



## TIME OF TRANSFER INSPECTION TOT# 9935 TRAVIS WELLS CERT # 12733

## Site Information

Parcel Description: **190/00116-006-001- BARN**Address: **3296 NE 54th Avenue, Des Moines, IA 50317**County: **Polk**

## Owner Information

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

Business Name:

Owner Name: **Lawrence Bain**

Email Address:

Address: **3296 NE 54th Avenue, Des Moines, IA 50317**Phone No: **515-577-9372**

## Additional Contact Information

Name	Email Address	Affiliate Type
<b>Brenda Davis</b>	<b>foretrailrider@gmail.com</b>	<b>Owner</b>
<b>Ann Whitaker</b>	<b>ann@wmgauction.com</b>	<b>Other</b>

## Site related information

No Of Bedrooms: **1**Inspection Date: **05/03/2024**Facility Type: **Other**Currently Occupied: **N/A**

Last Occupied:

System Installation Date:

Permit issued by County: **N/A**

Permit Number:

All plumbing fixtures enter septic system: **Yes**County contacted for records: **Yes**

Property Information Comments:

**SYSTEM LISTED AS PROPERTY B (THE BARN)**

## Primary Treatment

## Tank 1

Tank Name: **Tank 1**Type: **Septic Tank**Tank Size (Gal): **1000**Tank Material: **Plastic**Tank Corrosion Type: **None**Liquid Level Type: **Normal**

No. of Compartments: <b>2</b>	Pump Tank Chamber: <b>No</b>	Licensed Pumper Name: <b>Bob's Septic</b>
Date Pumped: <b>5/3/2024</b>	Meets Setback to Well: <b>N/A</b>	Well Type:
Distance To Well (Ft.):	Is Accessible: <b>Yes</b>	Lid Intact: <b>Yes</b>
Risers Intact: <b>Yes</b>	Effluent Filter Present: <b>Yes</b>	Watertight: <b>Yes</b>
Tank/Vault Pumped: <b>Yes</b>	Inlet Baffle Present: <b>Yes</b>	Outlet Baffle Present: <b>Yes</b>
		Functioning as Designed: <b>No</b>
Tank Comments: <b>Tank exploded on itself. Baffle cracked</b>		

General Primary Treatment Comments:

#### Distribution Type

##### Distribution Box 1

Label: <b>Distribution Box 1</b>	Material Type: <b>Plastic</b>	Accessible: <b>No</b>
Box Opened: <b>Yes</b>	Baffle Present: <b>No</b>	Speed Levelers Present: <b>No</b>
Watertight: <b>Yes</b>	Functioning As Designed: <b>Yes</b>	

General Distribution System Comments : **Distribution box has two laterals in box with one baffle present.**

#### Secondary Treatment

##### Lateral Field1

Distribution Type: <b>Distribution Box</b>	Material Type: <b>Leaching Chamber</b>	Trench Width: <b>24</b>
Lines: <b>2</b>	Total Length of Absorption Line: <b>200</b>	System Hydraulic Loaded: <b>Yes</b>
Gallons Loaded: <b>300</b>	Meets Setback to Well: <b>N/A</b>	Well Type:
Distance To Well (Ft.):	Lateral Lines Probed: <b>Yes</b>	Saturation or Ponding Present: <b>No</b>
Grass Cover Present: <b>Yes</b>	Lateral Lines Equal Length: <b>Yes</b>	System Located on Owner Property: <b>Yes</b>
Easement Present: <b>N/A</b>	Functioning as Designed: <b>Yes</b>	
Comments:		

General Secondary Treatment Comments:

#### Narrative Report

TOT Inspection Report Overall Narrative Comments: **Upon arrival found we found a 1000g poly septic tank which was imploding on itself. Baffle was pushed to the outlet and cracked. Dug up distribution box found . Did not have a baffle or speed leveleres present at time. Hydraulic load test with 300gallons of water. Laterals took all water. Probed lateral field no ponding present. Laterals were 24in narrow chambers. 100ft each totaling 200ft total. Information is current at the time of the inspection.**



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Owner Name: **Lawrence Bain**

Address: **3296 NE 54th Avenue , Des Moines , IA 50317**

County: **Polk**

Inspection Date: **05/03/2024**

Submitted Date: **5/6/2024**

**This page certifies a Time of Transfer inspection was conducted and submitted for the property listed above in accordance with Subrule 567 IAC 69.2(8).**

