

BK: 2025 PG: 1518
Recorded: 6/16/2025 at 1:35:35.0 PM
Pages 16
County Recording Fee: \$0.00
Iowa E-Filing Fee: \$0.00
Combined Fee: \$0.00
Revenue Tax: \$0.00
BRANDY L. MACUMBER, 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: William Moothart

Address: 2923 N John Wayne Drive, Winterset, IA 50273

Number and Street or RR, City, Town or P.O., State Zip

TRANSFeree:

Name: Jonathan Lance Sanders

Address: 2923 N John Wayne Drive, Winterset, IA 50273

Number and Street or RR, City, Town or P.O., State Zip

Address of Property Transferred:

2923 N John Wayne Drive, Winterset, IA 50273

Number and Street or RR, City, Town or P.O., State Zip

Legal Description of Property: **Parcel "A" located in the Southwest Fractional Quarter (¼) of the Southwest Quarter (¼) of Section Nineteen (19), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, containing 3.000 acres, as shown in Plat of Survey filed in Farm Plat Record 2, Page 440 on February 10, 1994, 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.

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)

Telephone No.: 512-415-2244

TIME OF TRANSFER INSPECTION TOT# 14444 JEB BEDWELL CERT # 13956

Site Information

Parcel Description: **400071966012000**

Address: **2923 N John Wayne Dr, Winterset, IA 50273**

County: **Madison**

Owner Information

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

Business Name:

Owner Name: **William Moothart**

Email Address:

Address: **2923 N John Wayne Dr, Winterset, IA 50273**

Phone No:

Additional Contact Information

Name

Rachel Eller

Email Address

rachel@racheleller.com

Affiliate Type

Realtor

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:

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

Currently Occupied: **N/A**

System Installation Date: **01/14/2021**

Permit Number: **002-21**

County contacted for records: **Yes**

Primary Treatment

Tank 1

Tank Name: **Tank 1**

Tank Material: **Plastic**

No. of Compartments: **2**

Type: **Septic Tank**

Tank Corrosion Type: **None**

Pump Tank Chamber: **No**

Tank Size (Gal): **1500**

Liquid Level Type: **Normal**

Licensed Pumper Name: **Wiegert**

Date Pumped: **3/24/2025**

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

Well Type:

Distance To Well (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:

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: **36**

Lines: **5**

Total Length of Absorption Line: **420**

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: **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: **The system was functioning properly as designed.**

TIME OF TRANSFER INSPECTION TOT# 14444 JEB BEDWELL CERT # 13956

Owner Name: William Moothart

Address: 2923 N John Wayne Dr , Winterset , IA 50273

County: Madison

Inspection Date: 03/21/2025

Submitted Date: 3/30/2025

[illegible]

Madison County
Office of Zoning and
Environmental Health

***Authorization to Construct a
Private On-site Wastewater
Treatment System (POWTS)***

201 W Court Ave.
P.O. Box 152
Winterset, IA 50273-0152
Telephone: (515) 462-2636

Permit Number: 002-21

1/14/2021

Issued to: Diana Wenger
Address: 2923 John Wayne Dr. N
Winterset, IA 50273

Legal Description: Parcel A SW SW Comm SW Corn N450' To POB N292'E447'S292'W447'
PID# 400071966012000 Sec 19 T76N R27W Union TWP

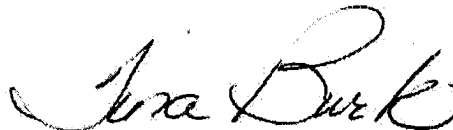
POWTS Components Specifications: Tank Replacement-Installing a 1500 gal. Poly

General Conditions:

1. System must be constructed in conformance with attached system layout, profiles, and cross-sections.
2. Structures must be constructed in conformance with 567 IAC Chapter 69 and the Madison County Environmental Health Regulations.
3. Permit shall be null and void if system is not constructed within one year of permit issuance. The Environmental Health Officer must approve any request for extension of permit.
4. The Environmental Health Officer must approve any design modifications to the permitted system prior to construction.
5. Once constructed, all system components must be uncovered for inspection and the system must be approved before it can be put into operation. Notice for inspection must be received with 24 hours in advance (8 a.m. through 4:30 p.m., Monday - Friday). If weather necessitates the need to cover the system components, then the system owner or contractor must notify and follow the procedures given by the Environmental Health Officer.

