

BK: 2026 PG: 588
 Recorded: 3/5/2026 at 8:48:26.0 AM
 Pages 14
 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 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	Behr Construction Inc.		
Address	28901 R Ave.	Adel	IA 50003
	Number and Street or RR	City, Town or PO	State Zip

TRANSFeree:

Name	Johnny Sams		
Address	3028 CARVER ROAD	Winterset	IA 50273
	Number and Street or RR	City, Town or PO	State Zip

Address of Property Transferred:

3028 CARVER RD	Winterset	Iowa	50273
Number and Street or RR	City, Town or PO	State	Zip

Legal Description of Property: (Attach if necessary)

A parcel of land located in the Southwest Quarter (1/4) of the Northeast Quarter (1/4) of Section Fifteen (15), Township Seventy-four (74) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, containing 0.625 acres, as shown in Plat of Survey filed in Farm Plat Record 1, Page 158 on March 20, 1981, 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:

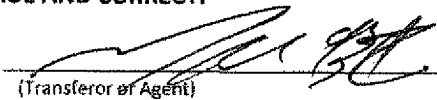
"There is no known private burial site, well, solid waste disposal site, underground storage tank, hazardous waste, or private sewage disposal system on the property as described in Iowa Code section 558.69, and therefore the transaction is exempt from the requirement to submit a groundwater hazard statement."

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 or Agent)

Telephone No.: 515-202-0633

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a. Solid Waste Disposal (check one)

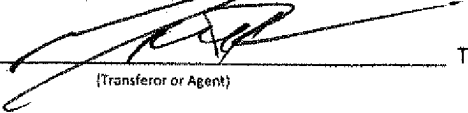
- There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.
- There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.

b. Hazardous Wastes (check one)

- There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.
- There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.

Further descriptive information:

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

Signature:  Telephone No.: 515-202-0633
(Transferor or Agent)



IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER
DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 19074 BEN BEDWELL CERT # 11612

Site Information

Parcel Description: **660141526010000**

Address: **3028 Carver Rd, Winterset, IA 50273**

County: **Madison**

Owner Information

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

Business Name:

Owner Name: **Clemens Bornreger**

Email Address:

Address: **3028 Carver Rd, Winterset, IA 50273**

Phone No:

Site related information

No Of Bedrooms: **2**

Inspection Date: **12/09/2025**

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date: **09/27/2005**

Permit issued by County: **Yes**

Permit Number: **141-05**

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): **1250**

Tank Material: **Concrete**

Tank Corrosion Type: **None**

Liquid Level Type: **Normal**

No. of Compartments: **2**

Pump Tank Chamber: **No**

Licensed Pumper Name: **Daves Pumping Service**

Date Pumped: **8/2/2025**

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: **Leaching Chamber**

Trench Width: **24**

Lines: **4**

Total Length of Absorption Line: **320**

System Hydraulic Loaded: **Yes**

Gallons Loaded: **250**

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 working properly during the inspection. The tank was in good condition. The D-box was in good condition. The Laterals were in good condition.**



IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 19074 BEN BEDWELL CERT # 11612

Owner Name: **Clemens Bortreger**

Address: **3028 Carver Rd , Winterset , IA 50273**

County: **Madison**

Inspection Date: **12/09/2025**

Submitted Date: **12/16/2025**

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
Office of Zoning and
Environmental Health

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

112 N. John Wayne Drive
P.O. Box 152
Winterset, IA 50273-0152
Telephone: (515) 462-2636

Permit Number: 141-05

Date Issued: 9/27/05

Issued to: Federal National Mortgage/Kodi Beverlin
Address: ~~3900 Wisconsin Ave W.~~
Washington, DC 20016

*3428 Carver Rd.
660141526010000*

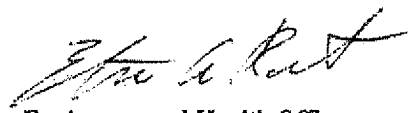
Legal Description: .63 A SW PT SW NE Section 15-74-28 Monroe Twp.

POWTS Components Specifications: 1250gal. Septic Tank & 3ea. EQ24 Laterals @ 100ft.

