

BK: 2024 PG: 1636
Recorded: 7/11/2024 at 3:02:04.0 PM
Pages 23
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 BY TRANSFEROR

TRANSFEROR:

Name: Daniel W. Cameron and Janice K. Cameron
Address: 2320 Terrace Avenue, Winterset, IA 50273

TRANSFeree:

Name: Brandon McCormick
Address: 2320 Terrace Avenue, Winterset, IA 50273

Address of Property Transferred:
2320 Terrace Avenue, Winterset, Iowa 50273

Legal Description of Property: (Attach if necessary)
See attached legal description.

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.

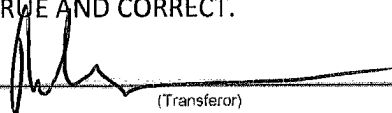
6. Private Sewage Disposal System (check one)

- 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:

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)

Telephone No.: 515-202-3631

Parcel "A", located in the Northwest Quarter (1/4) of Section Eight (8), Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing 38.147 acres, as shown in Plat of Survey filed in Book 2002, Page 5108 on October 16, 2002, in the Office of the Recorder of Madison County, Iowa, INCLUDING Parcel "B", located therein, containing 20.178 acres, as shown in Plat of Survey filed in Book 2002, Page 5558 on November 13, 2002, in the Office of the Recorder of Madison County, Iowa.



TIME OF TRANSFER INSPECTION TOT# 10903 BEN BEDWELL CERT # 11612

Site Information

Parcel Description: **510090840032000**

Address: **2320 terrance ave, Winterset, IA 50273**

County: **Madison**

Owner Information

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

Business Name:

Owner Name: **Daniel Cameron**

Email Address:

Address: **2320 terrance ave, Winterset, IA 50273**

Phone No:

Additional Contact Information

Site related information

No Of Bedrooms: **5**

Facility Type: **Residential**

Last Occupied:

Permit issued by County: **Yes**

All plumbing fixtures enter septic system: **Yes**

Property Information Comments:

Inspection Date: **06/17/2024**

Currently Occupied: **Yes**

System Installation Date: **06/17/2003**

Permit Number: **115-02**

County contacted for records: **Yes**

Primary Treatment

Tank 1

Tank Name: **Tank 1**

Tank Material: **Concrete**

No. of Compartments: **2**

Date Pumped: **6/19/2024**

Type: **Septic Tank**

Tank Corrosion Type: **Slight**

Pump Tank Chamber: **No**

Meets Setback to Well: **N/A**

Tank Size (Gal): **1250**

Liquid Level Type: **Normal**

Licensed Pumper Name: **Wiegert**

Well Type:

Distance To Well (Ft.): Is Accessible: **Yes** Lid Intact: **Yes**
Risers Intact: **No** Effluent Filter Present: **Yes** Watertight: **Yes**
Tank/Vault Pumped: **Yes** Inlet Baffle Present: **Yes** Outlet Baffle Present: **Yes** Functioning as Designed: **Yes**
Tank Comments: **Septic tank does not have risers to access the effluent filter**

Tank 2

Tank Name: **Tank 2** Type: **Septic Tank** Tank Size (Gal): **300**
Tank Material: **Plastic** Tank Corrosion Type: **None** Liquid Level Type: **Normal**
No. of Compartments: **1** Pump Tank Chamber: **No** Licensed Pumper Name: **Wiegert**
Date Pumped: **6/19/2024** Meets Setback to Well: **N/A** Well Type:
Distance To Well (Ft.): Is Accessible: **Yes** Lid Intact: **Yes**
Risers Intact: **No** Effluent Filter Present: **No** 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

Sand Filter1

Filter Type: **Subsurface** Distribution Type: **Distribution Box** Material Type: **Rock and PVC Pipe**
Absorption Area: **960** System Hydraulic Loaded: **Yes** Gallons Loaded: **350**
Discharge At Time of Inspection: **Yes** CBOD Results: **<2** TSS Results: **2**
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: **Yes**
Saturation or Ponding Present: **No** Grass Cover Over System: **Yes** Outlet Found: **Yes**
Sample Taken: **Yes** GP4 Permitted: GP4 Required:
System Located on Owner Property: **Yes** Easement Present: **N/A** Functioning as Designed: **Yes**

Comments: **Both vents were broken during the inspection.**

General Secondary Treatment Comments:

Narrative Report

TOT Inspection Report Overall Narrative Comments: **The system was working properly during the inspection.**



TIME OF TRANSFER INSPECTION TOT# 10903 BEN BEDWELL CERT # 11612

Owner Name: **Daniel Cameron**

Address: **2320 terrance ave , Winterset , IA 50273**

County: **Madison**

Inspection Date: **06/17/2024**

Submitted Date: **7/1/2024**

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: 115-02

Date Issued: November 14, 2002

Issued to: Daniel W & Janice Cameron
Address: ~~7344 NW 86th~~
Johnston, Iowa 50131

2320 Terrace Ave.
PID# 510090840032000

Legal Description: Parcel A NW Section 8 T75N R26W South Twp

11-15-02 Legal corrected to Parcel B of Parcel A - see attached survey

POWTS Components Specifications: 2 - 1000 gal tanks 960 foot Sand Filter

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 567 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:

Jean Thompson

Environmental Health Officer Assistant
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

\$500 Annual Fee + 6 Recording Fee

Office Use Only				Temp E911	Section/Township		NPDES Authorization #
Tracking No	Date Received	Fee Paid	Date Issued	Date Inspected	Date Approved		
115-02	11-14-02	\$300	11-14-02			T2320 Terrace Ave	

