

Document 2018 GW4038

Book 2018 Page 4038 Type 43 001 Pages 14 Date 12/11/2018 Time 10:48:11AM

Rec Amt \$.00

INDX **ANNO** SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFER	ROR:					
Name	JEREMY FERNANDEZ & ROB	ERT HOSFORD				
A -l -l	2050 405th O	O	1	50004		
Address	3359 - 135th Court	Cumming	lowa	<u>50061</u>		
	Number and Street or RR	City, Town or P.O.	State	Zip		
TRANSFER	REE:					
Name	STEPHANIE L. MAINES					
Address	6914 Comstock Road	Spring Hill	Tennessee	<u>37174</u>		
	Number and Street or RR	City, Town or P.O.	State	Zip		
Address of	Property Transferred:					
Address of	3359 - 135 th Court	Cumming	lowa	50061		
	Number and Street or RR	City, Town or P.O.	State	Zip		
		•		·		
 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. 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. Hazard	Hazardous Wastes (check one)					
™ The	There is no known hazardous waste on this property.					
☐ The	ere is hazardous waste on this prope	erty and information related	thereto is provided in			
Atta	achment # 1, attached to this docum	ent.				
4. Underg	round Storage Tanks (check one))				
/ farr	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.)					
	ere is an underground storage tank o	on this property. The type(s), size(s) and any kno	own		
	stance(s) contained are listed below					

		vate Burial Site (check one)
1	內	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.
ĺ	Pri	vate Sewage Disposal System (check one)
		All buildings on this property are served by a public or semi-public sewage disposal system.
	1	This transaction does not involve the transfer of any building which has or is required by law to
	_	have a sewage disposal system.
ď		There is a building served by a private sewage disposal system on this property or a building
T	_	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.
Г	٦	There is a building served by a 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 acknowledgement
		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
_	٦	acknowledgement is attached to this form.
_	j	There is a building served by private sewage disposal system on this property. The buyer has
		executed a binding acknowledgement with the county board of health to install a new private
		sewage disposal system on this property with an agreed-upon time period. A copy of the binding
_	_	acknowledgement is provided with this form.
<u>_</u>	ļ	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 acknowledgement with the county board of health to demolish the
		building within an agreed-upon time period. A copy of the binding acknowledgement 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]:
	3	The private sewage disposal system has been installed within the past two years pursuant to
		permit number
	_	
		ormation required by statements checked above should be provided here or on separate
S	ne	ets attached hereto:
-		
ı	1E	REBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS
		FORM
	Α	ND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
		Telephone No.: <u>615</u>) <u>922</u> 4533
•	atu	(Transferor or Agent)

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)



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

Property information Mathew Hosford Current owner _____ Realtor S 3359 135th Ct, Cumming Mailing address Site Address/County 3359 135th Ct, Cumming Madison Co Legal Description No. of bedrooms 4 Last occupied? YES Records available Permit/installation date Separation distances ok/ no? Septic system information Septic tank(s): size 2000 gal material Concrete condition working condition Tank pumped? YES date 3/16/16 licensed pumper Forest Septic Septic/trash/processing tank: size _____ material ____ condition ____ Tank pumped? _____ date ____ licensed pumper ___ Aerobic treatment unit (ATU) mfgr size Tank pumped? date licensed pumper size ____ Maintenance contract? expiration date service provider Condition Pump tanks/vaults: type _____ size ____ condition _____ Distribution system: distribution boxplastic outlets used 5 condition Header pipe(s) # of lines Pressure dosed? Secondary treatment: type of trench material 36" Chambers Size of sand filter ______ determined by ______ Vent pipes above grade? ______ discharge pipe locate determined by ______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 componen	ts:		
Alarms	Working?	disinfection	working?
Control box	Timers	inspection ports	
Other componen	ts	and the second s	
Overall condition	n of the private sewage dispo	sal system	
Report system st	atus		
ers <u>and outlet filte</u> 00ft=500ft 36" ch	er in working condition. Plas ambers with 400 gal water.		
VPR	nclusion of Time of Transfer in Verify that controls are set on cower is on to all components.	the appropriate mode fy lids are secure.	
	father all tools for removal from		
• V	erify that no sewage is on the	e ground surface.	
Using this work	sheet, write a narrative report	of the inspection results and at	tach a site sketch.
the inspection.	It does not guarantee that it w	ate sewage disposal system at t	torily.
Name (print):	Rick Rogers	Jyr (Date: 11/9/18 Certificate #: 9597
Address:	401 NE 52nd Ave, Des Moines, IA 5	00313	
Address: Phone # Provide a copy of	401 NE 52nd Ave, Des Moines, IA 5 515-745-8352 Of this report, the narrative re	· · · · · · · · · · · · · · · · · · ·	nt, buyer/agent or
Private Sewage 502 E. 9 th St.	Disposal Program		
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:

055-03

Date Issued: May 30, 2003

Issued to:

Emmet Brody

Address:

420 - 47th Street

W Des Moines, Iowa 50265

3359 135th Ct

PID#071012400246000

Legal Description:

Lot 14 Polo Point Section 24 T77 R26 Lee Twp

POWTS Components Specifications: 2000 gal septic tank - 36" Chamber 5 @ 100'. Maximum Trench Depth 12"

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:

Environmental Health Officer Assistant

Madison County

Office of Zoning and Environmental Health

'. Madison County Office of Zoning & 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

		,	System (I O	** 10)	-	
	Office Use Only	50 an	rual fee	Temp E911:		
Tracking No. Date Receive	ed Fee Paid D	ate Issued	Date Inspected	Date Approved	Section/Township	NPDES Authorization #
055-03 5:30-0	3 7/50 5	30-03				
Application will not be ac	cepted until site and	soil analysi	s/percolation in	formation, and to	wo diagrams of the sy:	stem layout, profiles and
cross-sections have been r	eceived; and fee has	been paid.	For systems re-	quiring an NPDE	S General Permit #4	
application must be subm	itted to this office an	d appropri	ate forms recor	ded before a perr	nit will be issued.	
Please Print All Informa	ation.	V				
1. Owner Information (Appl		- 1:	2.	Contractor Informs	ktion	
First Name	Last Name		Fire	st Name	Last Name	2
_ temest_	Brong			Bob 1		
420 47 mg			Add	dress		
City	State		- Z: Z: Z:	2022	renow	
		3* 4	Zip City	90730	1 6 1 2 4 4 MI	its Zip
	town	50		eynolde	, Jour	50327
Phone Number (area code)	Fax or E-mail	Cell Phone		ne Number (area co	•	
1 100 100 Ed. E	The state of the s	. 202 7		202-394		9662456
3. System Requirement Info	rmation			Site and Soil Evalua	ttor (Percolation Test)	
IAC CHAPTER 69 DOUB	LE COMPARTMENT	TANK REQ	UIRED PE		T MUST BE COMPLE TO THE ISSUANCE OF	ETED AND APPROVED PRIOR F PERMIT
	Minimum 1	Tank Size F	Required	4	·	_
1-3 Bedroom		1000				TAYMES CANTOLL
(4 Bedroom)	(ر 1250	Te	st Results: Hol	e l min/in Ho	ole 2 min/in
5 Bedroom		1500	1	Hole	e3 min/in Ho	ole 4 min∕in
6 Bedroom		1750	Av	eragemin	in Depth of Test I	Ioles
			Nu	mber of Laterals	Required	
Jun Carrole 250 2103			Lei ع	Length of Laterals Required 100 ft. ea		
5. Type of Submittal	6.Address Inform	nation			st road): 135 th	
K lew	Location, Number	er & Street of	f project (if unkn	own, indicate neare	st road): 135	
Revision	Legal Description	n:				
☐ Repair, Tank		Lat	14			
Repair, Treatment Area		0	Printe 1	Plat 2		
☐ System Replacement		1010	10.70			
Previous Permit #:						
7. Type of Building (Complet			· · · · · · · · · · · · · · · · · · ·			***************************************
☐ Residential Other buildings served by this s	Number of B	edrooms:	<u> </u>	Commercial/Other Non-Residential Use:		
· ·				☐ Garbage Disposal ☐ High Water Usage Appliance (i.e. whirlpool bath, water softener) Qty: 2		
	0		Ca.	High Water Usage	Appliance (i.e. whirlpool	bath, water softener) Qty: 2
	Your contractor or s				rtion of this application.	•
8. Primary and/or	The Concert		enner Kister	Concrete Mode		Size (gal): 2000
Mechanical Treatment	Type:	Manufa	eturer:	Mode	l:	Size (gal):
9. Pump/Siphon ☐ Not Applicable	Type:	Manufa	cturer:	Mode	1:	Dosing Frequency:
10. Secondary Treatment Are			Not Applicable			
** /	nber of Laterals	Length of ea.	į.	her	Other	Maximum Trench Depth
ambei36"	<u>5</u>	100	<u> </u>			(inches): 78 "12"
I hereby attest the truth an Request for inspection of the distribution box musualiter and must be covered County Recorders Office. testing as set for Applicant Separate:	he system must be m t be available. Mech by a maintenance ag	ade 24 hour nnical syste reement, w hanical syst	rs in advance. V ms require use hich must be re tems and sand f	Vater at the site t of a free-access s corded in the Ma ilters require per	o test and dison lt is unlay reconstruction iodic prior to issue	wful to start construction, on, or repair of any POWTS ance of a POWTS permit by onmental Health Officer.
(L	K-0			0/20	1/2	