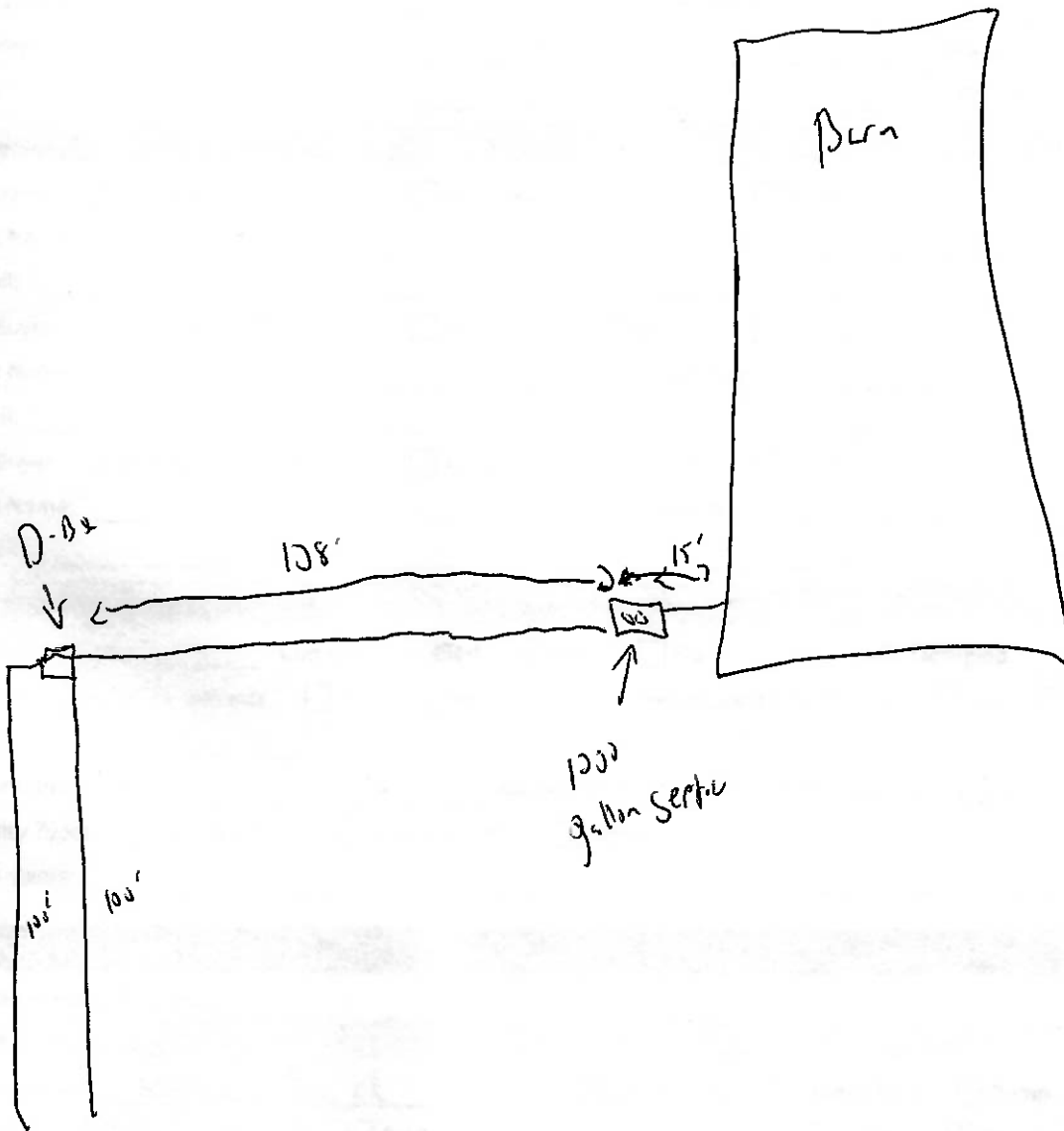


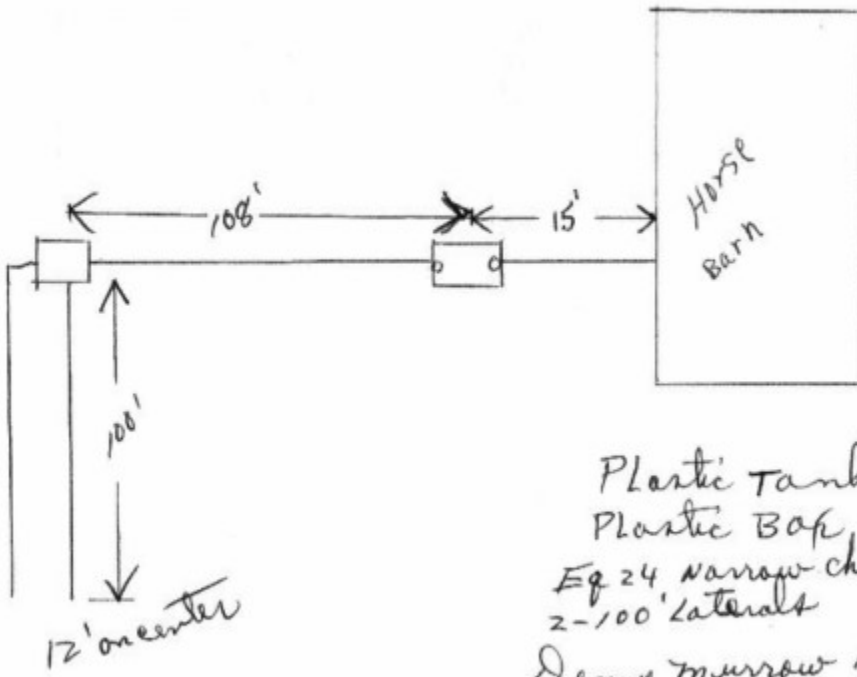












Plastic Tank  
Plastic Box  
Eq 24 narrow chamber  
2-100' laterals  
Denny Murrow 11/20/00



✓

APPLICANT:

### Commercial Property

Residential  
Property

Horse  
Blau

✓

Stipulations: DO NOT INSTALL LATERALS DEEPER THAN 24." INSTALL 200' OF LATERALS. TIE FLOOR DRAIN INTO Sepsic System. INSTALL INDUSTRIAL SIZED Effluent Filter.

✓

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1006a

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yes

ft.

Environmental Health Specialist's Sign

11/15/20  
Date of Preliminary Inspection

### FINAL SYSTEM INSPECTION

0

Due to the following infractions: Installed  $E_g \geq 4$  narrow chambers

✓

✓

Environmental Health Specialist's Signature

Date of Final Inspection 11/20/00



# POLK COUNTY HEALTH DIVISION Percolation Test Report

Owner Name: ADAMS DONR

Property Address: 3296 NE 54TH AVE.

Owner Address: 6355 DSM IA 50513

Legal Description: \_\_\_\_\_

Builder: PRO LINE

Plumber: T J ROBERTS

Lot Size: \_\_\_\_\_

No. Bedrooms: NONE

Structure: New: ☒ Existing: \_\_\_\_\_

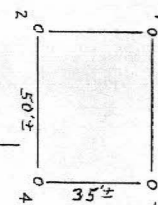
Minutes Per Inch: (Hole No.): 1. 5 2. 6 3. 4 4. 5 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_