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) First Name: Daniel W Cameron Last Name: Cameron Address: 7344 NW 86 th City: Johnston State: IA Zip: 50131 Phone Number (area code): Fax or E-mail: Cell Phone:		2. Contractor Information First Name: Daniel W Cameron Last Name: Cameron Address: Self City: State: Zip:	
3. System Requirement Information IAC CHAPTER 69 DOUBLE COMPARTMENT TANK REQUIRED Minimum Tank Size Required 1-3 Bedroom 1000 4 Bedroom 1250 5 Bedroom 1500 6 Bedroom 1750		4. Site and Soil Evaluator (Percolation Test) PERCOLATION TEST MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT Date test taken: Test taken by: Test Results: Hole 1 ___ min/in Hole 2 ___ min/in Hole 3 ___ min/in Hole 4 ___ min/in Average ___ min/in Depth of Test Holes ___ Number of Laterals Required ___ Length of Laterals Required ___ ft. ea	
5. Type of Submittal <input 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 #:		6. Address Information Location, Number & Street of project (if unknown, indicate nearest road): Legal Description: Parcel A NW Sec 8 T75 R26 South Twp	
7. Type of Building (Completed by Owner) <input checked="" type="checkbox"/> Residential Number of Bedrooms: 4 <input type="checkbox"/> Commercial/Other Non-Residential Use: Other buildings served by this system: None <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> High Water Usage Appliance (i.e. whirlpool bath, water softener) Qty: 1 GARDEN TUB		Your contractor or system designer should complete the remaining portion of this application.	
8. Primary and/or Mechanical Treatment Type: Plastic Manufacturer: AK Model: Size (gal): 1000 Type: Plastic Manufacturer: AK Model: Size (gal): 1000		9. Pump/Siphon <input type="checkbox"/> Not Applicable	
10. Secondary Treatment Area Type: <input checked="" type="checkbox"/> Not Applicable 960 Sq. Ft Sand Filter		Type of Laterals: Number of Laterals: Length of ea. Lateral: Other: Other: Maximum Trench Depth (inches):	

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.

Applicant Signature: *D. W. Cameron*

Date: 11-14-02

It is unlawful to start construction, reconstruction, or repair of any POWTS prior to issuance of a POWTS permit by the Environmental Health Officer.

SANDFILTER SIZING

*Jim Carroll
Design*

The shape of the sandfilter can be changed to fit the site as stated below.

GRAVITY SANDFILTER:

Minimum 240 S.F. per bedroom
The attached drawing shows a 19 foot wide filter
that is 13 feet long per bedroom.
3 bedrooms use 39 ft. long
4 bedrooms use 52 ft. long
5 bedrooms use 65 ft. long

If the width needs to be reduced I recommend decreasing the width
in 3 ft. increments and deleting one pipe for each 3 feet of reduction.

For 16 ft. wide use 15 ft. per bedroom
For 13 ft. wide use 18.5 ft. per bedroom

DOSED SANDFILTER:

Use the same design and changed the shape as follows
Requires 180 sf per bedroom
For 19 ft. wide use 9.5 ft. per bedroom
For 16 ft. wide use 11.25 ft. per bedroom
For 13 ft. wide use 14 ft. per bedroom

FREE ACCESS SANDFILTER

The free access lid should be preapproved by the county. Attached is one example of a lid.

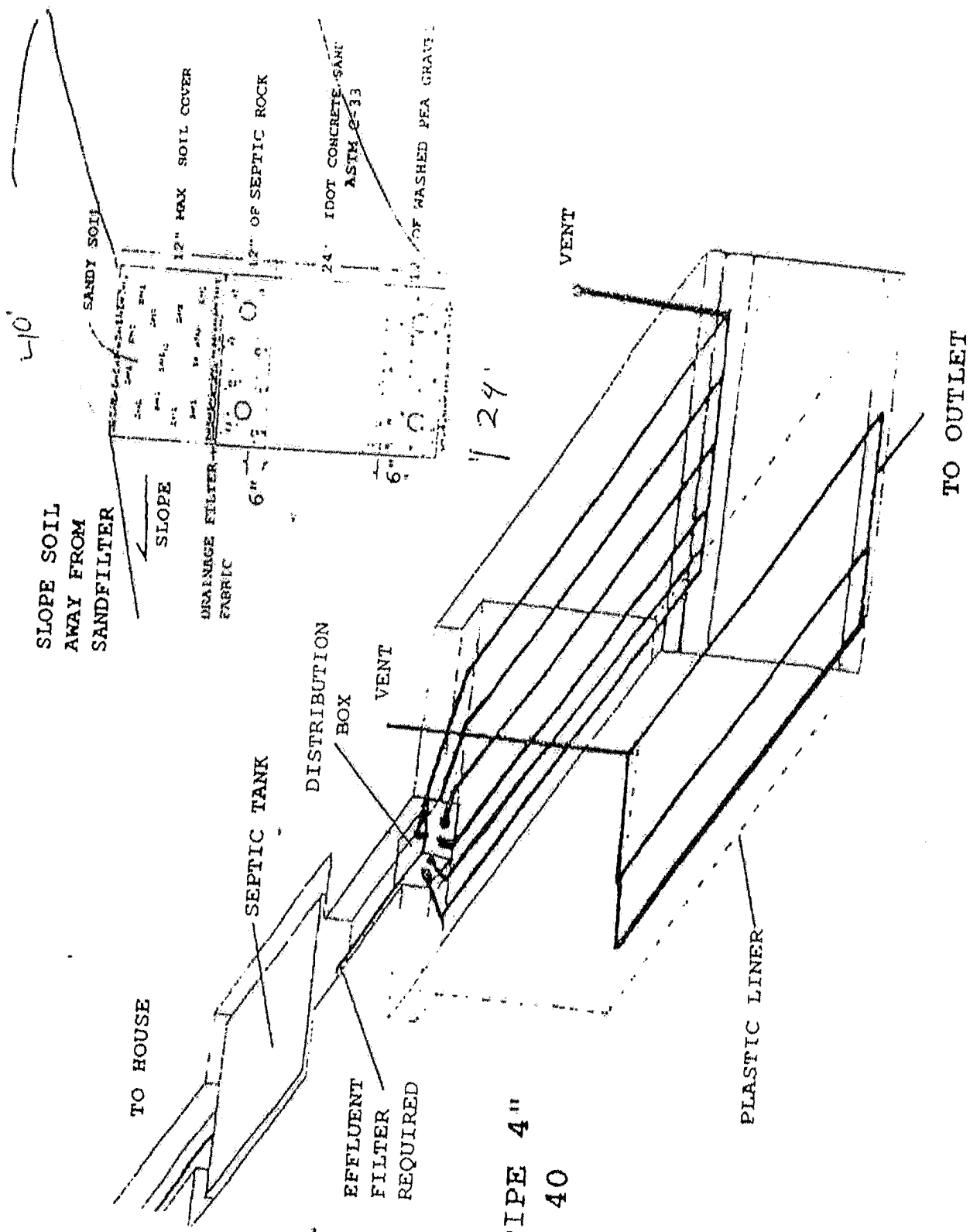
Option 1.
Load the free access at about 3.5 gallons per square foot.
3 bedroom - 130 sf
4 bedroom - 170 sf
5 bedroom - 215 sf