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 367 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:


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

Application to Construct
Private On-Site Wastewater Treatment
System (POWTS)

112 N. John Wayne Dr.
P O Box 152
Winterset, IA 50273
Telephone (515) 462-2636

Office Use Only					Temp E911:		
Tracking No.	Date Received	Fee Paid	Date Issued	Date Inspected	Date Approved	Section/Township	NPDES Authorization #
141-05	9-27-05	150	9-27-05			15 Monroe	

Application will not be accepted until site and soil analysis/percolation information, and two diagrams of the system layout, profiles and cross-sections 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 and appropriate forms recorded before a permit will be issued.

Please Print All Information.

1. Owner Information (Applicant)				2. Contractor Information				
First Name	K. S. D. I.		Last Name	BENGTZLIN		First Name	L. R. E. W. J.	
Address	FEDERAL NATIONAL MORTGAGE			Address	1996 295 th LANE			
City	State	Zip	City	State	Zip	City	State	Zip
WASHINGTON	DC	20016	WINTERSSET	IA	50273			
Phone Number (area code)	Fax or E-mail	Cell Phone	Phone Number (area code)	Fax or E-mail	Cell Phone			
510 340 1608			416 2 3564		416 2 0091			

3. System Requirement Information	4. Site and Soil Evaluator (Percolation Test)
IAC CHAPTER 69 DOUBLE COMPARTMENT TANK REQUIRED	PERCOLATION TEST MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT
Minimum Tank Size Required	Date test taken _____ Test taken by _____
1-3 Bedroom 1000	Test Results: Hole 1 _____ min/in Hole 2 _____ min/in
4 Bedroom 1250	Hole 3 _____ min/in Hole 4 _____ min/in
5 Bedroom 1500	Average _____ min/in Depth of Test Holes _____
6 Bedroom 1750	Number of Laterals Required _____
	Length of Laterals Required _____ ft. ea

5. Type of Submittal	6. Address Information
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Repair, Tank <input type="checkbox"/> Repair, Treatment Area <input type="checkbox"/> System Replacement Previous Permit #:	Location, Number & Street of project (if unknown, indicate nearest road): <u>CHARLOTTE RD 3028</u> Legal Description: <u>015 074 028</u> <u>1/3 A SW PT SW NE</u>

7. Type of Building (Completed by Owner)	
<input checked="" type="checkbox"/> Residential Other buildings served by this system: <u>NONE</u>	<input type="checkbox"/> Commercial/Other Non-Residential Use: <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> High Water Usage Appliance (i.e. whirlpool bath, water softener) Qty: _____

8. Primary and/or Mechanical Treatment				
Type	<u>CONCRETE</u>	Manufacturer	<u>LITZEL</u>	Model
Type		Manufacturer		Model
Type		Manufacturer		Model
Size (gal)	<u>1250</u>			
Size (gal)				
Dosing Frequency				

10. Secondary Treatment Area				
Type	<input type="checkbox"/> Not Applicable			
Type of Laterals	Number of Laterals	Length of ea. Lateral	Other	Other
<u>EQ 2-1</u>	<u>3</u>	<u>100 FT</u>		
				Maximum Trench Depth (inches): <u>36 INCHES</u>

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. Mechanical systems require use of a free-access sand filter and must be covered by a maintenance agreement, which must be recorded in the Madison County Recorders Office. Discharge from mechanical systems and sand filters require periodic testing as set forth in IAC Chapter 69 and the results submitted to BOH.	It is unlawful to start construction, reconstruction, or repair of any POWTS prior to issuance of a POWTS permit by the Environmental Health Officer.
Applicant Signature: <u>FEDERAL NATIONAL MORTGAGE, INC.</u> Date: <u>9-27-05</u>	

Date taken: 9-1-05

By: Jim Vance

Owner: Kodl BeverJim

Site Address: 3028 Carver Rd.