MC-ZEH Form EHOI

Asked about Water
Asked about Water

Asked about Water

Asked about Water

Asked about Water

Asked about Water

April 2001

Property Use SUPERVISION AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF IOWA. 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 I HEREBY CERTIFY THAT THIS ENGINEERING DOCUMENT WAS PREPARED BY ME OR UNDER MY DIRECT PERSONAL 2016 * 136 H THE TREATMENT SITE SHALL BE PROCTECTED FROM ANY AND ALL TRAFFIC, AND ANY SOIL DISTURBANCES. Abbreviations: sity loam-sit; sifty day loam-sict; clay loam-cl; sandy clay loam-scl; sandy clay-sc;, sifty clay-sic; sandy loam-sit; MY LICENSE RENEWAL DATE IS DECEMBER 31, 2003. enpesso Peuse BASED ON SURFACE AREA OF THENCH BOTTOM. といって **EXISTING** FEET. - KP 0 3-FOOT WIDE TRENCH 500 FEET. Madison 5-29-03 1 10+ 1 STRUCTURE X NEW EQUALIZER 24 REQUIRES 2.5% DISTURBING THE TREATMENT SITE SHALL VOID THIS RECOMMENDATION. LEGAL DESCRIPTION: PROPERTY ADDRESS: Kevise d D-Box Lateral minimum 15 aport Field and place DATE 4-15-03 REG. NO. 11328. the efficient. Laterals 100 feet both othertions-12 to Spread Space laterals PLUMBER: DESIGN FLOW 600 galions WATER TABLE AT A FEET MAXIMUM DEPTH OF TRENCH | A INCHES acres PAGES WITH THIS REPORT Notes: Place 50265 gpsf. RECOMMEND AN EFFLUENT FILTER WITH ALL SYSTEMS. とい LOT SIZE: را 2 ب SOIL LOADING RATE O. 4 Costs ctia 308 5 - holes about some 2 tommer 223-0803 JAMES A. CARROLL, P.E. <u>></u> Dark Brown Silty Clay Loam structure-str, moderate-mod; Sich mod str. Broay Stay E Black Yellow Brown OWNER ADDRESS: NO BEDROOMS. OWNER NAME: A 17.20. Stop いた つきと 304 PHONE # BUILDER

O W 0.

ナカソ

REPORT #

ONSITE WASTEWATER SITE EVALUATION FOR SEPTIC SYSTEM

-fie soil textural class was determined by the "Feel Method". This report does not reflect any variations, which may occur between borlings 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..

Property the REPORT # 581 holes 72 中京大学 THE TREATMENT SITE SHALL BE PROCTECTED FROM ANY AND ALL TRAFFIC, AND ANY SOIL DISTURBANCES. Abbreviations: silty loam-sil; silty clay loam-sic; clay loam-cl; sandy clay loam-sc; sandy clay-sc; silty clay-sic; sandy loam-sl; Propose. house Point ŝ 人ナクなのひ EXISTING 000 100 yc. 1 2 Madison I STRUCTURE *NEW 101 からん DISTURBING THE TREATMENT SITE SHALL VOID THIS RECOMMENDATION. ONSITE WASTEWATER SITE EVALUATION FOR SEPTIC SYSTEM LEGAL DESCRIPTION: PROPERTY ADDRESS: P-Box atera D'a CB 100 teed directions ・くゅう~ to k PLUMBER: DESIGN FLOW 600 gallons acres Notes: Place in Center o 50265 I RECOMMEND AN EFFLUENT FILTER WITH ALL SYSTEMS. Lateral Air 10 S LOT SIZE: 2007 Construction 202 5 - ho les about some 2 tome? 223-0303 ふ Dark Brown Clay LOam structure-str; moderate-mod; mod str. 因でのシア Black grays Yellan Braun OWNER ADDRESS: NO. BEDROOMS: OWNER NAME: Sich made str stop Sich 304 BUILDER PHONE #