Option 2.
Use a Clearstream or Nibbler Jr. prior to the free access sandfilter loaded at about 9 gallons per
square foot.
3 bedroom - 50 sf
4 bedroom - 66 sf
5 bedroom - 100 sf

FOR POLYETHYLENE OR PVC LINER

Call Integra Plastics
1-800-578-5257
South Dakota

*960 SF
Spic's to be used*



SLOPE SOIL AWAY FROM SANDFILTER

TO HOUSE

SEPTIC TANK

DISTRIBUTION BOX

EFFLUENT FILTER REQUIRED

ALL PIPE 4" SCH. 40

PLASTIC LINER

TO OUTLET

4/0

24'

SANDY SOIL

12" MAX SOIL COVER

12" OF SEPTIC ROCK

24" IDOT CONCRETE - SAME ASTM C-13

12" OF WASHED PEA GRAVEL

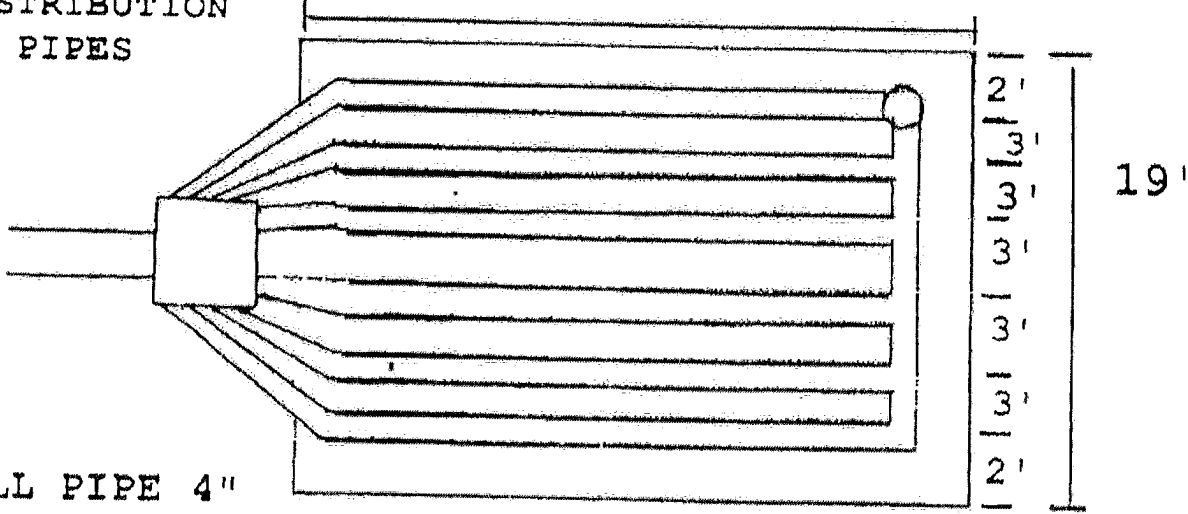
6" DRAINAGE FILTER FABRIC

VENT

VENT

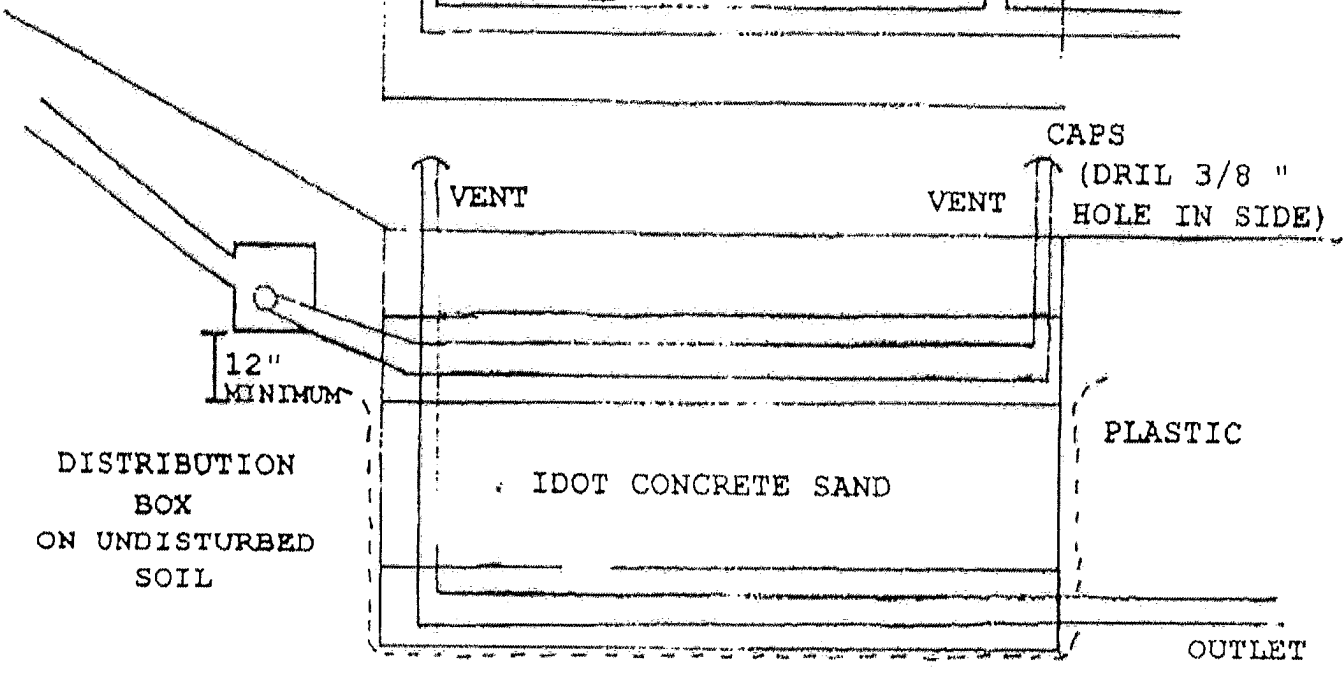
