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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

CHEK

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

**TRANSFEROR:**

Name David James Hoffman and Lynn Marie Hoffman

Address 1100 JUNIPER DR CARLISLE IA 50047

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Melissa Grett and Alex Grett

Address 2603 RIVER MEADOW DRIVE Des Moines, IA 50320

Number and Street or RR

City, Town or P.O.

State

Zip

**Address of Property Transferred:**

3174 140TH ST. Cumming, IA 50061

Number and Street or RR

City, Town, or P.O.

State

Zip

**Legal Description of Property: (Attach if necessary)**

Lot Five (5) of Clover Ridge Subdivision, a subdivision in the Northwest Quarter (1/4) of the Northeast Quarter (1/4) of Section 27, 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)**

- 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:**

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**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) 240 1850  
(Transferor or Agent)

**FILE WITH RECORDER**

**DNR form 542-0960 (July 18, 2012)**



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

Property information

Current owner David Hoffman
Buyer Alex Grett Realtor Seller Paula Mahnke
Mailing address 3174 140th St, Cumming
Site Address/County 3174 140th St, Cumming Madison Co
Legal Description
No. of bedrooms 3 Last occupied? yes Records available
Permit/installation date Separation distances ok/ no?

Septic system information

Septic tank(s): size 1500 gal material Concrete condition Working condition
Tank pumped? YES date 06/28/17 licensed pumper Forest Septic
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 outlets used 3 condition working condition
Header pipe(s) # of lines Pressure dosed?

Secondary treatment:
length of absorption fields 3x100ft=300ft determined by county record/Probe
condition of fields working condition determined by hydraulic load test/probe
type of trench material 36" chambers

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 \_\_\_\_\_ Working? \_\_\_\_\_ disinfection \_\_\_\_\_ working? \_\_\_\_\_

Control box \_\_\_\_\_ Timers \_\_\_\_\_ inspection ports \_\_\_\_\_

Other components \_\_\_\_\_

Overall condition of the private sewage disposal system

Report system status Acceptable- YES

Explain (attach additional pages as needed): All waste water goes from house to septic. 1500 gal concrete tank with risers, baffles and outlet filter in good working condition. Plastic distribution box in working condition. Hydraulic load tested the 3x100ft=300ft 36" wide chamber laterals with 200 gal water. Chamber #1 stopped taking water after about 10 minutes. The other 2 took water the whole time. Chamber 1 probed wet but not surfacing. The other 2 probed dry and clean.

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: Rick Rogers Date: 07/02/18  
 Name (print): Rick Rogers Certificate #: 9597  
 Address: 401 NE 52nd Ave, Des Moines, IA 50313  
 Phone #: 515-745-8352

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

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: 133-03 *Copy*

Date Issued: 10/21/03

Issued to: **David & Lynn Hoffman**  
Address: ~~4912 Orchard Drive~~  
**Pleasant Hill, IA 50327**

*3174 140<sup>th</sup> St.  
PID # 071012720050000*

Legal Description: **LOT 5 CLOVER RIDGE SUBD Sec 27 T77 R26 Lee Twp**

**POWTS Components Specifications: 1500 gal. Septic Tank & 3ea. 100ft. 36" Chamber Laterals**

**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:**

*COPY ONLY*  
**Environmental Health Officer  
Madison County  
Office of Zoning and Environmental Health**

Application to Construct  
Private On-Site Wastewater Treatment  
System (POWTS)

Office Use Only					Temp E911:		
Tracking No.	Date Received	Fee Paid	Date Issued	Date Inspected	Date Approved	Section/Township	NPDES Authorization #
133-03	10/21/03	\$150	10/21/03			27 Lee	

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)				2. Contractor Information			
First Name		Last Name		First Name		Last Name	
David		Lynn Hoffman		Vanderpool			
Address				Address			
4912 Orchard Dr.							
City		State		City		State	
Pleasant Hill, IA		50327					
Phone Number (area code)		Fax or E-mail		Phone Number (area code)		Fax or E-mail	
(515) 266-8210							
3. System Requirement Information				4. Site and Soil Evaluator (Percolation Test)			
IAC CHAPTER 69 DOUBLE COMPARTMENT TANK REQUIRED				PERCOLATION TEST MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT			
Minimum Tank Size Required				Date test taken _____ Test taken by _____			
1-3 Bedroom		1000		Test Results: Hole 1 _____ min/in		Hole 2 _____ min/in	
4 Bedroom		1250		Hole 3 _____ min/in		Hole 4 _____ min/in	
5 Bedroom		1500		Average _____ min/in Depth of Test Holes <u>36"</u>			
6 Bedroom		1750		Number of Laterals Required <u>4</u>			
				Length of Laterals Required <u>100</u> ft. ea			

5. Type of Submittal		6. Address Information	
<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 #:		Location, Number & Street of project (If unknown, indicate nearest road): _____ Legal Description: <p style="text-align: center;">Lot 5 Clover Ridge Sec 27-77-26 Lee Twp</p>	

7. Type of Building (Completed by Owner)			
<input type="checkbox"/> Residential	Number of Bedrooms: <u>3</u>	<input type="checkbox"/> Commercial/Other Non-Residential	Use:
Other buildings served by this system:		<input type="checkbox"/> Garbage Disposal <input type="checkbox"/> High Water Usage Appliance (i.e. whirlpool bath, water softener) Qty: ____	

Your contractor or system designer should complete the remaining portion of this application.