RASED ON SURFACE AREA OF TRENCH BOTTOM. MAXIMUM DEPTH OF TRENCH | 8 INCHES . 0 SOIL LOADING RATE WATER TABLE AT

FEET. 3-FOOT WIDE TRENCH 500 FEET. EQUALIZER 24 REQUIRES 2-FOOT WIDE TRENCH

SUPERVISION AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF IOWA HEREBY CERTIFY THAT THIS ENGINEERING DOCUMENT WAS PREPARED BY ME OR UNDER MY DIRECT PERSONAL MY LICENSE RENEWAL DATE IS DECEMBER 31, 2003 DATE: 4-15-03 REG. NO. 11328. 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, onellie impection, and An act tentural class was determined by the "Feet Method". This report does not reflect any variations, which may occur between borings or across the eits. The nature and extent of euch variations may not become evident until construction. If variations then appear evident, it will be necessary to mevaluate the recommendations of this report.

PAGES WITH THIS REPORT

CARROLL, P.E.

JAMES A.

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..

James A. Carroll, PE 1549 NW 92nd Clive, Iowa 515-225-3846

September 5, 2003

Elton Root Madison County Sanitarian

RE: Lot 14 Polo Point, 3359 135th.

Dear Elton,

I received a phone call from Bob Lee, the contractor installing the septic system concerning the placement of the laterals at the above shown address. Bob stated that there are several places along some of the lateral lines that will exceed the maximum depth I listed in my report. The reason is the soil surface is not constant in all places. There is no way to layout the laterals without certain portions along some of the lines up to 24-inches deep.

In my report dated 4-15-03 I listed water table at 4-feet. I sometimes use water table and confining layer interchangeably. The reason I called 4-feet was that the soils are showing few gray mottles at this depth. I do not believe that there is a water table at this depth however the water is moving very slowly through the soils at this depth. This is one of the reasons I required that the laterals be spaced at 15-feet apart or greater, and that the laterals run in both directions along the slope.

I believe that placing parts of a lateral line up to 24-inches deep will not impact the performance of the system.

Please call me if there are any questions.

dames A. Carroll, PE

Permit No 055-03	Name: Emme	t Brody			
Date of Inspection: 9-4-03	Inspected by: Jean The	ompson			
Contractor: Bob Lee					
Dwelling under construction or mov	ed in Yes_x	No			
Setbacks					
Meets required setbacks.					
	No	. 4			
Private wells/Groundwater heat p	-				
Outside required 50-foot setbac		Yes_x_ No			
Outside required 100-foot setba		Yes_x_ No			
Streams/ponds (25-25 ft)-ditches		Yes_x_ No			
 Indications of water lines under p 	essure	Yes No_x_			
Duilding Cours					
 Building Sewer Clean outs – one right outside of l 	ouga Vac v	No			
 location of cleanout inside house 					
• Pipe is sch 40 and has a 4-inch die	-	No			
• Grade – has adequate fall.		No			
Tank					
• Tank. Manufacture F	ella Concrete x	Plastic			
• Capacity 1500 (first tank) & 500	(second tank) -gallo	n			
· Two compartments, both meet the	specifications for capa	acity. Yes_x_ No			
• Baffle Yes x	No				
 Inlet/Outlet tees are ok. 	Yesx	No			
• Effluent filter in the outlet. Ye	sxNo	Manuf.Polly Lock			
• Tank depth. Less than 12"					
• Risers Yes x No					
 Risers at grade screwed on 	Yes No	Will bex			
Comments:_risers at grade					
Distribution Poss					
Distribution BoxBrand Tuf-Tite	Other				
• Bedded in cement. Yes x		Will be			
 Has required inlet baffle. Yes 		Will be			
• Outlet levels –are level. Yes x		Unknown			
Comments: levelers will be scre					
value de la constantina del constantina de la constantina de la constantina del constantina de la cons					
Laterals					
• Distribution lines: 44	-inch PVC pipe	40 SDR.			
 Distribution lines screwed to later 		Will be			
• Lateral used. 36" chamber		on? Yes No			
• Lateral depth 12 to 19	Perc der	oth inches			
• Laterals were level. Yes_x	No				
Adequate amount of undisturbed soil between laterals. Yes_xNo					
 Between 15 to 17 feet between laterals. Comments: will put sand under all lines not on original ground. Laterals are all at 					
		•			
12 inches except 40 feet at end of #3 lateral (Left) and 10 foot on #1 lateral (left)					
which were at 19". The Engineer and Brent Parker (DNR) did not consider this a					
problem					