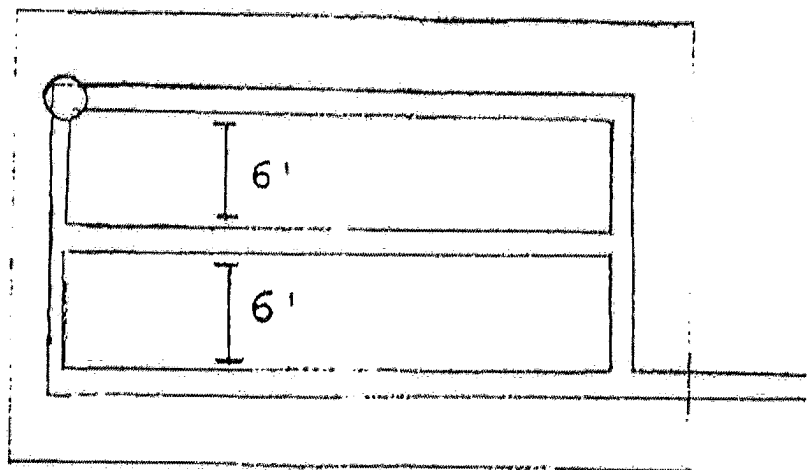
DISTRIBUTION
PIPES

13 FT. PER BEDROOM



ALL PIPE 4"
SCH. 40

COLLECTION
PIPES



DISTRIBUTION
BOX
ON UNDISTURBED
SOIL

12"
MINIMUM

VENT

VENT

CAPS
(DRILL 3/8 "
HOLE IN SIDE)

IDOT CONCRETE SAND

PLASTIC

OUTLET

Date taken: 10-30-02

By: Jim Vance

Owner: Dan Cameron

Site Address: _____

Phone No. 202-3631

Lot Size: _____ Legal Description: Parcel "A" in the NW 1/4 of Sec. 8-T75N-R26W

Structure: X New Existing # Bedrooms: 3 Installer: _____

Owner's Current Mailing Address: 7344 NW 86TH, JOHNSTON, IOWA 50131

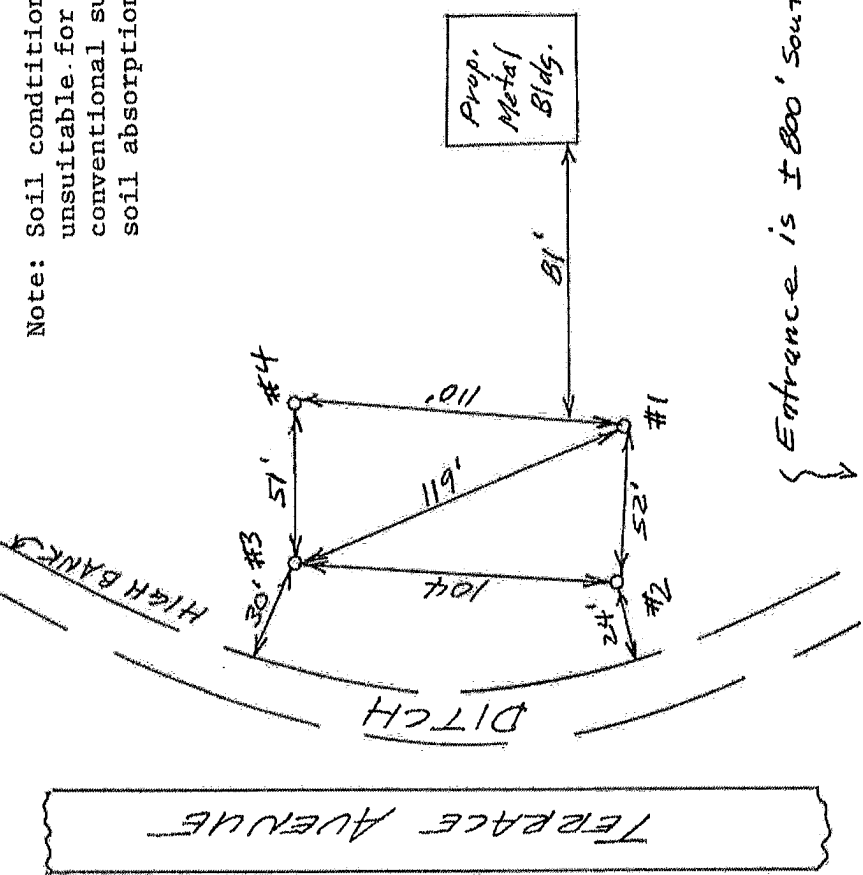
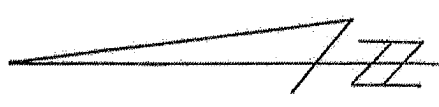
Time for 1 inch of water: 1. 120 min 2. 240 min 3. 240 min 4. 240 min