Special Conditions: All fees, maintenance, testing, & construction shall be in accordance with Engineer, Manufacturer, County, & State regulations.

At least a 24-hour notice for inspections.



**Environmental Health Officer Assistant
Madison County
Office of Zoning and Environmental Health**

Application to Construct
Private Sewage Disposal System (PSDS)

Office Use Only					Temp E911:	
Tracking No. 002-21	Date Received 1/14/21	Fee Paid 100.00	Check # 5656	Date Issued 1/14/21	Section/Township 19-Union	

Application will not be accepted until site and soil analysis/percolation information have been received and fee has been paid. For systems requiring an NPDES General Permit #4 (surface discharge), its application must be submitted to this office along with appropriate forms for recording before a permit will be issued.

Please Print All Information.

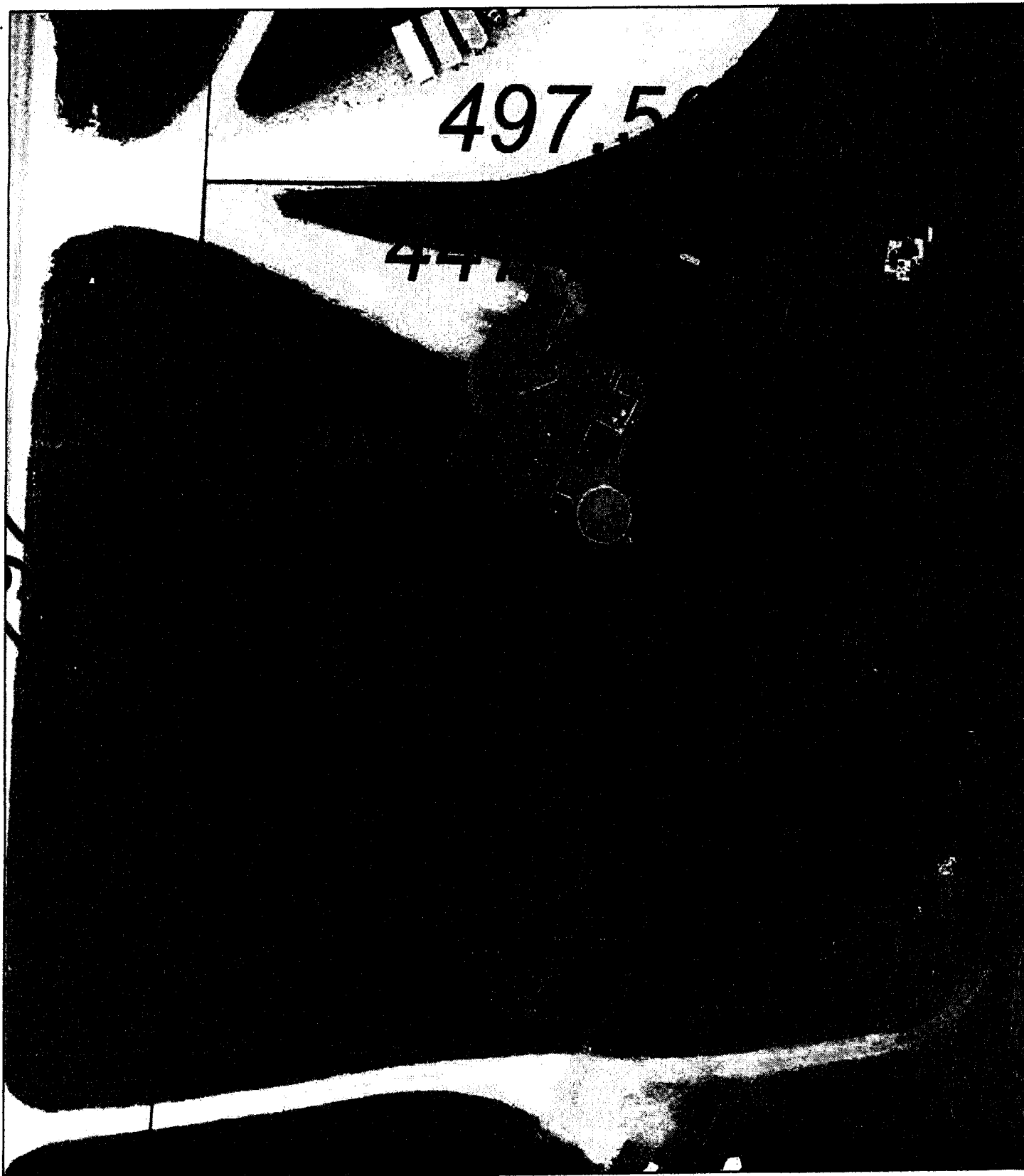
1. Owner Information (Applicant)			2. Installation Contractor Information										
First Name Diana		Last Name Wenger	First Name Gallon Inc.		Last Name Jason Shepherd								
Address 2723 N 1st St			Address 2785 NE 4th Ave										
City Winterset	State IA	Zip 50273	City Des Moines	State IA	Zip 50317								
Phone Number (area code) 515-422-6907		Cell Phone -	Phone Number (area code) 515-202-9174		Cell Phone -								
3. System Requirement Information			4. Site and Soil Evaluator (Percolation Test/Soils Analysis)										
<p>IAC CHAPTER 69 DOUBLE COMPARTMENT TANK REQUIRED</p> <p>Minimum Tank Size Required</p> <table> <tr> <td>1-3 Bedroom</td> <td>1250</td> </tr> <tr> <td>4 Bedroom</td> <td>1500</td> </tr> <tr> <td>5 Bedroom</td> <td>1750</td> </tr> <tr> <td>6 Bedroom</td> <td>2000</td> </tr> </table>			1-3 Bedroom	1250	4 Bedroom	1500	5 Bedroom	1750	6 Bedroom	2000	<p>PERCOLATION/SOILS ANALYSIS MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT</p> <p>Date test taken _____ Test taken by _____</p> <p>Passed: _____ Failed: _____</p> <p>Percolation Rate: _____</p> <p>Soils Loading Rate: _____</p>		
1-3 Bedroom	1250												
4 Bedroom	1500												
5 Bedroom	1750												
6 Bedroom	2000												

