

BK: 2022 PG: 1099
Recorded: 4/15/2022 at 11:58:55.0 AM
Pages 10
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 John A. Walker and Sharon K. Walker
Address 2337 Vintage Ln. St. Charles Iowa 50240
Number and Street or RR City, Town or PO State Zip

TRANSFeree:

Name Michael P. Mohan and Steffany L. Mohan
Address 1625 NW 120th Clive, IA 50325
Number and Street or RR City, Town or PO State Zip

Address of Property Transferred:

2337 Vintage Ln. St Charles, IA 50240-8512
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: Sharon Walker (Transferor or Agent) Telephone No.: 5759799246

ADDENDUM

A parcel of land located in the Southeast Quarter (1/4) of the Northwest Quarter (1/4) of Section Ten (10), Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing 6.500 acres shown in Plat of Survey filed in Book 2, Page 345 on November 20, 1992 in the Office of the Recorder of Madison County, Iowa.

Time of Transfer Inspection Report

Property Information

Current Owner: John Walker

Buyer: _____ Realtor: _____

Mailing Address: _____

Site Address/County: 2337 Vintage Ln, Saint Charles IA/ Madison County

Legal Description

No. of bedrooms: 3 Last occupied: current Records available: yes

Permit/ installation date: 12-6-16 Separation distances (ok/no?): ok

Septic System Information

Septic tank(s): Size: 2000 gal Material: concrete Condition: good

Tank pumped? Y N Date: 3-21-22 Licensed pumper: Wiegert

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 Outlets used _____ Condition: _____

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

Secondary Treatment: _____

Length of absorption fields: _____ Determined by: _____

Condition of fields: _____ Determined by: _____

Type of trench material: _____

Size of sand filter: _____ Determined by: _____

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

Effluent sample taken yes Results: see attached

Media Filters: Type: 450 gpd coco filter

Maintenance contract? Y N Expiration date: _____ Service provider: _____

Condition: good

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



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: _____

Overall condition of the private sewage disposal system:

Report system status: The system was working properly during the inspection.

Explain (attach additional pages as needed): The tank was in good condition. The coco filter was in good condition. All plumbing goes to the septic.

Comments: This system is for the house south of the garage.

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: Ben Bedwell Date: 4-7-22

Name (print): Ben Bedwell Certificate #: 11612

Address: 1500 N B Street, Indianola IA

Phone #: 515-681-2053

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

Collection Location septic	Collector and Phone bedwell ben 515/681-2053	Client Reference 2337 vintage ln	Accession # 2068381
SAINT CHARLES,	Collected 2022-03-21 10:30	Received 2022-03-21 12:07	Project
Report To GLEN BEDWELL BUILDERS 1500 NORTH B ST INDIANOLA, IA 50125	Sample Description waste water		
	Sample Type Non-Drinking Water		
	Sample Source		
	Sample Note(s) 1		

RESULTS OF ANALYSIS - FINAL REPORT

<u>TEST</u>	<u>RESULT (MPN)/100mL</u>	<u>QUANT LIMIT</u>	<u>ANALYSIS NOTE(S)</u>
<i>E.coli Bacteria, SM 9223 B</i> E.coli	>24000	10	
<u>TEST</u>	<u>RESULT (mg/L)</u>	<u>QUANT LIMIT</u>	<u>ANALYSIS NOTE(S)</u>
<i>BOD, Carbonaceous 5 Day, SM 5210 B</i> CBOD, 5 Day	150	2	
<i>Total Suspended Solids, USGS I-3765-85</i> Total Suspended Solids	40	1	

SAMPLE AND ANALYSIS NOTES

1. 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.