Depth of holes tested: 1. 24" 2. 24" 3. 24" 4. 24"

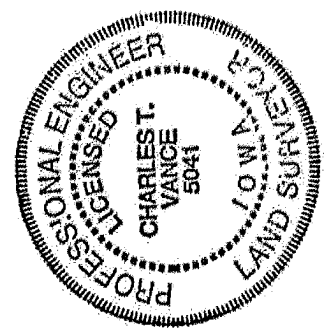
Results of 6 foot hole: _____

Min. recommended lateral footage per IAC Ch. 69: _____ Drawing of perc site below.

Number of laterals required: _____ Average length of laterals: _____



Note: Soil conditions are unsuitable for the use of a conventional subsurface soil absorption system.



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: 30 Oct 2002 Reg. No. 5041 Exp. Date: 31 Dec. 2003



IOWA DEPARTMENT OF NATURAL RESOURCES
ENVIRONMENTAL PROTECTION DIVISION

NOTICE OF INTENT

TO BE COVERED UNDER NPDES GENERAL PERMIT #4

"DISCHARGE FROM ON-SITE WASTEWATER TREATMENT AND DISPOSAL SYSTEMS"

Facility Owner Information (Type or Print)

Name Daniel & Janice Cameron Address 7344 NW 86th
City Johnston County Polk State Iowa Zip Code 50131
Telephone (515) 986-3886

Facility Location

1/4 Section 1/4 Section 1/4 Section Section Township Range County
SW 1/4 of NW 1/4 of NW 1/4 of Sec 8 T 75 N, R 26 W/E MADISON

Local address or parcel number: (E911 system or other)(optional)

Temp # 2319 Terrace Ave
Winterset, Iowa 50273

Type of Secondary Treatment:

Sand Filter Mechanical/Aerobic Unit Constructed Wetland Lagoons
Other (describe) _____

Certification:

I certify the above information is true and accurate, to the best of my knowledge. I agree to abide by all terms and conditions of the DNR NPDES General Permit #4. The permitted system will be constructed in conformance with the requirements of IAC 567 - Chapter 69 and all applicable County requirements.

Name (please print)
Daniel W. Cameron

Signature

Date
11-14-02

A copy of the permit will be mailed to you along with your discharge authorization.

Send completed form to: Department of Natural Resources
Water Supply Section
502 E. 3rd Street
Des Moines, IA 50319



MADISON COUNTY
BOARD OF HEALTH
COURTHOUSE
P O BOX 152
WINTERSET, IOWA 50273



005614

FILED NO. _____
BOOK 2002 PAGE 5614
2002 NOV 15 PM 2:06

REC \$ No
AUD \$ Fee
R.M.F. \$ _____

INTERMITTENT SAND FILTERS
MECHANICAL AEROBIC WASTEWATER TREATMENT SYSTEM

PROPERTY OWNERS AGREEMENT TO FOLLOW CHAPTER 69 REQUIREMENTS

COMPUTER	<input checked="" type="checkbox"/>
RECORDED	<input checked="" type="checkbox"/>
COMPARED	<input checked="" type="checkbox"/>

567—69.9(455B) Intermittent sand filters.

Sampling. Effluent sampling of intermittent sand filters shall be performed annually or as directed by the administrative authority.

567—69.10(5) Mechanical Aerobic Wastewater Treatment System

Maintenance Contract. A maintenance contract with a manufacturer certified technician shall be maintained at all times. Maintenance agreements and responsibility waivers shall be recorded with the county recorder and in the abstract of title for the premises on which mechanical aerobic treatment systems are installed. Mechanical aerobic units shall be inspected for proper operation at least twice a year on six month intervals.

69.10(6) Effluent Sampling. Any open discharge from systems involving mechanical aeration shall have the effluent sampled at each inspection. A copy of the findings shall be mailed to the Madison County Sanitarian immediately thereafter. If the BOD tests higher than the allowable limits as set by the Department of Natural Resources the system must be shut down and repaired.

These requirements shall run with the following real estate described as follows:

Parcel A NW Section 8 T75 R26 South Twp
Book 2002 Page 5536

11-15-02 Correcting the legal to Parcel B of Parcel A

Name Daniel W & Janice K Cameron Address 7344 NW 86th Street

City Johnston State Iowa Zip Code 50131

Type of Disposal Treatment:

Intermittent Sand Filters Mechanical Aerobic Wastewater Treatment System Sand Filter

Certification:

I certify the above information is true and accurate, to the best of my knowledge. I agree to abide by all terms and conditions stated above. The permitted system will be constructed in conformance with the requirements of IAC 567 - Chapter 69 and all applicable County requirements.

