



Book 2024 Page 54

Document 2024 GWH-54 Type 53 001 Pages 14
Date 1/05/2024 Time 10:28:41AM
Rec Amt \$.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

If the transaction is exempt from filing a declaration of value pursuant to Iowa Code 428A.1(2), **(STOP HERE)** Pursuant to Iowa Code section 558.69(1), when no declaration of value is submitted during a transaction, you are not required to submit a groundwater hazard statement or include the statutory language in Iowa Code section 558.69(8A). Please consult your realtor or legal counsel for further advice, including on whether a declaration of value is required. The Department provides this information for statutory reference only.

Instructions for this document can be found at:
<https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960%20Instructions.pdf>

Attachment 1, if required, can be found at: <https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960a.pdf>

TRANSFEROR:

Name	Jacob J. Gearhart and Elizabeth M. Gearhart			
Address	2310 Buchanan Delaware Ave	Masonville	IA	50654
	Number and Street or RR	City, Town or PO	State	Zip

TRANSFeree:

Name	Thomas J. Crane			
Address	1833 120th Ave	Manchester	IA	52057
	Number and Street or RR	City, Town or PO	State	Zip

Address of Property Transferred:

2310 Buchanan Delaware Ave	Masonville	IA	50654
Number and Street or RR	City, Town or PO	State	Zip

Legal Description of Property: (Attach if necessary)

Parcel C, Part of the NW¼ - NW¼ Sec. 7, T88N, R6W of the Fifth P.M., Delaware County, Iowa, according

to plat recorded in Book 2003, Page 220.

1. Wells (check one)

- No Condition - There are no known wells situated on this property.
- Condition Present - 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. *located east of the house*

2. Solid Waste Disposal (check one)

- No Condition - There is no known solid waste disposal site on this property.
- Condition Present - 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)

- No Condition - There is no known hazardous waste on this property.
- Condition Present - 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)

- No Condition - 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.)
- Condition Present - 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)

- No Condition - There are no known private burial sites on this property.
- Condition Present - 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)

- No Condition - All buildings on this property are served by a public or semi-public sewage disposal system.
- No Condition - This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
- Condition Present - 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.
- Condition Present - 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.
- Condition Present - There is a building served by private sewage disposal system on this property. The system is failing to ensure effective wastewater treatment or is otherwise improperly functioning, and 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.
- Condition Present - 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 #7]
- Condition Present - There is a building served by private sewage disposal system on this property. This property is exempt from the private sewage disposal inspection requirements pursuant to the following Exemption [Note: for exemption #7 use prior check box]: _____
- Condition Present - There is a building served by private sewage disposal system on this property. The private sewage disposal system has been installed within the past two years pursuant to permit number: _____

Review the following two directions carefully:

- A. If you selected a box stating "No Condition" for every numbered section above, ~~STOP HERE~~ Do not submit this form. Instead, pursuant to Iowa Code section 558.69(8A), you must include the following language on the first page of the recorded deed, instrument, or other writing:

"There is no known private burial site, well, solid waste disposal site, underground storage tank, hazardous waste, or private sewage disposal system on the property as described in Iowa Code section 558.69, and therefore the transaction is exempt from the requirement to submit a groundwater hazard statement."

Please consult your realtor or legal counsel for further advice on this exemption. By law, the owner of the property is responsible for the accuracy of this statement, and the Department provides this information for statutory reference only.

- B. If you checked any box stating "Condition Present" for any of the numbered sections above, continue below. You must complete this form, including providing all required information, and you must submit this form to the county recorder's office with declaration of value.

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:  Telephone No.: 563-920-8592
(Transferor or Agent)

CERTIFICATION FOR NO INFORMATION REPORTING ON THE SALE OR EXCHANGE OF A PRINCIPAL RESIDENCE

This form may be completed by the seller of a principal residence. This information is necessary to determine whether the sale or exchange should be reported to the seller, and to the Internal Revenue Service on Form 1099-S, Proceeds From Real Estate Transactions. If the seller properly completes Parts I and III and makes a "yes" response to assurances (1) through (4) in Part II, no information reporting to the seller or to the Service will be required for that seller. The term "seller" includes each owner of the residence that is sold or exchanged. Thus, if a residence has more than one owner, a real estate reporting person must either obtain a certification from each owner (whether married or not) or file an information return and furnish a payee statement for any owner that does not make the certification.

