



Document 2026 GW1277

Book 2026 Page 1277 Type 43 001 Pages 18

Date 5/07/2026 Time 10:10:53AM

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: Christopher Bourne and Lisa Bourne
Address: 3931 Ashworth Road , West Des Moines, IA 50265

TRANSFeree:

Name: Elizabeth Baker and Bradley Baker
Address: 1903 Quail Ridge Ave, WINTERSET, IA 50273

Address of Property Transferred: 1903 Quail Ridge Ave, WINTERSET, IA 50273

Legal Description of Property:

Lot Fifteen (15) in Quail Ridge Subdivision, located in the Northwest Quarter (NW ¼) of the Northeast Quarter (NE ¼) of Section Twenty-three (23), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., 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: **2026-583178**.

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:

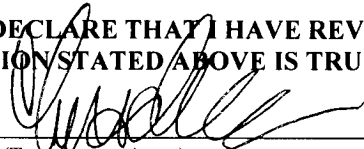
“There is no known private burial site, well, solid waste disposal site, underground storage tank, hazardous waste, or private sewage disposal system on the property as described in Iowa Code section 558.69, and therefore the transaction is exempt from the requirement to submit a groundwater hazard statement.”

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.: 515-782-8708

TIME OF TRANSFER INSPECTION TOT# 20016 GARY WELKER CERT # 12732

Site Information

Parcel Description: **400072340020000**
Address: **1903 Quail Ridge Avenue, Winterset, IA 50273** County: **Madison**

Owner Information

Property is owned by a business: **No**
Business Name:
Owner Name: **Christopher Bourne**
Email Address: **iwabournes@gmail.com**
Address: **1903 Quail Ridge Avenue, Winterset, IA 50273**
Phone No: **515-782-8708**

Site related information

No Of Bedrooms: **4** Inspection Date: **03/26/2026**
Facility Type: **Residential** Currently Occupied: **Yes**
Last Occupied: System Installation Date: **10/27/2017**
Permit issued by County: **Yes** Permit Number: **034-17**
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): 1500/500
Tank Material: Concrete	Tank Corrosion Type: Excessive	Liquid Level Type: Normal
No. of Compartments: 3	Pump Tank Chamber: Yes	Licensed Pumper Name: Bobs Septic
Date Pumped: 3/26/2026	Meets Setback to Well: N/A	Well Type:
Distance To Well (Ft.):	Is Accessible: Yes	Lid Intact: Yes
Risers Intact: No	Effluent Filter Present: Yes	Watertight: No

Tank/Vault Pumped: **Yes** Inlet Baffle Present: **Yes** Outlet Baffle Present: **Yes** Functioning as Designed: **No**

Tank Comments:

General Primary Treatment Comments:

Distribution Type

Pump System 1

Label: **Pump System 1** Accessible: **Yes** Control Box Functioning: **Yes**

Alarm(s) Present and Functioning: **Yes** Functioning As Designed: **Yes**

General Distribution System Comments :

Secondary Treatment

Sand Filter1

Filter Type: Subsurface	Distribution Type: Pump System	Material Type: Rock and PVC Pipe
Absorption Area: 600	System Hydraulic Loaded: No	Gallons Loaded:
Discharge At Time of Inspection: No	CBOD5 Results:	TSS Results:
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: No
Saturation or Ponding Present: No	Grass Cover Over System: Yes	Outlet Found: Yes
Sample Taken: No	GP4 Permitted: No	GP4 Required: No
System Located on Owner Property: Yes	Easement Present: N/A	Functioning as Designed: No

Comments:

General Secondary Treatment Comments:

Narrative Report

TOT Inspection Report Overall Narrative Comments: **Upon arrival client showed us location of septic syste. Removed lids from tank and found a 1500/500 septic tank; with a pump tank chamber with an alarm stand present and functioning. Inlet side of septic tank in good condition however outlet side and pump tank chamber in bad condition with severe corrosion. Risers that are connected to septic tank on pump tank chamber are breaking apart and septic tank is believed to be no longer watertight around riser seals. Secondary system is a pressurized sand filter. Unable to perform hydraulic load test due to broken clean out fitting. Pumped septic tank portion of approx 1500g of waste. Probed sand filter to ensure size and materials. Replaced lids back in respective positions and concluded inspection.**

TIME OF TRANSFER INSPECTION TOT# 20016 GARY WELKER CERT # 12732

Owner Name: **Christopher Bourne**

Address: **1903 Quail Ridge Avenue , Winterset , IA 50273**

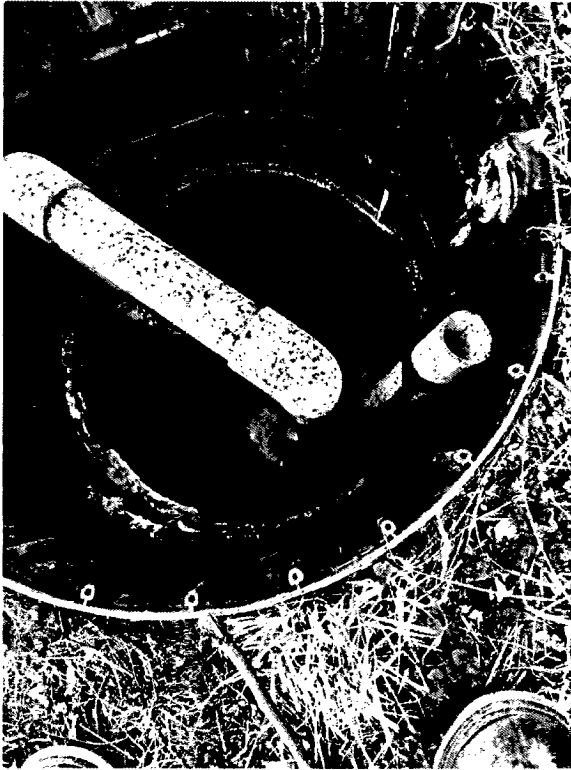
County: **Madison**

Inspection Date: **03/26/2026**

Submitted Date: **3/30/2026**

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).