Name (please print) Daniel W. Cameron

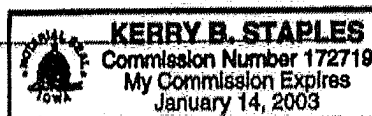
Signature [Handwritten Signature]

Date November 14, 2002

Subscribed and sworn to before me this 14th day of November, 2002

[Handwritten Signature: Kerry B. Staples]

Title: _____



REC 5
ACU 3
R.M.F. 1

Young

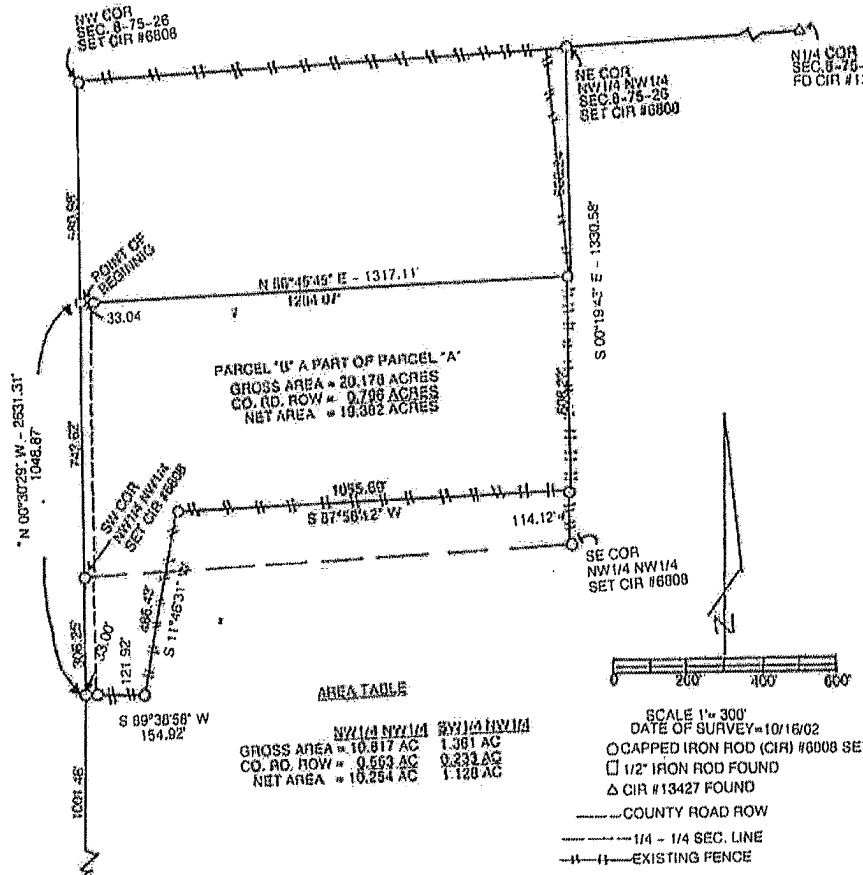
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BOOK 2002 PAGE 5558
2002 NOV 13 AM 11:06

COMPLETED ✓
RECORDED ✓
CONVAYED ✓

RENT OFFICER
RECORDED

VANCE & HOCHSTETLER, P.C. CONSULTING ENGINEERS, WINTERSSET, IOWA (515) 462-3996
CHARLES T. VANCE, 110 WEST GREEN ST., WINTERSSET, IOWA 50273
JAMES M HOCHSTETLER, 110 WEST GREEN ST., WINTERSSET, IOWA 50273

PLAT OF SURVEY IN THE NORTHWEST QUARTER OF SECTION 8, TOWNSHIP
75 NORTH, RANGE 26 WEST OF THE 5TH P.M., MADISON COUNTY, IOWA
FOR DAN CAMERON.

