



Document 2021 GW507

Book 2021 Page 507 Type 43 001 Pages 7
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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Julia A. Roberson Bishop, as Trustee of the Julia A. Roberson Bishop Revocable Trust dated November 25,
Address 2013 3595 Walker Rd. Rock Hill, SC 29730
Number and Street or RR City, Town or PO State Zip

TRANSFeree:

Name Fredrick H. Lindsay Jr. and Michelle Rae Lindsay
Address 5170 Bulldog Ave. Van Meter, IA 50261
Number and Street or RR City, Town or PO State Zip

Address of Property Transferred:

2057 105th St. Earlham, IA 50072
Number and Street or RR City, Town or PO State Zip

Legal Description of Property: (Attach if necessary)

See Addendum

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)

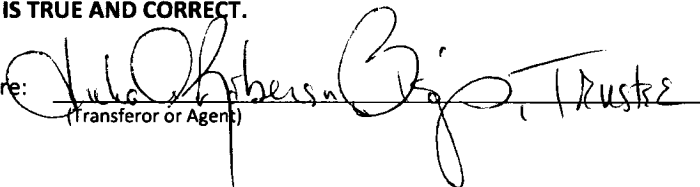
- There are no known private burial sites on this property.
- There is a private burial site on this property. The location(s) of the site(s) and known identifying information of the decedent(s) is stated below or on an attached separate sheet, as necessary.

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:  Telephone No.: 515-208-6168
(Transferor or Agent)

ADDENDUM

The Northwest Quarter ($\frac{1}{4}$) of the Southeast Quarter ($\frac{1}{4}$) of Section Two (2) in Township Seventy-seven (77) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, INCLUDING Parcel "C", located therein, containing 13.10 acres, as shown in Plat of Survey filed in Book 3, Page 79 on August 4, 1997 in the Office of the Recorder of Madison County, Iowa, EXCEPT Parcel "A", located therein, containing 6.00 acres, as shown in Plat of Survey filed in Book 2, Page 568 on May 10, 1995, in the Office of the Recorder of Madison County, Iowa, AND EXCEPT Parcel "B", located therein, containing 0.81 acres, as shown in Plat of Survey filed in Book 3, Page 83 on August 12, 1997, in the Office of the Recorder of Madison County, Iowa, AND EXCEPT Parcel "D", located therein, containing 5.29 acres, as shown in Plat of Survey filed in Book 2014, Page 855 on April 14, 2014, in the Office of the Recorder of Madison County, Iowa.



Time of Transfer Inspection Report (DNR Form 542-0191)

Property information

Current owner Charles + Julia Bishop
Buyer Fredrick + Michelle Lindsay Realtor Coldwell Banker Robin Vongillern
Mailing address 5170 Bulldog Ave. Van Metre IA 50261

Site Address/County 2057 105th St Earlham IA 50072
Legal Description Same as address

No. of bedrooms 4 Last occupied? Still there Records available yes
015-14 12-2020

Permit/installation date 7-3-14 Separation distances no? OK

Septic system information

Septic tank(s): size 1500 gal material Cement condition Looks OK at this time
Tank pumped? yes date 12-10-2020 licensed pumper ST 237
Septic/trash/processing tank: size material condition
Tank pumped? date licensed pumper

Aerobic treatment unit (ATU) mfr size
Tank pumped? date licensed pumper
Maintenance contract? expiration date service provider
Condition

Pump tanks/vaults: type size condition

Distribution system: distribution box Plastic Cement outlets used 5 condition look OK at this time
Header pipe(s) 5 # of lines 5 Pressure dosed? no time

Secondary treatment:

length of absorption fields determined by
condition of fields determined by
type of trench material

Size of sand filter 64x15 determined by prep + probe
Vent pipes above grade? yes discharge pipe located? yes
Effluent sample taken? yes Results TSS-1 BOD 5-2

Media filters: type
Maintenance contract? no expiration date service provider Home owner
Condition

NPDES General Permit No. 4: required? no permitted? no NOI provided



Time of Transfer Inspection Report

Other components:

Alarms No Working? — disinfection no working? —

Control box No Timers No inspection ports yes

Other components _____

Overall condition of the private sewage disposal system

Report system status _____

Explain (attach additional pages as needed): _____

Comments: _____

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.