5. Type of Submittal	6. Address Information
<input type="checkbox"/> New House <input checked="" type="checkbox"/> Existing House <input checked="" type="checkbox"/> Repair, Tank <input type="checkbox"/> Repair, Treatment Area <input type="checkbox"/> System Replacement Previous Permit #:	911 Address or nearest road: 2923 John Wayne Dr N. Legal Description: Parcel A SW SW Corn SW Corn N450' to POB N292' E447' S292' W447' PID # 400071966012000 A-76-27

7. Type of Building (Completed by Owner)			
Building Square ft.:	Number of Bedrooms: 3	Number of Bathrooms: 2	Non-Residential uses:
Other buildings served by this system:		Any other circumstances which may affect water usage:	
Water softeners must be routed to a brine pit independent of septic system.			

8. Tanks					
Your contractor or system designer should complete the remaining portion of this application.					
Septic Tank	Type: Poly	Size: 1500 gal	Manufacturer: Roth		
Pump Tank	Type:	Size:	Manufacturer:		
Additional Tank	Type:	Size:	Manufacturer:		
9. Secondary Treatment Area					
Laterals	Type:	Length of each:	Total number:		Maximum trench Depth:
Sand Filter	Square ft.:	Length:	Width:		
Peat System	Model:	Manufacturer:			
Other	Description:				

<p>I hereby attest the truth and accuracy of all facts and information presented on this application. Request for inspection of the system must be made 24 hours in advance. Water at the site to test the distribution box must be available. Discharging systems must be covered by a maintenance agreement, which shall be recorded in the Madison County Records Office. Discharging systems also require periodic testing as set forth in IAC Chapter 69 and Madison County Environmental Health Regulations.</p>		<p>It is unlawful to start construction, reconstruction, or repair of any PSDS prior to issuance of a PSDS permit by the Environmental Health Officer.</p>
Applicant Signature:	Date: 12/17/2020	



Parcel ID 400071966012000
Sec/Twp/Rng 19-76-27
Property Address 2923 JOHN WAYNE DR N
WINTERSET