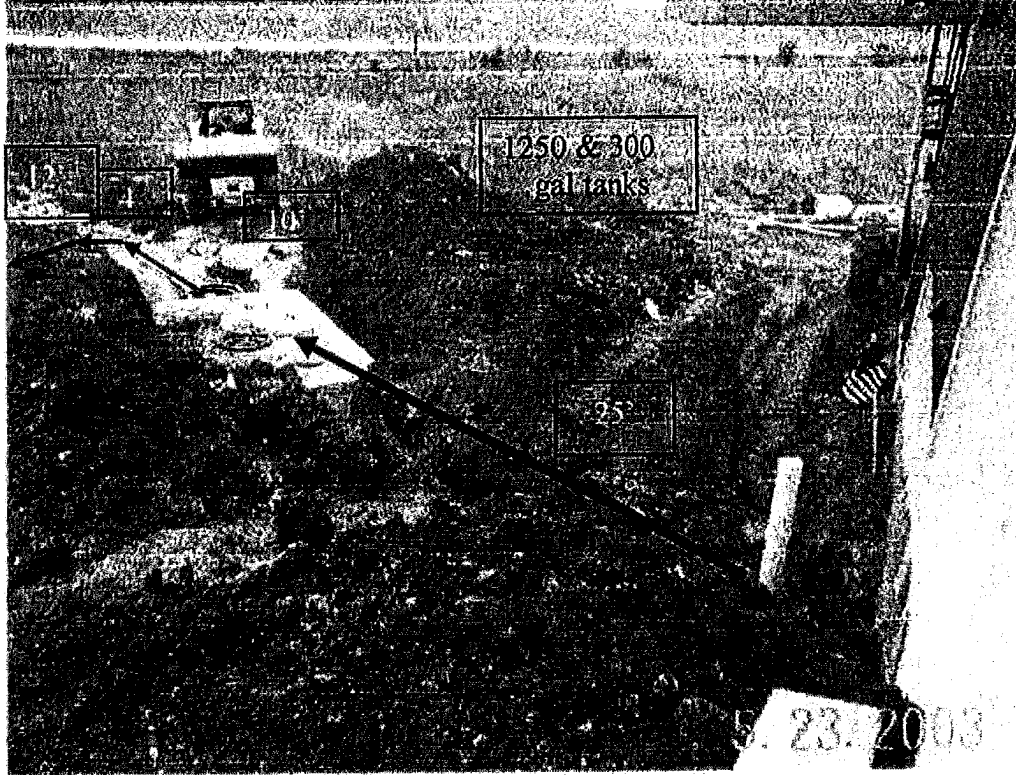


LEGAL DESCRIPTION:
Parcel "B" a part of Parcel "A" in the Northwest Quarter of Section 8, Township 75 North, Range 26 West of the 5th P.M., Madison County, Iowa more particularly described as follows:
Commencing at the Northwest Corner of Section 8, Township 75 North, Range 26 West of the 5th P.M., Madison County, Iowa; thence South 00°30'29" East 580.98 feet along the West line of the Northwest Quarter of said Section 8 to the Point of Beginning; thence North 86°45'45" East 1317.11 feet to a point on the East line of the Northwest Quarter of the Northwest Quarter of said Section 8; thence South 00°19'43" East 608.22 feet along the East line of said Northwest Quarter of the Northwest Quarter; thence South 87°56'42" West 1055.69 feet, thence South 11°46'31" West 486.43 feet; thence South 89°38'58" West 154.92 feet to a point on the West line of the Northwest Quarter of said Section 8; thence North 00°30'29" West 1018.87 feet to the Point of Beginning containing 20.178 acres including 0.796 acres of County Road right-of-way.

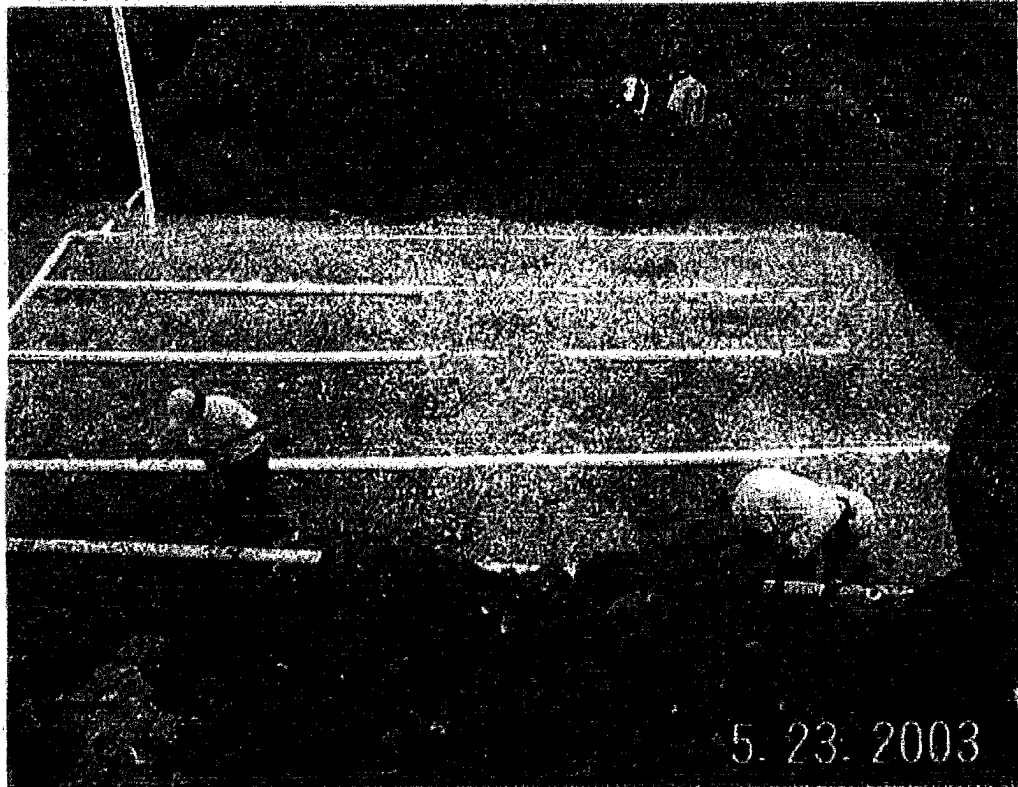
I hereby certify that this land surveying document was prepared and the related survey work was performed by me or under my direct personal supervision and that I am a duly licensed Land Surveyor under the laws of the State of Iowa.
J. M. Hochstetler
J. M. HOCHSTETLER
License number 000 2003 10/25/02
My license renewal date is December 31, 2003
Pages or sheets covered by this seal: 1