Part I. Seller Information

1. Names: Jacob J and Elizabeth M Gearhart
4585 Orchard Dr. NW
Address: Cedar Rapids, IA 52405

2. Address or legal description (including city, state, and ZIP code) of residence being sold or exchanged:

2310 Buchanan Delaware Ave Masonville, IA 50654

3. Taxpayer Identification Numbers (TINs):

TIN _____ Name _____
Jacob J
Elizabeth M

Part II. Seller Assurances

- | True | False | Check "true" or "false" for assurances (1) through (4). |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (1) I owned and used the residence as my principal residence for periods aggregating 2 years or more during the 5-year period ending on the date of the sale or exchange of the residence. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (2) I have not sold or exchanged another principal residence during the 2-year period ending on the date of the sale or exchange of the residence (not taking into account any sale or exchange before May 7, 1997). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (3) No portion of the residence has been used for business or rental purposes by me (or my spouse if I am married) after May 6, 1997. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (4) At least one of the following three statements applies: |

The sale of exchange is of the entire residence for \$250,000 or less.

OR

I am married, the sale or exchange is of the entire residence for \$500,000 or less, and the gain on the sale or exchange of the entire residence is \$250,000 or less.

OR

I am married, the sale or exchange is of the entire residence for \$500,000 or less, and (a) I intend to file a joint return for the year of the sale or exchange, (b) my spouse also used the residence as his or her principal residence for periods aggregating 2 years or more during the 5-year period ending on the date of the sale or exchange of the residence, and (c) my spouse also has not sold or exchanged another principal residence during the 2-year period ending on the date of the sale or exchange of the residence (not taking into account any sale or exchange before May 7, 1997).

Part III. Seller Certification

Under penalties of perjury, I certify that all the above information is true as of the end of the day of the sale or exchange.

Jacob J Gearhart

Date: 11-24-24

Elizabeth M Gearhart

Date: 11-24-24



TIME OF TRANSFER INSPECTION TOT# 8606 LUKE OGDEN CERT # 6715

Site Information

Parcel Description: **270070000200**
Address: **2310 Buchanan Delaware Ave., Masonville, IA 50654** County: **Delaware**

Owner Information

Property is owned by a business: **No**
Business Name:
Owner Name: **Jacob Gearhart**
Email Address:
Address: **2310 Buchanan Delaware Ave., Masonville, IA 50654**
Phone No: **563-920-8592**

Site related information

No Of Bedrooms: **3** Inspection Date: **01/02/2024**
Facility Type: **Residential** Currently Occupied: **Yes**
Last Occupied: System Installation Date: **05/17/2010**
Permit issued by County: **Yes** Permit Number: **1796**
All plumbing fixtures enter septic system: **Yes** County contacted for records: **Yes**
Property Information Comments:
septic system was updated 5-17-2010.

Primary Treatment

Tank 1

Tank Name: Tank 1	Type: Septic Tank	Tank Size (Gal): 1250
Tank Material: Concrete	Tank Corrosion Type: Slight	Liquid Level Type: Normal
No. of Compartments: 2	Pump Tank Chamber: No	Licensed Pumper Name: st-49
Date Pumped: 1/2/2024	Meets Setback to Well: Yes	Well Type: Private
Distance To Well (Ft.): >50'	Is Accessible: Yes	Lid Intact: Yes

Risers Intact: **Yes**

Effluent Filter Present:

Watertight: **No**

Tank/Vault Pumped: **Yes**

Inlet Baffle Present: **Yes**

Outlet Baffle Present: **No**

Functioning as Designed: **Yes**

Tank Comments: **The 2nd compartment of the 1250 gallon septic tank is used as the pump tank.**

General Primary Treatment Comments:

Distribution Type

Distribution Box 1

Label: **Distribution Box 1**

Material Type: **Plastic and Concrete**

Accessible: **Yes**

Box Opened: **Yes**

Baffle Present: **No**

Speed Levelers Present: **No**

Watertight: **Yes**

Functioning As Designed: **Yes**

General Distribution System Comments :

Secondary Treatment

Lateral Field1

Distribution Type: **Distribution Box**

Material Type: **Leaching Chamber**

Trench Width: **2**

Lines: **3**

Total Length of Absorption Line: **253**

System Hydraulic Loaded: **Yes**

Gallons Loaded: **300**

Meets Setback to Well: **Yes**

Well Type: **Private**

Distance To Well (Ft.): **>100'**

Lateral Lines Probed: **Yes**

Saturation or Ponding Present: **No**

Grass Cover Present: **Yes**

Lateral Lines Equal Length: **No**

System Located on Owner Property: **Yes**

Easement Present: **N/A**

Functioning as Designed: **Yes**

Comments:

General Secondary Treatment Comments:

Narrative Report

TOT Inspection Report Overall Narrative Comments: **Company Disclaimer:**

Based on what we were able to observe and our experience with on-site wastewater technology, we submit this sanitary sewage disposal system inspection report based on the present condition of the on-site sewage disposal system. Oasis Pump Service has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future. Because of numerous factors (usage, soil characteristics, previous failures, etc.) which effect the proper operation of a septic system as well as the inability of our Company to supervise or monitor the use or maintenance of the system, this report shall not be constructed as a warranty by our Company that the system will function properly for any particular buyer. Oasis Pump Service DISCLAIMS ANY WARRANTY, either expressed or implied, arising from the inspection of the septic system or this report. We are also not ascertaining the

impact the system is having on the ground water.

