Recorded: 4/23/2018 at 10:17:34.0 AM
Fee Amount: $0.00
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2018 PG: 1042

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Larry Dean Rotach Estate

Address 232 3rd Street NW, Forest Lake, MN 55025

Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:

Name Justin N. Nolz

Address 23284 186th Avenue, Manchester, IA 52057

Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:

18907 171st Avenue, Manchester, IA 52057

Number and Street or RR | City, Town or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) See 1 in Addendum

1. **Wells (check one)**
   - X 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)**
   - X 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)**
   - X 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)**
   - X 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)**
   - X 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]
   - X 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 _____.

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: Dan Kotach (Transferor or Agent) Telephone No.: (612) 889-7724

FILE WITH RECORDER

Addendum

1. Lot Sixteen (16), Block Four (4), Sunset Beach, a Subdivision of Parts of Sections Seventeen (17), Eighteen (18) and Twenty (20), Township Eighty Nine (89) North, Range Five (5), West of the Fifth P.M., according to plat recorded in Book 2 Plats, Page 20
   AND
   Parcel "J" Being Part Of Lot 17, Block 4, Sunset Beach, A Subdivision Of Parts Of Sections 17, 18 And 20, Township 89 North, Range 5 West Of The 5th P.M., Delaware County, Iowa, according to plat recorded in Book 2011, Page 1956; excepting rights of flowage

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

Property information

Current owner Larry Rotach Estate Realtor F&M Realty teresa turnis
Buyer _____
Mailing address 108 S Franklin St. Manchester

Site Address/County 18907 171st Manchester
Legal Description _____

No. of bedrooms 1 Last occupied? Spring 2017 Records available yes

Permit/installation date 6-13-94 Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 750 material plastic condition good
Tank pumped? yes date 11-19-17 licensed pumper ST 49
Septic/trash/processing tank: size — material — condition —
Tank pumped? — date — licensed pumper —

Aerobic treatment unit (ATU) mfgr — 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 3 condition good
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
length of absorption fields per permit determined by per permit
condition of fields good determined by water test
type of trench material _____

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 Worksheet

Other components:
Alarms ~ Working? _____ disinfection _____ working? _____

Control box ~ Timers ~ inspection ports _____

Other components ~

Overall condition of the private sewage disposal system

Report system status older System

Explain (attach additional pages as needed): Plastic tank good shape

Comments: 30 minute water test OK
5-6 gallon / minute
no River close anymore

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: Bill Downs Date: 11-19-17
Name (print): Bill Downs Certificate #: 850
Address: 1497 110th Ave Dundee IA
Phone # 563-924-2225

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

542-0191

3-2009

SEWAGE DISPOSAL SYSTEM

INFORMATION

PERMIT NO: 304A

PLUMBER: Kuebl

FINAL INSPECTION

APPLICANT: Larry Rosack

LOCATION R3 Sunset Beach

ADDRESS: Manchester

PERCOLATION TESTS: #1 _____ #2 _____ #3 _____ #4 _____

SEPTIC TANK SIZE: 750 COMPARTMENTS: _____

MANUFACTURER: _____ DEPTH: _____

DISTANCE FROM HOUSE: 10' WELL: 100+

DISTRIBUTION BOX: DEPTH: _____ LEVEL: _____

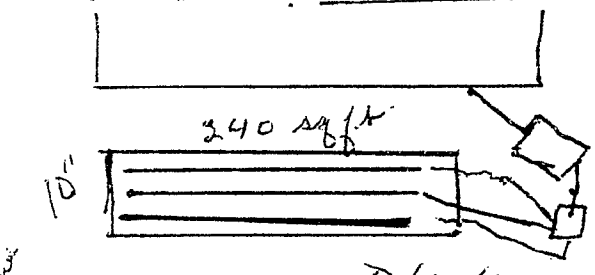
DISTANCE FROM HOUSE: 12' WELL: _____

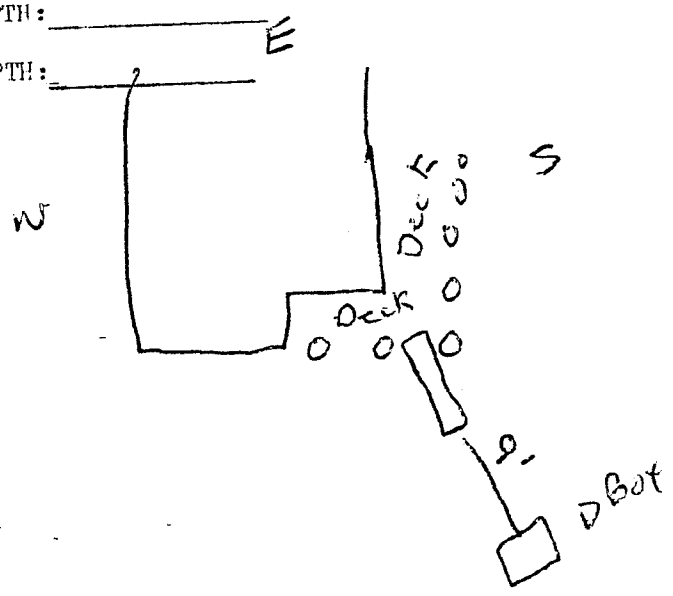
TRENCH #1 LENGTH: _____ WIDTH: _____ DEPTH: _____