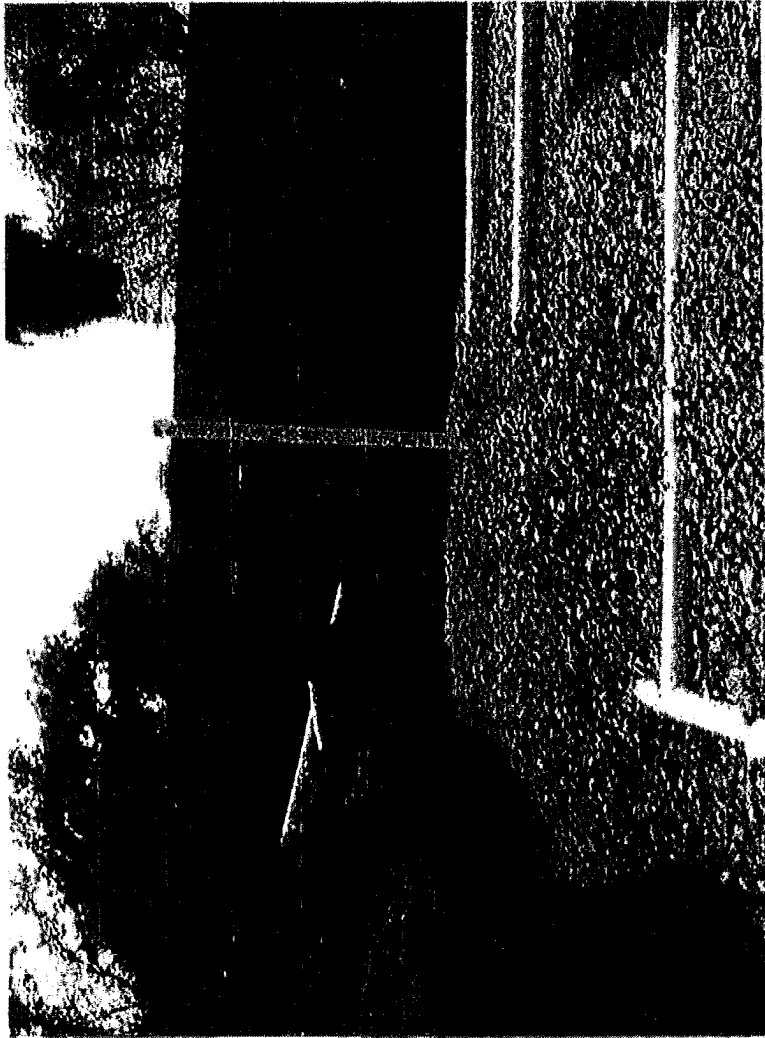




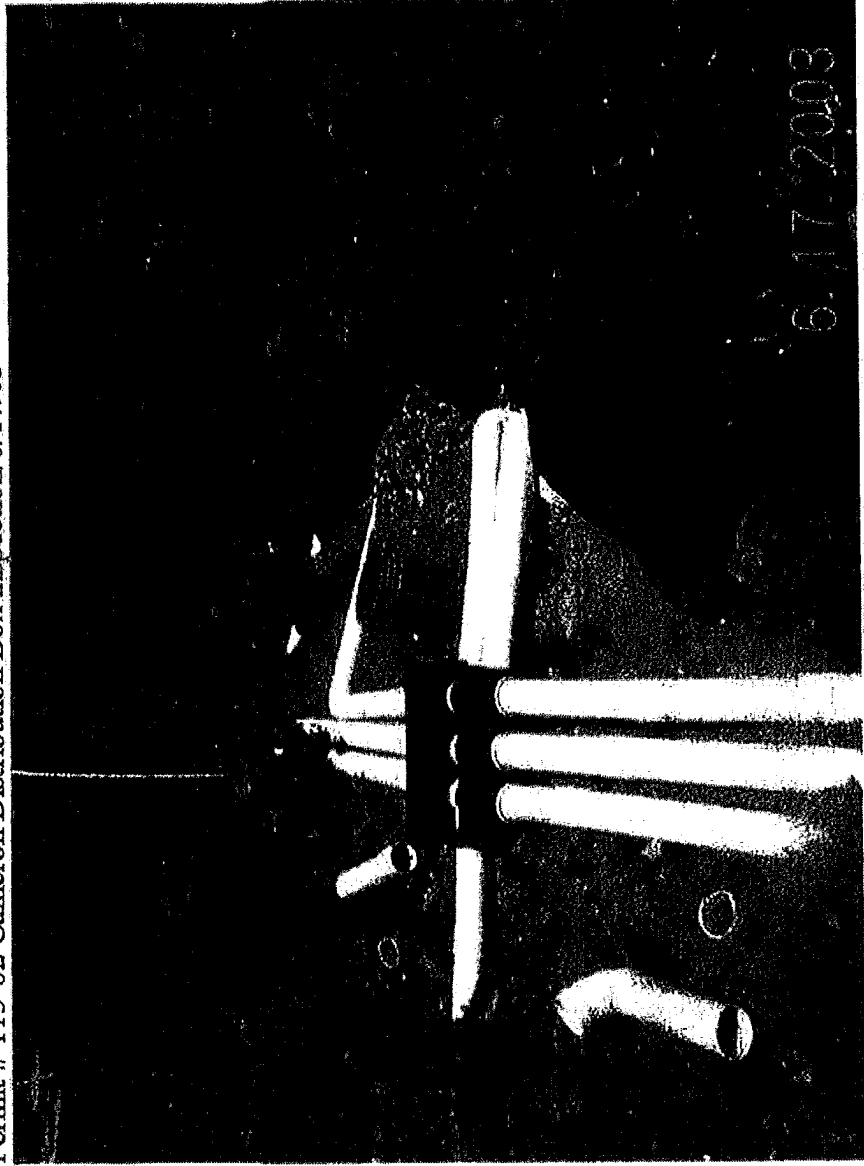


DB
□





Permit # 115-02 Cameron Distribution Box inspection 6/17/03



Collection Location septic	Collector and Phone bedwell ben 515/681-2053	Client Reference storer	Accession # 2451185
WINTERSET,	Collected 2024-06-17 10:30	Received 2024-06-17 13:49	Project
Report To BEN 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

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	2	1	

SAMPLE AND ANALYSIS NOTES

1. Unless otherwise noted, the 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

TEST	ANALYZED	SITE	RELEASED	ANALYSIS PREP
1. BOD, Carbonaceous 5 Day, SM 5210 B	2024-06-19 07:15 AMG	3201	2024-06-25 07:52 DLS	
2. Total Suspended Solids, USGS I-3765-85	2024-06-18 13:30 WMH	3201	2024-06-21 12:14 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; Michael A. Pentella, Ph.D., D(ABMM), 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.

Parcel "A", located in the Northwest Quarter ($\frac{1}{4}$) of Section Eight (8), Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing 38.147 acres, as shown in Plat of Survey filed in Book 2002, Page 5108 on October 16, 2002, in the Office of the Recorder of Madison County, Iowa, INCLUDING Parcel "B", located therein, containing 20.178 acres, as shown in Plat of Survey filed in Book 2002, Page 5558 on November 13, 2002, in the Office of the Recorder of Madison County, Iowa.