Alternate ID n/a
Class R
Acreage 3

Owner Address WENGER, DIANA LEE
2923 N 1ST ST
WINTERSET, IA 50273

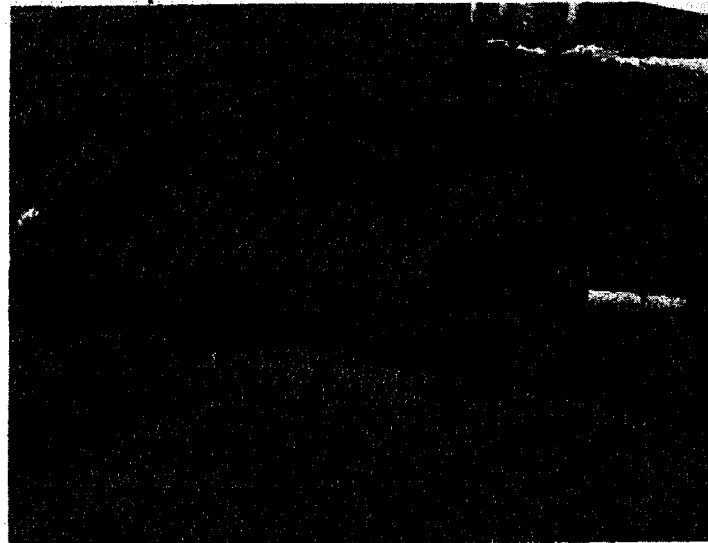
District UNION WINTERSET WFD
Brief Tax Description PARCEL A SW SW COMM
SW CORN N450' TO POB
N292' E447' S292'
W447'

Permit Number: 002-21

Issued to: Diana Wenger

Address: 2923 John Wayne Dr. N Winterset, IA 50273

Date Completed: 01-21-21





MADISON COUNTY
BOARD OF HEALTH
COURT HOUSE
WINTERSSET, IOWA 50273

PHONE
515-462-2636

SEPTIC SEWAGE DISPOSAL TREATMENT SYSTEM
PERMIT APPLICATION

PERMIT NO. 1561

FEE PAID: 7/15/96
PERMIT ISSUED: 7/15/96

Applicant: Roger & Marcia Goransen Telephone No. 515-462-2975

Address: 2478 Millstream Avenue Winterset, Iowa 50273

Tenant: same as above Telephone No. _____

Address: 2923 North John Wayne Drive Winterset, Iowa 50273

Proposed Structure: dwelling Legal Description: Parcel of land in SW FRL 1/4 SW 1/4
Existing Structure: _____ Section: 19 Township: T76N R27W (UNION TWP.)

Number of: Bedrooms: 3 Stools: 3 Lavatories: 3 Showers: 2 Tubs: 2 Sinks: 4

**PERCOLATION TEST MUST BE TAKEN AND APPROVED PRIOR TO ISSUANCE OF THE
SEWAGE DISPOSAL TREATMENT SYSTEMS PERMIT.....**
Darrel Woods for:

Percolation Test Taken: 3/21/94 By: Vance & Hochstetler - Winterset, Iowa 50273

Results: Test hole: #1 20 min./in. #2 30 min./in. #3 13.3 min./in. #4 26.7 min./in.

Average: 22.5 min./in. No. of Laterals Required: 5 Length of Laterals: 88 ft. ea.

Recommend 5 - 90 or 100 ft. laterals or 4 - 90 or 100 ft. 10 inch gravelless laterals
DOUBLE COMPARTMENT SEPTIC TANKS REQUIRED / STATE APPROVED
2 Bedrooms: 800 gal. 3 Bedrooms: 1000 gal. 4 Bedrooms: 1250 gal. 5 Bedrooms: 1500 gal.

FEES: Check payable to Madison County Treasurer - Return with application.....
SEPTIC TANKS/ABSORPTION FIELDS - (ALTERNATIVE SYSTEMS) - MOUNDS - DOUBLE
SAND FILTERS - APPROVED MECHANICAL SYSTEMS.....\$ 15.00

TYPE OF SYSTEM INSTALLED: _____

Contractor: _____ Telephone No. _____

Address: _____

I hereby certify that the above information is correct to the best of my knowledge and I agree that the system will be installed in accordance with the rules and regulations of Madison County Board of Health and Chapter 69, I.A.C. 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: _____ Applicant: Roger Goransen

NOTE: Request for inspection of the system must be made 24 hours in advance, if possible.
Water at the site to test the distribution box must be available.

Mechanical systems require use of a free-access sand filter and must be covered by maintenance agreement. Maintenance agreement must be recorded in the Madison County Recorder's office.