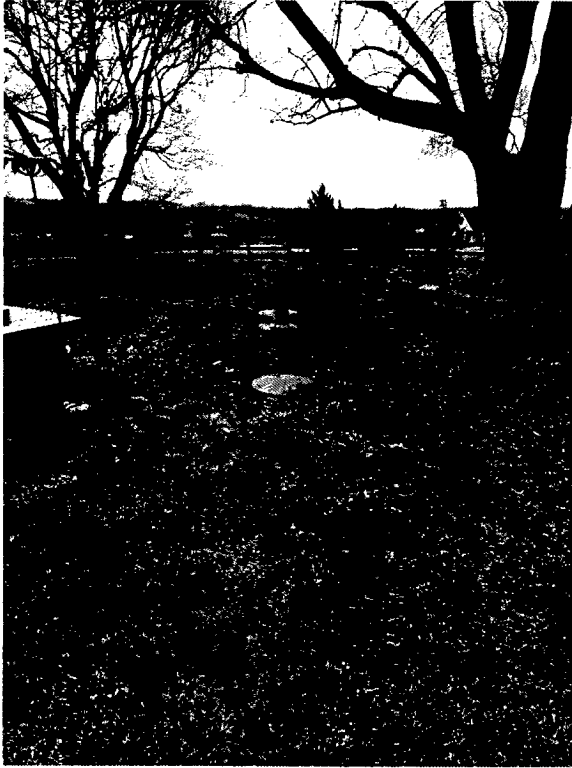














Permit# 034-17
Inspection 10/27/17

01/25/17

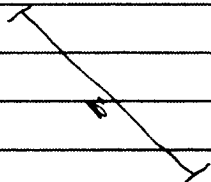
N ↑

1903 Dual Ridge

House

28'

22'



1500
5000
Lister 1500/500 Concrete
12" Risers Polylok Filter

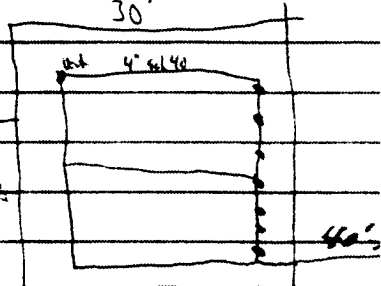
Hansen Mechanical
4 Bdr
600 gpm Press Sand Filter

30'

4' x 4'

27'
20'

40'



Permit # 2026-583178	MADISON COUNTY ENVIRONMENTAL HEALTH 209 E. Madison St., Winterset, IA 50273 Phone: (515)462-2632 - Email: ahornback@madisoncounty.iowa.gov	Permit Fee: Date Paid:
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PRIVATE SEWAGE DISPOSAL SYSTEM PERMIT

A permit is required prior to conducting any change that affects the treatment or disposal of the waste, including replacement of the primary or secondary components, or a change in the design of the permitted private sewage disposal system from the design that was originally installed and approved by the administrative authority.

This non-transferable permit is valid for ONE YEAR.

Owner Information (Applicant)	Installation Contractor Information
Name BOURNE, CHRISTOPHER & LISA (DED)	Name Rogers Septic & Maintenance Repair
Mailing Address 1903 QUAIL RIDGE AVE	Address 6288 NE 14th St
City State Zip WINTERSET, IA 50273	City State Zip Des Moines, IA 50313
Phone Number 5157828708	Phone Number 515-282-0777
Email: iowabournes@gmail.com	Certification #:

Site Information	
Site Address: 1903 QUAIL RIDGE AVE WINTERSET	Parcel #: 400072340020000
Legal Description: LOT 15 QUAIL RIDGE SUB 10.10A	
S/T/R: 23-76-27	

Dwelling/Building Information		
Building Type: <input type="checkbox"/> New <input type="checkbox"/> Existing	Purpose: <input type="checkbox"/> House <input type="checkbox"/> Accessory Building <input type="checkbox"/> Business	Septic Construction Type: <input type="checkbox"/> New System <input type="checkbox"/> System Replacement <input type="checkbox"/> Repair - Tank or D-Box <input type="checkbox"/> Repair - Treatment Area
PERCOLATION/SOILS ANALYSIS MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT		
Attach Report		
Number of Bedroom: 4	For A Business – What type?	

Private Sewage Disposal System Design			
Tank	Type:	# of Tanks:	Size:
Tank	Type:	# of Tanks:	Size:

Secondary Treatment Area	
<input type="checkbox"/> Laterals: Feet Required _____ for _____" Wide Trench ____ Max Trench Depth <input type="checkbox"/> Sand Filter <input type="checkbox"/> At-Grade <input type="checkbox"/> Mound	<input type="checkbox"/> Waterloo Biofilter <input type="checkbox"/> Enclosed System <input type="checkbox"/> Other: _____

Conditions of the Permit
1. Maintain All Setbacks
2.
3.

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/pump dose/siphon dose must be available. Electrical at the site (no generators) to test the pump must be available. If required, a maintenance agreement must be filled with our office prior to issuance of this permit.		It is unlawful to start construction, reconstruction, or repair of any Septic System prior to issuance of a Septic System permit by the Environmental Health Department.
Applicant Signature:	Date: 04/14/2026	
Issued by:	Date:	