ANALYSIS INFORMATION

<u>TEST</u>	<u>ANALYZED</u>	<u>SITE</u>	<u>RELEASED</u>	<u>ANALYSIS PREP</u>
1. E.coli Bacteria, SM 9223 B	2022-03-21 14:30 DMJ, MLS	3201	2022-03-22 10:41 MLS	
2. BOD, Carbonaceous 5 Day, SM 5210 B	2022-03-23 07:05 JAE, AMG	3201	2022-03-29 12:01 MGB	
3. Total Suspended Solids, USGS I-3765-85	2022-03-22 13:00 WMH, KAR	3201	2022-03-25 09:21 MLS	

DESCRIPTION OF UNITS

[MPN]/100mL = Most Probable Number per 100 Milliliters

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 LAB ID #397

The result(s) of this report relate only to the items analyzed. Where the laboratory has not been responsible for the sampling stage 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.

Time of Transfer Inspection Report

Property Information

Current Owner: John Walker
 Buyer: _____ Realtor: _____
 Mailing Address: _____
 Site Address/County: 2337 Vintage Ln, Saint Charles IA/ Madison County

Legal Description

No. of bedrooms: 2 Last occupied: current Records available: yes
 Permit/ installation date: 12-6-16 Separation distances (ok/no?): ok

Septic System Information

Septic tank(s): Size: 2000 gal Material: concrete Condition: good
 Tank pumped? Y N Date: 3-21-22 Licensed pumper: Wiegert
 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 Outlets used: _____ Condition: _____
 Header pipe(s): _____ No. of lines: _____ Pressure dosed? _____

Secondary Treatment:

Length of absorption fields: _____ Determined by: _____
 Condition of fields: _____ Determined by: _____

Type of trench material: _____

Size of sand filter: _____ Determined by: _____

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

Effluent sample taken yes Results: see attached

Media Filters: Type: 450 gpd coco filter

Maintenance contract? Y N Expiration date: _____ Service provider: _____

Condition: good

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



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: _____

Overall condition of the private sewage disposal system:

Report system status: The system was working properly during the inspection.

Explain (attach additional pages as needed): The tank was in good condition. The coco filter was in good condition. All plumbing goes to the septic.

Comments: This system is for the apartment north of the garage.

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: Ben Bedwell Date: 4-7-22

Name (print): Ben Bedwell Certificate #: 11612

Address: 1500 N B Street, Indianola IA

Phone #: 515-681-2053

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

Collection Location septic	Collector and Phone bedwell ben 515/681-2053	Client Reference 2337 vintage ln/apt	Accession # 2068382
SAINT CHARLES,	Collected 2022-03-21 10:30	Received 2022-03-21 12:07	Project
Report To GLEN BEDWELL BUILDERS 1500 NORTH B ST INDIANOLA, IA 50125	Sample Description waste water		
	Sample Type Non-Drinking Water		
	Sample Source		
	Sample Note(s) 1		

RESULTS OF ANALYSIS - FINAL REPORT

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<i>E.coli Bacteria, SM 9223 B</i> E.coli	200	10	
<u>TEST</u>	<u>RESULT (mg/L)</u>	<u>QUANT LIMIT</u>	<u>ANALYSIS NOTE(S)</u>
<i>BOD, Carbonaceous 5 Day, SM 5210 B</i> CBOD, 5 Day	29	2	
<i>Total Suspended Solids, USGS I-3765-85</i> Total Suspended Solids	70	1	

SAMPLE AND ANALYSIS NOTES

1. 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.

ANALYSIS INFORMATION

<u>TEST</u>	<u>ANALYZED</u>	<u>SITE</u>	<u>RELEASED</u>	<u>ANALYSIS PREP</u>
1. E.coli Bacteria, SM 9223 B	2022-03-21 14:30 DMJ	3201	2022-03-22 10:41 MLS	
2. BOD, Carbonaceous 5 Day, SM 5210 B	2022-03-23 07:05 JAE, AMG	3201	2022-03-29 12:01 MGB	
3. Total Suspended Solids, USGS I-3765-85	2022-03-22 13:00 WMH, KAR	3201	2022-03-25 09:21 MLS	