TRENCH#2 LENGTH: _____ WIDTH: _____ DEPTH: _____

TRENCH#3 LENGTH: _____ WIDTH: _____ DEPTH: _____

TRENCH#4 LENGTH: _____ WIDTH: _____ DEPTH: _____





APPROVED ( ) REJECT ( ) INSPECTED BY:

W

DELAWARE COUNTY
BOARD OF SUPERVISORS

(Print or Type) **Permit No.** 3064

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: RR 2 Manchester Section 20 Township Delaware

LOCATION: 1/4 1/4 1/4 T-894 Rd W

Owner: Larry Rotarski Tenant: _____ Plumber: Kuehl Const

Lot Size: 50 x 300 Type Commercial: _____ Residential: (No. Bedrooms) 1

Fixtures: Stools 1 Lavatories 1 Bath Tubs 1 Showers 1 Sinks _____ Automatic Laundry 1 Sump Pump _____

Septic Tank made by _____ Garbage Grinder _____ Construction Material Plastic Gallons Cap. 750

Percolation Test: 1. _____ 2. _____ 3. _____ 4. _____ Made by: _____

Absorption Field: Total length of laterals _____ No. of lateral lines _____

This system is new _____ Existing ✓ replace. Sub. surface 240 sq ft 10 1/2 trench

I certify that the above information is correct and that all proposed work will be completed in accordance with the Delaware County Regulations.

Date Approved 6-13-94

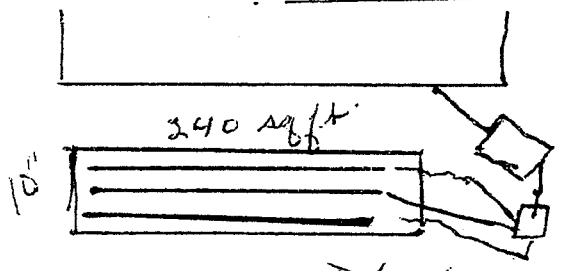
By Lawrence Ashley
INSPECTOR

X Larry Rotarski
APPLICANT'S SIGNATURE

SEAL

TRENCH#3 LENGTH: _____ WIDTH: _____ DEPTH: _____

TRENCH#4 LENGTH: _____ WIDTH: _____ DEPTH: _____



APPROVED ( ) REJECT ( ) INSPECTED BY:

IA DEPARTMENT OF NATURAL RESOURCES

Application For Variance for Private Water/Wastewater System

Send to: WATER SUPPLY SECTION, Department of Natural Resources,
Wallace State Office Building, 900 East Grand Avenue, Des Moines, IA 50319-0034

Permit Reference Number: 30UN [ ] WELL [X] SEPTIC SYSTEM

Name of County (Adm. Authority): Delaware County

SECTION A -- Applicant Information

Applicant Name: Larry Peters

Mailing Address: RR 2

City Manchester State IA Zip 52057

Date: 6-17-91 Phone Number: 319-927-4914

Property Owner of Record: Larry Peters

SECTION B -- Explanation of Proposed Variance

50 Square Sand Filter To Be Located
with 40' in Back with Rear (Steam) Manhole
Used

Use the back side of this form if additional space is required.

SECTION C -- Justification for Proposed Variance

Due to Limited Space. 1 Bedroom Only with 750 gal
Septic Tank 300 sq. ft. Sand Filter Plastic Pipe. Please see
Filter Specifications Drawing Enclosed

Use the back side of this form if additional space is required.

I certify the above information is correct to the best of my knowledge, and I will furnish any additional information required by the department.

Chair, Bd of Health: _____ Date: _____

Chair/Agent Signature: Larry Peters Title: Landowner

DNR ACTION

[ ] Approved [ ] Modified [ ] Disapproved [ ] Not Required

DATE of Decision: _____ DATE of Notification: _____

REVIEWING AUTHORITY: _____

542-1336

DNR FORM (05/90)