Phone No. 360-1608

Lot Size: 0.63 acres Legal Description: Part of the SW 1/4 of the NE 1/4 of Sec. 15-T74N-R28W

Structure: New Existing Bedrooms: 2 Installation number: 174 174 Sec 7tp Range

Owner's Current Mailing Address: 118 N. 1st Ave., Apt. #3, Winterset, IA 50273

Time for 1 inch of water: 1. 21.8 min 2. 30.0 min 3. 21.8 min 4. 26.7 min 5. 30.0 min 6. 26.7 min

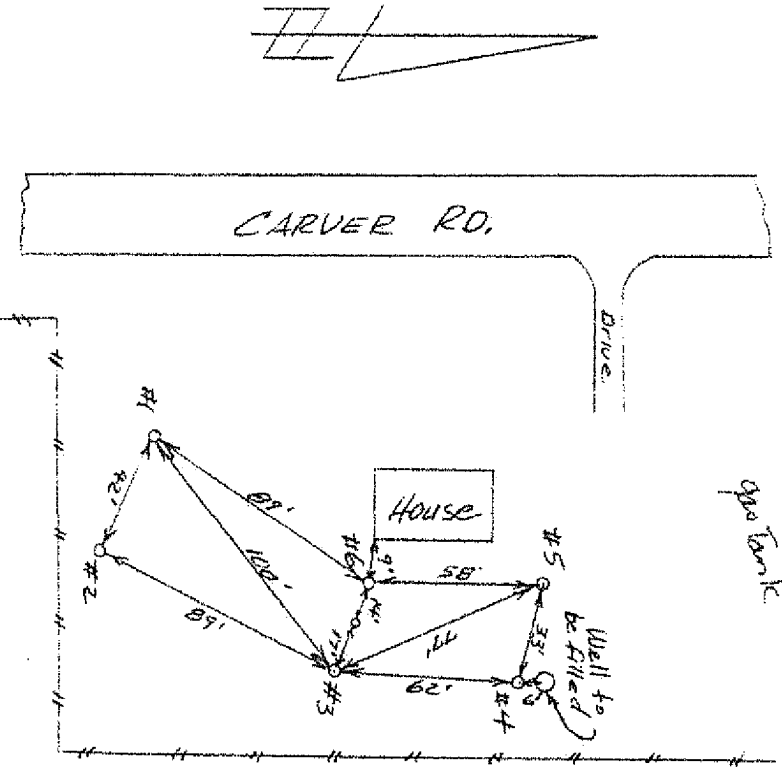
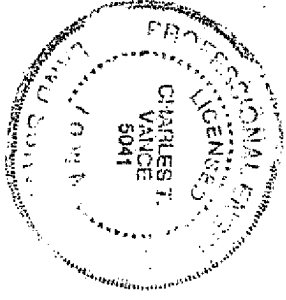
Depth of hole at time of test: 1. 36" 2. 36" 3. 36" 4. 36" 5. 36" 6. 36"

Results of 6 foot hole: No Rock No Water

Min. recommended lateral footage per IAC Ch. 69: 300 feet Drawing of perc site below: Average length of laterals: 100 feet

Number of laterals required: 3 each

No water lines - Bus
No Xela - friends - Rosemary
No ditch -



I hereby certify that this engineering document was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer under the laws of the State of Iowa.

Signed: Charles T. Vance Date: 1 Sept. 2005 Reg. No. 5041 Exp. Date: 31 Dec. 2005

RLI1002 PID 660141526010000 00 Tax Dist 660 000 Class R INQUIRY
 2005 061. Map# 000001415200003 GIS#

Property 001966870 DED FEDERAL NATIONAL MORTGAGE ASSOCIATION
 Ownership 3900 WISCONSIN AVENUE W
 WASHINGTON DC 20016

000000000

Location 3028 Street CARVER ROAD City WINTERSET
 Recorded DED 2005 1825 4/26/2005 1825 2005/04/19
 Documents

fisc Exempt Code No Ag Cr VIN#
 Sec-Twp-Rng 015 074 028 Cty-Adn-Blk 00015 Title

Legal Desc .63 A SW PT SW NE

Applications Typ 1 Ovr Amt Typ 2 Ovr Amt
 Typ 3 Ovr Amt Typ 4 Ovr Amt

	100%	Rollback Gr	Acres	Typ Desc	Value	Rollback	Acres
hrs	56,800	27,244	.63	LND Land	20,100	9,641	.43
fil			.20	BLD Bldgs	36,700	17,603	
let	56,800	27,244	.00	EXM Exempt			.20
			.43	Net			

F3=Exit F10=Ownership F12=Prev F13=Rec Doc F14=Image F15=Legal F16=Notes
 F17=IE F18=TaxHist F19=Aplic F20=Value F21=Print F22=View Image F23=Indexing

Permit No 141-05 Name: Beverlin 911 Sign Locate

Date of Inspection: 10/11/05 Inspected by: Elton Root

Contractor: Huff & Son

Dwelling under construction or moved in Yes No

Setbacks

Meets required setbacks.