Depth of Hole at Time of Test: 1. 2' 2. 2' 3. 2' 4. 2' 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_

Depth to Water Table: MOTTLED @ 5' (6' bore hole in the center of the absorption field)

NE 54TH AVE.

500' ±



NO SCALE  
N



I hereby declare that I have reviewed the title opinion dated None Reviewed provided by others, the legal description of which references this site and the easements cited therein have been shown and further declare the results of the percolation test are correct.

Date 11/13/00

Signature John P. Nilles

Reg. No. 12106

CENTRAL IOWA INSPECTIONS  
5895 NE 14TH STREET, DES MOINES, IOWA 50313 PH. 286-3376  
APPLICATION FOR SEWAGE DISPOSAL PERMIT

Date 11/13/00 No. S 39277

NEW X EXISTING \_\_\_\_\_  
JOB ADDRESS 3296 NE 54TH AVE

	NAME	ADDRESS	CITY	ZIP	PHONE
APPLICANT	ADAMS DOORCO	6355 NE 14TH ST	DSM	50313	289-2070
OWNER					
BUILDER	PRO LINE CO				
INSTALLER	T J ROBERTS				

LEGAL DESCRIPTION

TOWNSHIP

COMMERCIAL:  
Type of Business

Number of  
Employees

RESIDENTIAL: NORSE  
Number of Bedrooms: BARN

Multi-Family Dwelling:  
Y N

Are Mobile Homes Served by  
this System? Y N

WATER SOURCE:

Public X  
Private \_\_\_\_\_

Permit Fee

Investigation Fee

Total

Receipt No.

