Distribution Type: **Distribution Box**

Material Type: **Gravelless Pipe**

Trench Width: **24**

Lines: **7**

Total Length of Absorption Line: **660**

System Hydraulic Loaded: **Yes**

Gallons Loaded: **300**

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

Well Type:

Distance To Well (Ft.):

Lateral Lines Probed: **Yes**

Saturation or Ponding Present: **Yes**

Grass Cover Present: **Yes**

Lateral Lines Equal Length: **Yes**

System Located on Owner Property: **Yes**

Easement Present: **N/A**

Functioning as Designed: **No**

Comments: **Bottom lateral was full of water**

General Secondary Treatment Comments: **Bottom lateral was full of water when probed,looks to be surfacing, see pictures**

Narrative Report

TOT Inspection Report Overall Narrative Comments: **This is a older septic system, septic tank looks good, distribution box show decay,lower lateral was holding water & appears to be surfacing,the soil is saturated with all the rain we had,this is not a guarantee for future operations**



IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 16375 MIKE HARKIN CERT # 9450

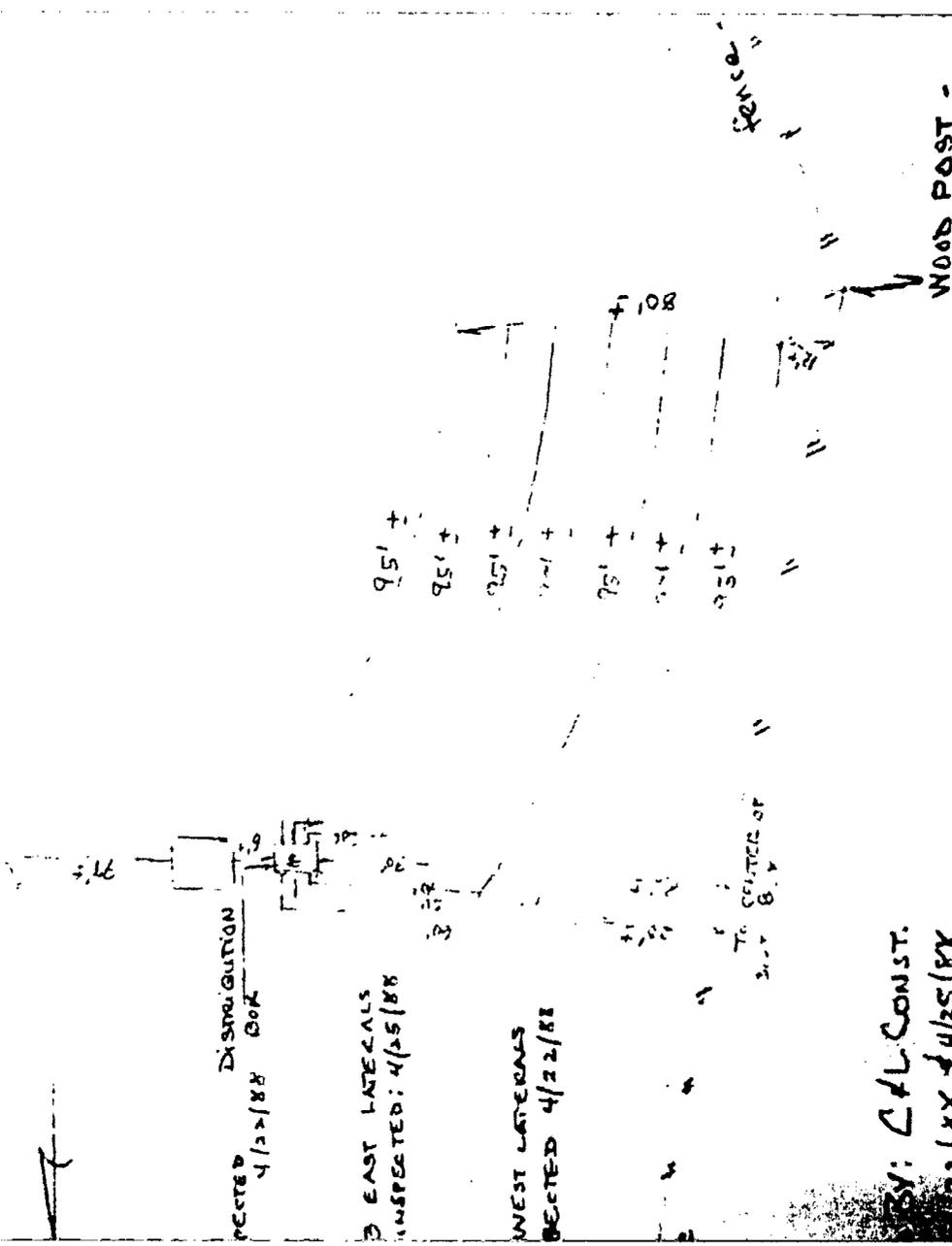
Owner Name: **Margaret Casper**

Address: **2218 N John Wayne Dr , Winterset , IA 50273**

County: **Madison**

Inspection Date: **07/08/2025**

Submitted Date: **7/9/2025**



DIRECTED 4/22/88 60"

EAST LATERALS INSPECTED: 4/25/88

WEST LATERALS DIRECTED 4/22/88

BY: C/L CONST. 12/1/88 & 4/25/88

JK TREMILYAN SANITARIAN CITY BLDG & HEALTH

BOB CASPER, OWNER
SEC. 25 DOUGLAS TWP.

SEWER

WOOD POST

TO CENTER OF 8.4