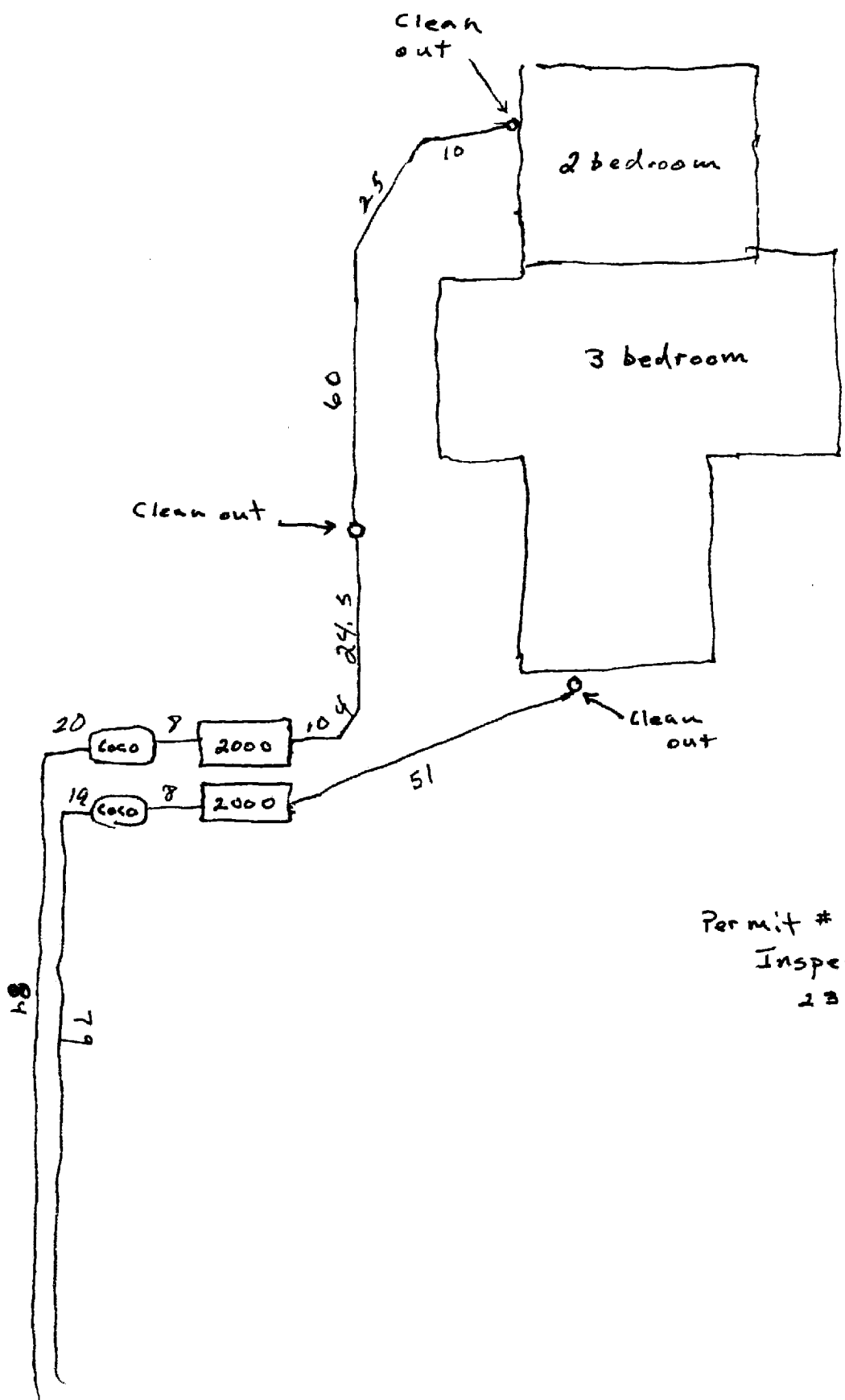
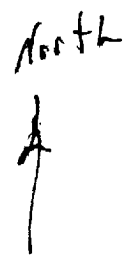
DESCRIPTION OF UNITS

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Permit # 011-16 + 012-16
Inspection 12/6/16
2337 Vintage Lane