8. Primary and/or Mechanical Treatment	Type: <u>Concrete</u>	Manufacturer: <u>Vanderpool</u>	Model:	Size (gal): <u>1500</u>
	Type:	Manufacturer:	Model:	Size (gal):
9. Pump/Siphon <input type="checkbox"/> Not Applicable	Type:	Manufacturer:	Model:	Dosing Frequency:

10. Secondary Treatment Area Type: <input type="checkbox"/> Not Applicable					
Type of Laterals	Number of Laterals	Length of ea. Lateral	Other	Other	Maximum Trench Depth (inches)
<u>36" Chamber</u>	<u>3</u>	<u>100 ft.</u>			<u>36"</u>

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.		It is unlawful to start construction, reconstruction, or repair of any POWTS prior to issuance of a POWTS permit by the Environmental Health Officer.
Applicant Signature: <u>COPY</u>	Date:	

Property Ownership 002823899 DED Hoffman, David James & Lynn Marie  
 4912 Orchard Dr  
 Pleasant Hill IA 50327-

Location 000000000 Street City  
 Recorded 000000 DED 2003 5890 9/22/2003

Documents

Misc Exempt Code No Ag Cr VIN#  
 Sec-Twp-Rng 027 077 026 Cty-Adn-Blk 00027 Title  
 Legal Desc LOT 5 CLOVER RIDGE 9.9A  
 Applications Typ 1 AGL Ovr Amt 5,600 Typ 2 Ovr Amt  
 Typ 3 Ovr Amt Typ 4 Ovr Amt

	Acres	Typ	Desc	Value	Rollback	Acres
100% Rollback Gr	9.90	LND	Land	2,200	2,200	9.87
Grs 2,200	2,200	Ex	.03 EXM Exempt			.03
Mil		PE	.00			
Net 2,200	2,200	Dr	.00			
		Net	9.87			

F3=Exit F10=Ownership F12=Prev F13=Rec Doc F14=Image F15=Legal  
 F18=Tax History F19=Aplic F20=Value F21=Print F22=View Image F23=Indexing

Permit No 133-03 Name: Hoffman 911 Sign Locate

Date of Inspection: 12/12/03 Inspected by: Elton Root

Contractor: Vanderpool

Dwelling under construction or moved in Yes  No

**Setbacks**

Meets required setbacks.

- Rural Water Yes  No
- Private wells/Groundwater heat pump bore holes/suction water lines/lakes
  - Outside required 50-foot setback for tank Yes  No
  - Outside required 100-foot setback for laterals Yes  No
- Streams/ponds (25-25 ft)-ditches (10-10 ft) Yes  No
- Indications of water lines under pressure Yes  No

Comments:

**Building Sewer**

- Clean outs – one right outside of house Yes  No
- location of cleanout inside house and set requirement
- Pipe is sch 40 and has a 4-inch diameter. Yes  No
- Grade – has adequate fall. Yes  No

Comments:

**Tank**

- Tank. Manufacture Vanderpool Concrete  Plastic
- Capacity 1500 -gallon
- Two compartments, both meet the specs for capacity. Yes  No
- Baffle Yes  No
- Inlet/Outlet tees are ok. Yes  No
- Effluent filter in the outlet. Yes  No  Manuf. Poly Lock
- Tank depth. 12 inches
- Risers Yes  No
- Lids above grade screwed on Yes  No  Will be

Comments:

**Distribution Box**

- Brand Tuf-Tite Other
- Bedded in cement. Yes  No  Will be
- Has required inlet baffle. Yes  No  Will be
- Outlet levels –are level. Yes  No  Unknown

Comments:

**Laterals**

- Distribution lines: 4-inch PVC pipe – SCH40
- Distribution lines screwed to laterals. Yes  No  Will be
- Lateral used. Infiltrator 36" Reduction? Yes  No
- Lateral depth 34 inches Perc depth 36 inches
- Laterals were level. Yes  No
- Adequate amount of undisturbed soil between laterals. Yes  No
- Distance 8 feet between laterals.

Comments:



Permit #133-03 Hoffman Inspection 12/12/03



Permit # 133-03 Hoffman Inspection 12/12/03