- Rural Water Yes No
- Private wells/Groundwater heat pump bore holes/suction water lines/lakes
 - Outside required 50-foot setback for tank Yes No
 - Outside required 100-foot setback for laterals Yes No
- Streams/ponds (25-25 ft)-ditches (10-10 ft) Yes No
- Indications of water lines under pressure Yes No

Comments:

Building Sewer

- Clean outs – one right outside of house Yes No
- **location of cleanout inside house and set requirement**
- Pipe is sch 40 and has a 4-inch diameter. Yes No
- Grade – has adequate fall. Yes No

Comments:

Tank

- Tank. Manufacture Lister Concrete Plastic
- Capacity 1250 -gallon
- Two compartments, both meet the specs for capacity. Yes No
- Baffle Yes No
- Inlet/Outlet tees are ok. Yes No
- Effluent filter in the outlet. Yes No Manuf. Zabel
- Tank depth. 6 inches
- Risers Yes No
- Lids above grade screwed on Yes No Will be

Comments:

Distribution Box

- Brand Tuf-Tite Other
- Bedded in cement. Yes No Will be
- Has required inlet baffle. Yes No Will be
- Outlet levels –are level. Yes No Unknown

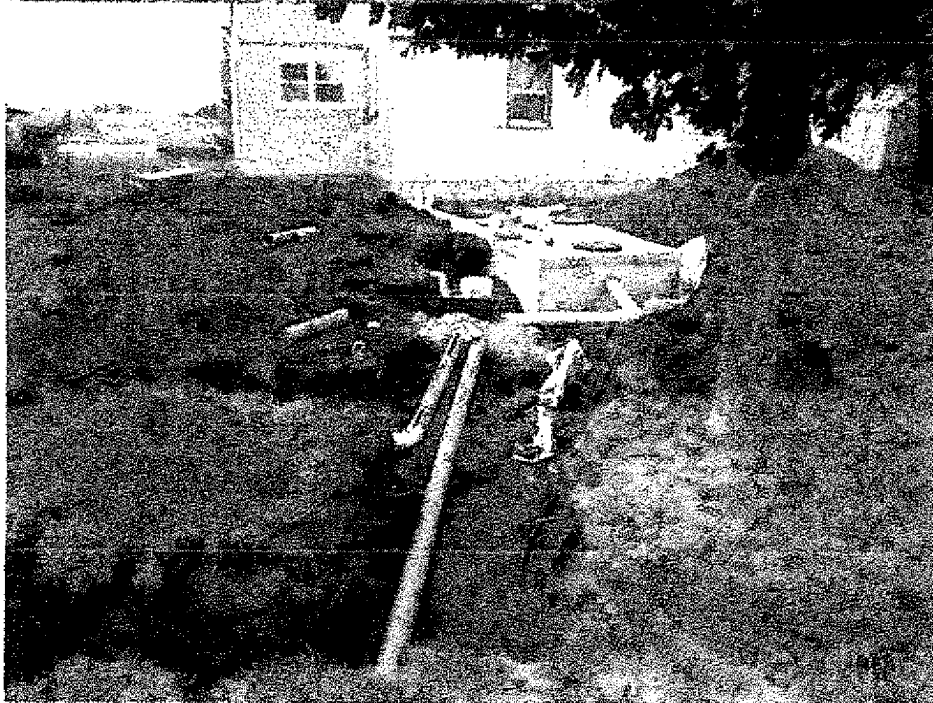
Comments:

Laterals

- Distribution lines: 4-inch PVC pipe – SCH35
- Distribution lines screwed to laterals. Yes No Will be
- Lateral used. EQ24 Reduction? Yes No
- Lateral depth 30 inches Perc depth 36 inches
- Laterals were level. Yes No
- Adequate amount of undisturbed soil between laterals. Yes No
- Distance 6 feet between laterals.

Comments:

Permit # 141-05 Federal Nat. Mortg. / Kodi Beverlin Inspection 10/11/05



Permit # 141-05 Bevelin Inspection 10/11/05

