



Document 2021 GW3491

Book 2021 Page 3491 Type 43 001 Pages 6  
Date 8/19/2021 Time 11:55:59AM  
Rec Amt \$.00

INDX  
ANNO  
SCAN  
CHEK

LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name: Stephanie L. Maines and John F. Maines

Address: 3904 NW 11th Ct AMKENY IA 50023  
Number and Street or RR, City, Town or P.O., State Zip

**TRANSFeree:**

Name: Simon Craig Goheen

Address: 3359 135th Court, Cumming, IA 50061

Address of Property Transferred:  
3359 135th Court, Cumming, Iowa 50061

Legal Description of Property: (Attach if necessary)

Lot 14 of Polo Pointe Plat 2 Subdivision, a subdivision in the South Half of the Northwest Quarter, South Half of the Northeast Quarter, Northeast Quarter of the Southwest Quarter, and the North Half of the Southeast Quarter of Section 24, Township 77 North, Range 26 West of the 5th P.M., 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)**

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)

CEFE2DA4-4EC5-419C-8DFE-51256376619D --- 2021/08/16 13:45:15 -8:00 --- Remote Notary



- ☒ 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:

Propane tank buried in yard on south side of detached garage

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

Signature: Stephanie Maines

(Transferor)

Telephone No.: 615-260-1146

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)

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

Property information

Current owner John Maives  
Buyer Simon Goheen Realtor Nancy Lucas  
Mailing address 3359 135th Ct Cumming, GA 5061  
Site Address/County Same as Above / Madison Co  
Legal Description AS ABSTRACT  
No. of bedrooms 4 Last occupied? present Records available yes  
Permit/installation date 5-29-03 Separation distances ok/ no? ok

Septic system information

2-TANKS  
Septic tank(s): size 1500/500 material concrete condition Both-OK  
Both Tank pumped? yes date 10-24-21 licensed pumper county side septic  
Septic/trash/processing tank: size \_\_\_\_\_ material \_\_\_\_\_ condition \_\_\_\_\_  
Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_

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

Pump tanks/vaults: type \_\_\_\_\_ size \_\_\_\_\_ condition \_\_\_\_\_

Distribution system: distribution box YES outlets used 5 condition ok  
Header pipe(s) \_\_\_\_\_ # of lines \_\_\_\_\_ Pressure dosed? \_\_\_\_\_

Secondary treatment:  
length of absorption fields (5) 100' determined by County Records  
condition of fields OK-DRY determined by probing & Hydraulic  
type of trench material CHAMBER TEST

Size of sand filter \_\_\_\_\_ determined by \_\_\_\_\_  
Vent pipes above grade? \_\_\_\_\_ discharge pipe located? \_\_\_\_\_  
Effluent sample taken? \_\_\_\_\_ Results \_\_\_\_\_

Media filters: type \_\_\_\_\_  
Maintenance contract? \_\_\_\_\_ expiration date \_\_\_\_\_ service provider \_\_\_\_\_  
Condition \_\_\_\_\_

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



## Time of Transfer Inspection Report

Other components:

Alarms NO Working? — disinfection NO working? —

Control box — Timers — inspection ports —

Other components NONE

Overall condition of the private sewage disposal system

Report system status See attached pages

Explain (attach additional pages as needed): —

Comments: 1<sup>st</sup> Septic Tank Has Riser / 2<sup>nd</sup> Septic Tank  
IS ABOUT 6 INCH BURIED

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: [Signature]

Date: 6-24-21

Name (print): BRIAN LUND

Certificate #: 8805

Address: P.O. BOX 304 NORWALK, IA 50211

Phone # 202-4895

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. 9<sup>th</sup> St.  
Des Moines, IA 50319

Time of Transfer Report System Status

Address: 3359 135<sup>th</sup> ct

Date: 6-24-21

Comments: Cumming, IA 50061

Technician: Brian Rinard

ALL WASTEWATER FROM HOUSE APPEARS TO DRAIN  
INTO SEPTIC SYSTEM. 1<sup>ST</sup> TANK 1500 GALLON WITH RISER  
AND EFFLUENT FILTER, 2<sup>ND</sup> TANK 500 GALLON. BOTH  
SEPTIC TANKS IN GOOD WORKING CONDITION. PLASTIC  
DISTRIBUTION BOX WITH INLET Baffle AND SPEED  
LEVELERS USED WAS IN WORKING CONDITION. (5) 100'  
CHAMBER LATERALS ALL TOOK WATER AND PROBED  
DRY AT THE TIME OF THE INSPECTION.