100 -

100 -

24926.30

A PERCOLATION TEST MUST BE  
SUBMITTED WITH THIS  
APPLICATION

All Permits Issued by the Polk County Health Division Expire and become Void One Calendar Year from Date of  
Issurance.

NOTE: IF NUMBER OF BEDROOMS CHANGES, THIS DIVISION MUST BE NOTIFIED BEFORE  
INSTALLATION OF THE SEWAGE DISPOSAL SYSTEM COMMENCES.

The Information Contained Hereon Shall Be Legally Deemed As Part Of the Related Sewage Disposal System Permit  
Application.

SEWAGE DISPOSAL SYSTEM CANNOT BE INSTALLED UNTIL A BUILDING PERMIT  
HAS BEEN APPLIED FOR, IF APPLICABLE.

I HAVE REVIEWED AND UNDERSTAND THE AFOREMENTIONED REQUIREMENTS. ALL  
INFORMATION SUPPLIED BY ME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND  
BELIEF.

COMPLETED BY Shimrock

APPLICANT SIGNATURE Robt Bair

POLK COUNTY  
HEALTH DIVISION



PERMIT NO. S38277

Permit To Install Private Sewage Disposal System

JOB ADDRESS: 3296 NE 54th Avenue

LEGAL DESCRIPTION: \_\_\_\_\_

APPLICANT: Rob Bain OWNER: Adams Door Co.

BUILDER: Pro Line Co INSTALLER: T & Roberts

Lot Size: \_\_\_\_\_ Type Commercial

Residential: (No. of Bedrooms) Horse Barn

Are Mobile Homes to be served by this system? Yes \_\_\_\_\_ No X

Septic Tank Company: \_\_\_\_\_ Construction Material: \_\_\_\_\_ Gallons Capacity: 1000 Gal

Percolation Test: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_

Absorption Field: Total Length of Laterals 200

Proposed System: New X Existing \_\_\_\_\_

Description of Proposed Work: \_\_\_\_\_

Stipulations: Do not install laterals deeper than 24". Install 200' of laterals. Tie  
floor drain into septic system. Install industrial sized effluent filter.

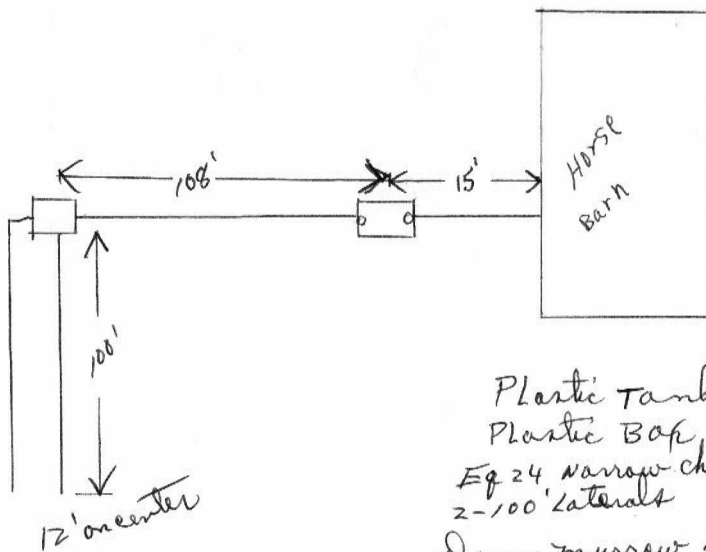
ALL PERMITS ISSUED BY THE POLK COUNTY HEALTH DIVISION EXPIRE AND BECOME  
VOID ONE CALENDAR YEAR FROM DATE OF ISSUANCE.

