

BK: 2019 PG: 16
Recorded: 1/3/2019 at 8:59:40.0 AM
Pages 7
County Recording Fee: \$0.00
Iowa E-Filing Fee: \$0.00
Combined Fee: \$0.00
Revenue Tax:
LISA SMITH RECORDER
Madison County, Iowa

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Andrew J. Dickinson

Address 3232 Valleyview Ave Truro IA 50257
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Dustin R. Morrison

Address 2425 Upland Lane, Saint Charles, IA 50240

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

Address of Property Transferred:

2425 Upland Lane, Saint Charles, IA 50240

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

Legal Description of Property: (Attach if necessary) Parcel "H", located in the Northeast Quarter (1/4) of the Northwest Quarter (1/4) of Section Sixteen (16), Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing 10.00 acres, as shown in Plat of Survey filed in Book 3, Page 608 on July 11, 2000, in the Office of the Recorder of Madison County, Iowa

1. Wells (check one)

- ☒ There are no known wells situated on this property.
☐ 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)

- ☒ There is no known solid waste disposal site on this property.
☐ 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)

- ☒ There is no known hazardous waste on this property.
☐ 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)

- ☒ 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.)
☐ 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)

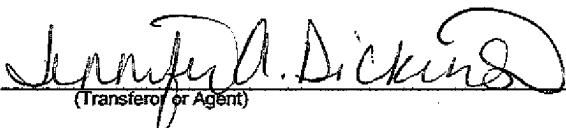
- ☒ There are no known private burial sites on this property.
☐ There is a private burial site on this property. The location(s) of the site(s) and known identifying information of the decedent(s) is stated below or on an attached separate sheet, as necessary.

6. Private Sewage Disposal System (check one)

- ☐ All buildings on this property are served by a public or semi-public sewage disposal system.
☐ This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
☒ 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.
☐ 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.
☐ There is a building served by private sewage disposal system on this property. 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.
☐ 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 #9]
☐ This property is exempt from the private sewage disposal inspection requirements pursuant to the following exemption [Note: for exemption #9 use prior check box]: _____
☐ The private sewage disposal system has been installed within the past two years pursuant to permit number _____.

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.: 515-238-3861



State Hygienic Laboratory

The University of Iowa

JOE BEDWELL
1310 E CLINTON AVE
INDIANOLA, IA 50125-

Accession Number	751687
Date Sample Finalized	2018-12-26 15:38
Date Received	2018-12-18 13:09
Sample Source	Non-Drinking Water
Project	
Date Collected	2018-12-18 11:00
Collection Site	sand filter outlet
Collection Address	
Sample Description	SAINT CHARLES, waste water
Client Reference	
Collector	bedwell joe
Phone	515/681-5885

Note: Upon arrival, sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

Results of Analyses

E.coli Bacteria, SM 9223 B

Units	[MPN]/100mL	Analyzed In	Ankeny
Date Analyzed	2018-12-18 16:20	Date Verified	2018-12-19 13:25
Analyst	DMJ	Verifier	MLS

Analyte	Result	Quant Limit
E.coli	3600	10

BOD, Carbonaceous 5 Day, SM 5210 B

Units	mg/L	Analyzed In	Ankeny
Date Analyzed	2018-12-19 08:00	Date Verified	2018-12-26 15:38
Analyst	AMJ, SLL	Verifier	DLS

Analyte	Result	Quant Limit
CBOD, 5 Day	3	2

Total Suspended Solids, USGS I-3765-85

Units	mg/L	Analyzed In	Ankeny
Date Analyzed	2018-12-18 14:00	Date Verified	2018-12-19 15:27
Analyst	KAR	Verifier	JAE

Analyte	Result	Quant Limit
Total Suspended Solids	4	1

Description of Units used within this report

[MPN]/100mL = Most Probable Number per 100 Milliliters
mg/L = Milligrams per Liter



State Hygienic Laboratory

The University of Iowa

Accession Number | 751687

The result(s) of this report relate only to the items analyzed. This report shall not be reproduced except in full without the written approval of the laboratory.

Iowa Environmental Laboratory IDs are: Ankeny #397, Iowa City/Coralville #027, Lakeside #393.

If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500. Thank you.

Time of Transfer Inspection Report

Other components:

Alarms: ☐ Y ☒ N Working: ☐ Y ☐ N Disinfection: ☐ Y ☒ N Working: ☐ Y ☐ N

Control Box: — Timers: — Inspection Ports: —

Other components: none

Overall condition of the private sewage disposal system: Good

Report system status: System was working properly on day of inspection.

Explain (attach additional pages as needed): Secondary treatment handled hydraulic test and was working properly on day of inspection.

Comments: System was working properly on day of inspection.

Site status at conclusion of Time of Transfer inspection:

- Verify that controls are set on the appropriate mode.
- Power is on to all components.
- Revisit all components to verify lids are secure.
- Gather all tools for removal from the site.
- Verify that no sewage is on the ground surface.

Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

This report indicates the condition of the private sewage disposal system at the time of the inspection. It does not guarantee that it will continue to function satisfactorily.

Signature of Certified Inspector: Joe Bedwell Date: 12-21-18

Name (print): Joe Bedwell Certificate #: 10974

Address: 1310 East Clinton Avenue Indianola IA 50125

Phone #: 515-681-5885

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office and to:

Iowa DNR
Private Sewage Disposal Program
502 E 9th St
Des Moines IA 50319

House

ANDY DICKINSON
PERMIT # 1941

10' 4"

1500 G.P.L.

JB 12-21-18

42' X 18' (44' TO DRAIN)
SAND FILTER

TO DRAIN

10' 5"

10'

Time of Transfer Inspection Report

Property Information

Current Owner: Andy & Jenny Dickinson
 Buyer: _____ Realtor: Julie Egli
 Mailing Address: _____

Site Address/County: 2425 Upland lane Saint Charles IA 502210

Legal Description

No. of bedrooms: 3 Last occupied: Current Records available: Yes
 Permit/ installation date: 8-24-2000 Separation distances (ok/no?): OK

Septic System Information

Septic tank(s): Size: 1000 gal. Material: Concrete Condition: good

Tank pumped? ☒ Y ☐ N Date: 12-21-18 Licensed pumper: ST-237

Septic/Trash/Processing tank: Size: — Material: — Condition: —

Tank pumped? ☐ Y ☐ N Date: — Licensed pumper: —

Aerobic treatment unit (ATU) mfg: — Size: —

Tank pumped? ☐ Y ☐ N Date: — Licensed pumper: —

Maintenance contract? ☐ Y ☐ N Expiration date: — Service provider: —

Condition: —

Pump tanks/vaults: Type: — Size: — Condition: —

Distribution system: Distribution box Plastic Outlets used 8 Condition: good

Header pipe(s): 8 No. of lines: 8 Pressure dosed? no

Secondary Treatment:

Length of absorption fields: — Determined by: —

Condition of fields: — Determined by: —

Type of trench material: —

Size of sand filter: 42" X 18" Determined by: map, Probe, measuring.

Vent pipes above grade? ☒ Y ☐ N Discharge pipe located? ☒ Y ☐ N

Effluent sample taken Yes Results: See Attached

Media Filters: Type: —

Maintenance contract? ☐ Y ☒ N Expiration date: — Service provider: —

Condition: —

NPDES General Permit No. 4: Required? ☐ Y ☐ N Permitted? ☐ Y ☐ N NOI provided: —