THIS IS NOT A GUARANTEE  
THIS CERTIFIES THAT THE SEPTIC SYSTEM  
WAS IN WORKING CONDITION AT THE  
TIME OF THE INSPECTION.

DIAGRAM OF SYSTEM

See  
County  
Records.

# ONSITE WASTEWATER SITE EVALUATION FOR SEPTIC SYSTEM

REPORT # 584

OWNER NAME: Emmet Brady PROPERTY ADDRESS: \_\_\_\_\_

OWNER ADDRESS: 420 47 st \_\_\_\_\_

PHONE # 223-0903 LOT SIZE: 3 acres LEGAL DESCRIPTION: Lot 14 Polo Point Plat 2

NO. BEDROOMS: 4 DESIGN FLOW 600 gallons STRUCTURE X NEW EXISTING

BUILDER: Brody Construction PLUMBER: \_\_\_\_\_

THE TREATMENT SITE SHALL BE PROTECTED FROM ANY AND ALL TRAFFIC, AND ANY SOIL DISTURBANCES.

**DISTURBING THE TREATMENT SITE SHALL VOID THIS RECOMMENDATION.**

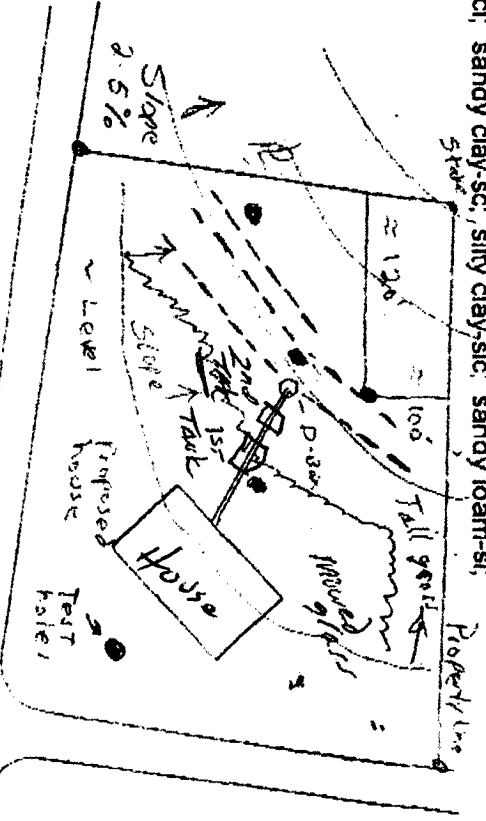
Abbreviations: silty loam-silt; silty clay loam-silt; clay loam-cl; sandy clay loam-scl; sandy clay-scl; silty clay-sic; sandy loam-sil;

structure-str; moderate-mod;

1 5-holes about same 2

1	Dark Brown Silty Clay loam
2	Yellow Brown Silt mod str.
3	
4	few grains Dry
5	Silt mod str.
6	stop

Notes: Place D-Box in center of lateral field and place laterals 100 feet in both directions. This is to spread out the effluent. Space laterals minimum 15 apart



I RECOMMEND AN EFFLUENT FILTER WITH ALL SYSTEMS.

Revised 5-29-03 Jim Carroll



SOIL LOADING RATE 0.4 gpd.  
WATER TABLE AT 4 FEET  
MAXIMUM DEPTH OF TRENCH 12 INCHES

BASED ON SURFACE AREA OF TRENCH BOTTOM.  
2-FOOT WIDE TRENCH 500 FEET  
3-FOOT WIDE TRENCH 500 FEET  
EQUALIZER 24 REQUIRES 500 FEET.

James A. Carroll  
JAMES A. CARROLL, P.E.

I HEREBY CERTIFY THAT THIS ENGINEERING DOCUMENT WAS PREPARED BY ME OR UNDER MY DIRECT PERSONAL SUPERVISION AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF IOWA. DATE 4-15-03 REG. NO. 11328 MY LICENSE RENEWAL DATE IS DECEMBER 31, 2003. PAGES WITH THIS REPORT 1

The analyses and recommendations in this report are based in part upon the data obtained from the soil tests performed at the indicated locations, the SCS County Soil Survey book, onsite inspection, and the soil texture class was determined by the "Feel Method". This report does not reflect any variations, which may occur between borings or across the site. The nature and extent of such variations may not become evident until construction, if variations then appear evident, it will be necessary to reevaluate the recommendations of this report.

In the event that any changes in the design, nature, or location of the project as outlined in this report occur, the data and recommendations contained in this report shall not be considered valid unless the changes are reviewed and verified in writing by James A. Carroll, P.E.