Total Fee: ~~XVY~~ NYA \$100.00

Date of Issuance \_\_\_\_\_

Building Permit No.: \_\_\_\_\_  
(If Applicable)





Plastic Tank  
Plastic Bop  
Eq 24 narrow chamber  
2-100' laterals  
Denny Morrow 11/20/00

CENTRAL IOWA INSPECTIONS  
5895 NE 14TH STREET, DES MOINES, IOWA 50313 PH. 286-3376  
APPLICATION FOR SEWAGE DISPOSAL PERMIT

Date 11/13/00

No. S 39277

NEW X EXISTING       

JOB ADDRESS 3296 NE 54TH AVE

	NAME	ADDRESS	CITY	ZIP	PHONE
APPLICANT	ADAMS DOORCO	6355	DSM	50313	289-2020
OWNER					
BUILDER	PRO LINE CO				
INSTALLER	T S ROBERTS				

LEGAL DESCRIPTION

TOWNSHIP

COMMERCIAL:  
Type of Business

Number of  
Employees

RESIDENTIAL:  
Number of Bedrooms: NORSE  
BARN

Multi-Family Dwelling:  
Y (N)

Are Mobile Homes Served by  
this System? Y (N)

WATER SOURCE:  
Public X  
Private       

Permit Fee

100 -

Investigation Fee

Total

100 -

Receipt No.

2492630

A PERCOLATION TEST MUST BE  
SUBMITTED WITH THIS  
APPLICATION

All Permits Issued by the Polk County Health Division Expire and become Void One Calendar Year from Date of  
Issurance.

NOTE: IF NUMBER OF BEDROOMS CHANGES, THIS DIVISION MUST BE NOTIFIED BEFORE  
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The Information Contained Hereon Shall Be Legally Deemed As Part Of the Related Sewage Disposal System Permit  
Application.

SEWAGE DISPOSAL SYSTEM **CANNOT BE INSTALLED UNTIL A BUILDING PERMIT**  
**HAS BEEN APPLIED FOR, IF APPLICABLE.**

I HAVE REVIEWED AND UNDERSTAND THE AFOREMENTIONED REQUIREMENTS. ALL  
INFORMATION SUPPLIED BY ME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND  
BELIEF.

COMPLETED BY

[Signature]

APPLICANT SIGNATURE

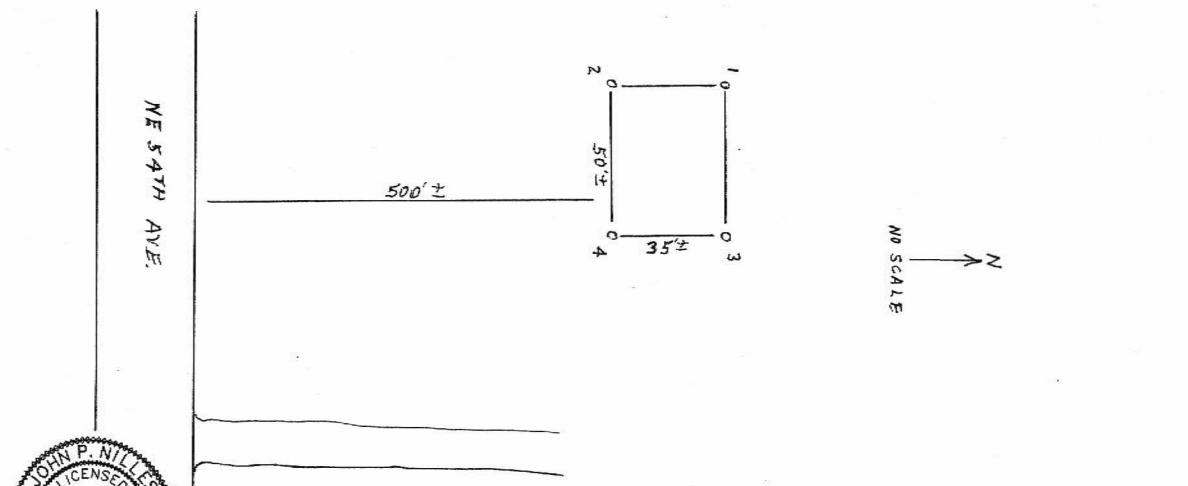
[Signature]