Discharge from mechanical systems or double sand filters must be sampled and tested in the early spring, midsummer and early fall. Results to be submitted to the local Board of Health office.

DATE OF INSPECTION: _____ INSPECTION BY: _____

PERCOLATION TEST RESULTS

APPLICANT MARCIA GORANSON
(NAME)

ADDRESS RR #1 BOX 149 WINTERSET, IOWA 50273
(Current) (Street/RFD) (City/State) (Zip Code)

TELEPHONE NO: 462-2975
(Home) (Business)

BUILDING SITE: PART OF THE SW.1/4 OF THE SW.1/4 OF SEC. 19 - T76N - R27W
(Legal Description) (Township/Section)

NUMBER OF BEDROOMS: 3

PERCOLATION TEST	HOLE NUMBER	MINUTES PER INCH
DATE TAKEN: <u>MARCH 21, 1994</u>	1	<u>20</u>
BY: <u>DARREL WOODS</u>	2	<u>30</u>
	3	<u>13.3</u>
	4	<u>26.7</u>
	AVERAGE:	<u>22.5 MIN/IN</u>

TOTAL NUMBER LATERAL FEET OF ABSORPTION FIELD: 420 FEET

NUMBER OF LATERALS REQUIRED: 5

AVERAGE LENGTH OF LATERALS: 84 feet each (Not to exceed 100 feet)

COMMENTS:

6' HOLE - NO ROCK OR WATER

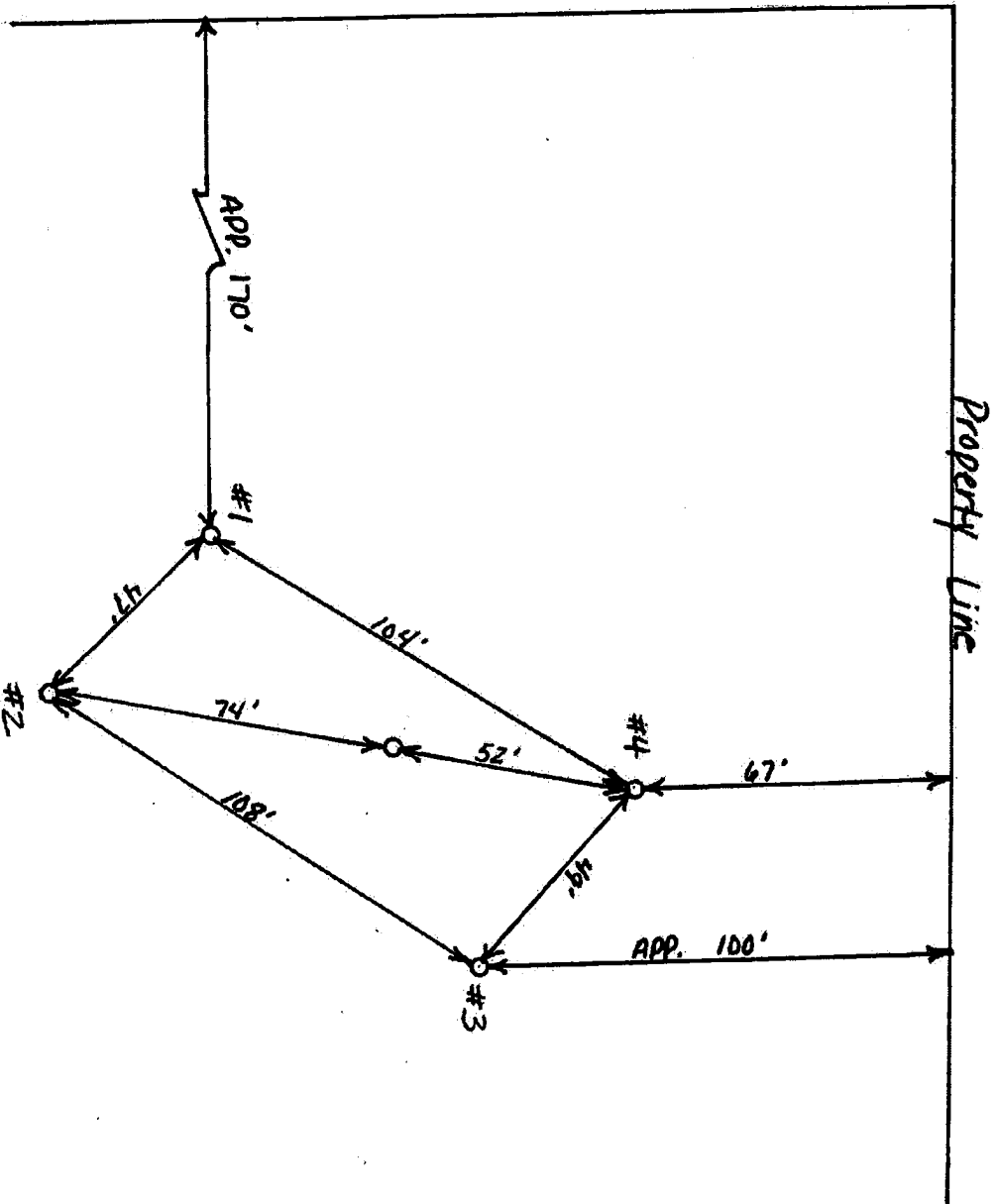
SEAL:

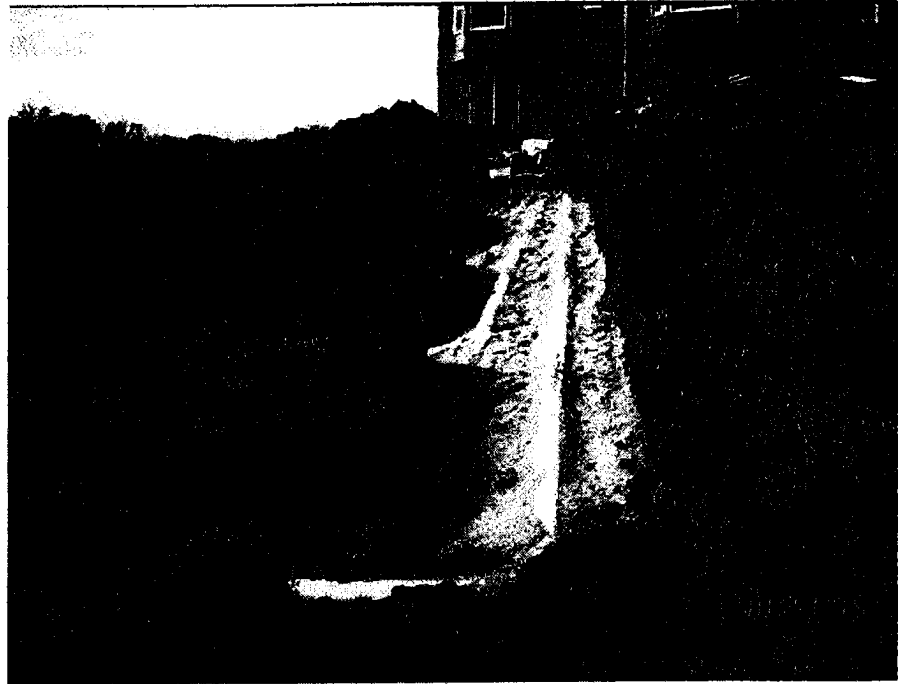
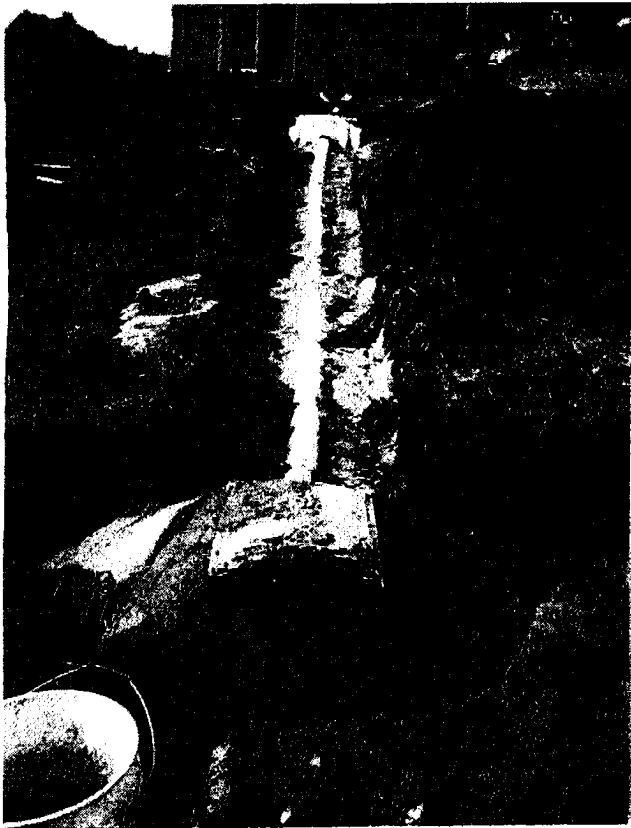
I HEREBY CERTIFY THAT THIS PLAN, SPECIFICATION, PLAT, MAP, SURVEY OR REPORT WAS MADE BY ME OR UNDER MY DIRECT PERSONAL SUPERVISION AND THAT I AM A DULY REGISTERED PROFESSIONAL ENGINEER AND LAND SURVEYOR UNDER THE LAWS OF THE STATE OF IOWA
SIGNED Charles T. Vance DATE 22 March 1994