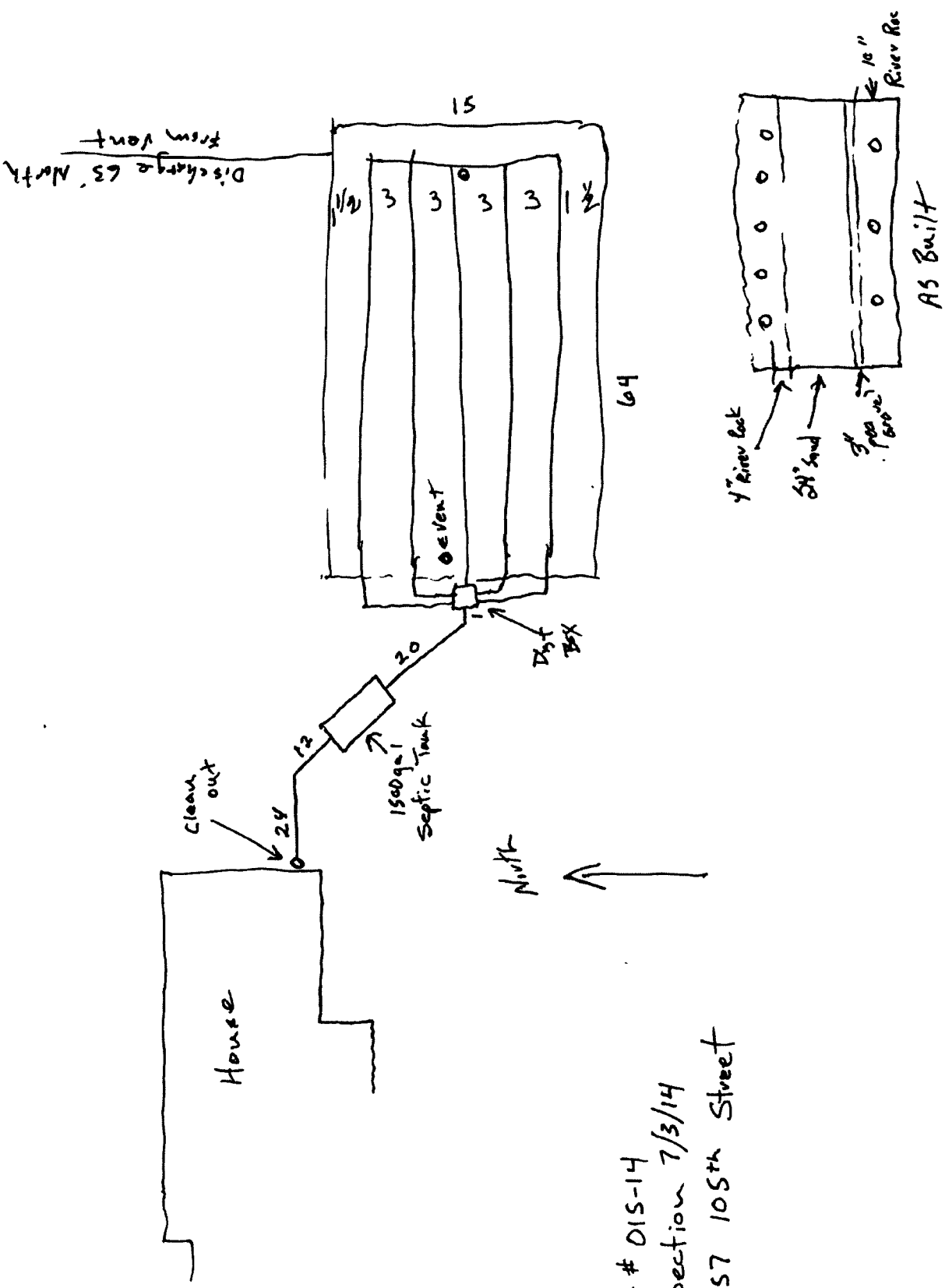
Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

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: Allen Akers Date: 12-10-2020
 Name (print): Allen Akers Certificate #: 1023
 Address: 2204 175th St Winterset IA 50273
 Phone # 515-468-0091

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office, county Recorder in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319



North ↑

Permit # 015-14
 Inspection 7/3/14
 2057 105th Street



Collection Location 2057 105 st		Collector and Phone akers allen 515/462-1015	Client Reference chuck bishop	Accession # 1485270
EARLHAM, IA		Collected 2020-12-10 09:15	Received 2020-12-10 10:56	Project
Report To	ALLEN AKERS			Sample Description waste water discharge
	2204 175TH CT			Sample Type Non-Drinking Water
	WINTERSET, IA 50273-			Sample Source
				Sample Note(s) 1

RESULTS OF ANALYSIS - FINAL REPORT

TEST	RESULT (mg/L)	QUANT LIMIT	ANALYSIS NOTE(S)
BOD, Carbonaceous 5 Day, SM 5210 B CBOD, 5 Day	<2	2	
Total Suspended Solids, USGS I-3765-85 Total Suspended Solids	<1	1	

SAMPLE AND ANALYSIS NOTES

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

ANALYSIS INFORMATION

TEST	ANALYZED	SITE	RELEASED	ANALYSIS PRI
1. BOD, Carbonaceous 5 Day, SM 5210 B	2020-12-10 11:00 AMG, JAE	3201	2020-12-16 11:38 DLS	
2. Total Suspended Solids, USGS I-3765-85	2020-12-11 08:50 KAR	3201	2020-12-14 16:19 AMG	

DESCRIPTION OF UNITS

mg/L = Milligrams per Liter

SITE(S) PERFORMING TESTING

3201 STATE HYGIENIC LABORATORY ANKENY, IOWA LABORATORIES COMPLEX, 2220 S ANKENY BLVD, ANKENY, IA 50023; Phone 515/725-1600; Fax 515/725-1642; Michael D. Schueller, M.S., Associate Director; Wade K. Aldous, Ph.D. (D)ABMM, Associate Director; IOWA ENVIRONMENTAL L/ ID #397

The result(s) of this report relate only to the items analyzed. Where the laboratory has not been responsible for the sampling stag the results apply only to the sample as received. This report shall not be reproduced except in full without the written approval of the laboratory. If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500.