# POLK COUNTY HEALTH DIVISION Percolation Test Report

Owner Name: ADAMS DOOR Property Address: 3296 NE 54TH AVE.  
 Owner Address: 6355 DSM IA 50213 Legal Description: \_\_\_\_\_

Builder: PRO LINE Plumber: T J ROBERTS  
 Lot Size: \_\_\_\_\_ No. Bedrooms: NONE Structure: New: ☒ Existing: \_\_\_\_\_  
 Minutes Per Inch: (Hole No.): 1. 5 2. 6 3. 4 4. 5 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_  
 Depth of Hole at Time of Test: 1. 2' 2. 2' 3. 2' 4. 2' 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_  
 Depth to Water Table: MOTTLED @ 5'± (6' bore hole in the center of the absorption field)



I hereby declare that I have reviewed the title opinion dated None Reviewed, provided by others, the legal description of which references this site and the easements cited therein have been shown and further declare the results of the percolation test are correct.

Date 11/13/00 Signature John P. Nilles Reg. No. 12106



# POLK COUNTY HEALTH DIVISION Percolation Test Report

Owner Name: ADAMS DOOR Property Address: 3296 NE 54TH AVE.  
Owner Address: 6355 DCM TA 50313 Legal Description: \_\_\_\_\_

Builder: PRO LINE Plumber: T S ROBERTS

Lot Size: \_\_\_\_\_ No. Bedrooms: NONE Structure: New: ☒ Existing: \_\_\_\_\_

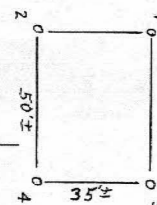
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Depth to Water Table: MOTTLED @ 5'± (6' bore hole in the center of the absorption field)

NE 54TH AVE.

500'±



NO SCALE → N



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Date 11/13/00

Signature John P. Nilles

Reg. No. 12106



Geo-Parcel	Dist./Parcel	Owner Name	Parcel Address	Class	Jurisdiction
0000-00-017-425	190/00116-000-000	TRAILS END INC ,	3296 NE 54TH AVE	Ag	Delaware TWP
				<a href="#">AudRpt</a>	<a href="#">SchRpt</a>
0000-00-031-449	190/00116-001-000	TRAILS END INC ,	3296 NE 54TH AVE	Ag	Delaware TWP
				<a href="#">AudRpt</a>	<a href="#">SchRpt</a>
7923-08-300-007	190/00116-004-000	TRAILS END INC ,	3296 NE 54TH AVE	Ag	Delaware TWP
				<a href="#">AudRpt</a>	<a href="#">SchRpt</a>
7923-08-451-003	190/00116-005-000	ADAMS DOOR CO., INC. ,	3296 NE 54TH AVE	Ag	Delaware TWP
				<a href="#">ParcMap</a>	<a href="#">PlanMap</a>
				<a href="#">SchMap</a>	<a href="#">Sirens</a>
				<a href="#">AudRpt</a>	<a href="#">SchRpt</a>



BOB'S SEPTIC  
2785 NE 46<sup>th</sup> Avenue  
Des Moines, IA 50317  
515-262-9174

## TIME OF TRANSFER COVERSHEET

**PROPERTY ADDRESS:** 3296 NE 54<sup>th</sup> Avenue, Des Moines, IA 50317

**OWNER/SELLER:** Lawrence Bain Revocable Trust (POC Brenda Davis)  
**ADDRESS:** 3296 NE 54<sup>th</sup> Avenue, Des Moines, IA 50317  
**PHONE NUMBER:** 515-577-9372  
**EMAIL:** foretrailrider@gmail.com

**SELLER'S REALTOR:** Ann Whitaker  
**ADDRESS:** n/a  
**PHONE NUMBER:** 515-460-0255  
**EMAIL:** ann@wmgauktion.com

**BUYER'S NAME:** NONE AT THIS TIME  
**ADDRESS:** n/a  
**PHONE NUMBER:** n/a  
**EMAIL:** n/a

**BUYER'S REALTOR:** NONE AT THIS TIME  
**ADDRESS:** n/a  
**PHONE NUMBER:** n/a  
**EMAIL:** n/a

**FEEL FREE TO CALL IF YOU HAVE ANY QUESTIONS!**

**515-262-9174**

**BOB'S SEPTIC  
DES MOINES, IA 50317  
OFFICE@BOBSSEPTIC.COM**