Charles T. Vance, P.E. & L.S. Iowa Reg. No. 5041
My Registration Expires December 31, 1995

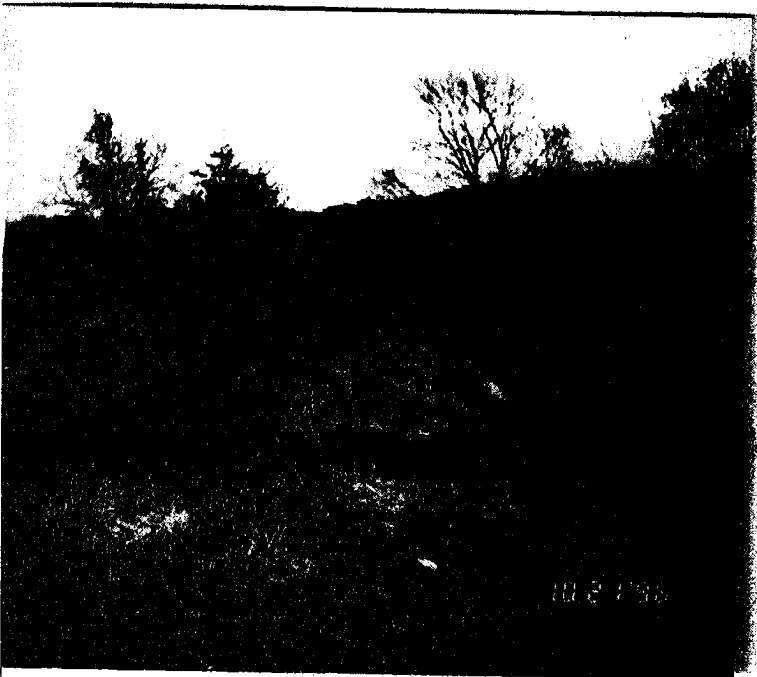
RECEIVED: MAR. 22 1994
Jerry K. Trevillyan
Madison County Sanitarian
and
Zoning Administrator

PERCOLATION TEST FOR
MARCIA GORANSON





#1561





MADISON COUNTY HEALTH

Jerry K. Trevillyan
County Sanitarian
Courthouse P.O. Box 152
Winterset, Iowa 50273-0152

Telephone 515-462-2636

MEMO

PERMIT NO. 1561

DATE ISSUED: July 15, 1996

NAME: Roger & Marcia Goranson SEC. 19 TOWNSHIP: T76N R27W (UNION TWP.)
for: new dwelling Parcel "C" SW FRL $\frac{1}{4}$ SW $\frac{1}{4}$

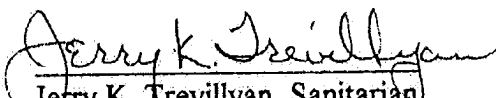
Dear Permit Holder:

A sewage treatment disposal system 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 inspected by the Madison County Board of Health Sanitarian prior to the system being covered and put into service, for compliance with the Madison County Board of Health Rules and Regulations on Private Sewage Treatment Systems, and Chapter 69, Iowa Administrative Code, Department of Natural Resources.

Issuance of a permit and the inspection 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 (3) to five (5) years to prevent overflow of solids into the secondary treatment portion of the system. Failure to do so could cause damage to the system and malfunction of the system.


Jerry K. Trevillyan, Sanitarian
Madison County Board of Health