I have studied the information contained herein and that my assessment is honest, thorough, and, to the best of my ability correct.

Certified by Luke Ogden #6715



TIME OF TRANSFER INSPECTION TOT# 8606 LUKE OGDEN CERT # 6715

Owner Name: **Jacob Gearhart**

Address: **2310 Buchanan Delaware Ave. , Masonville , IA 50654**

County: **Delaware**

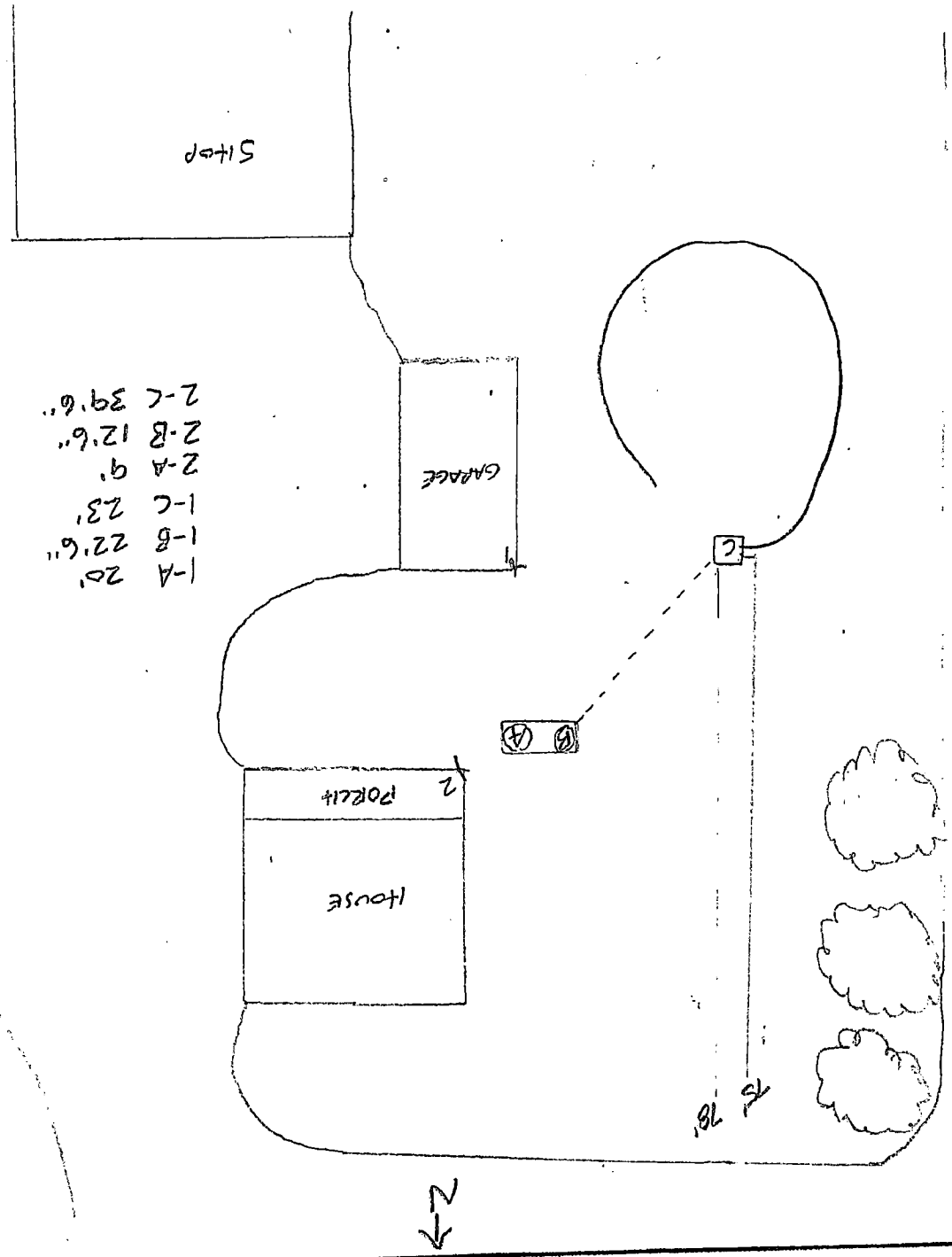
Inspection Date: **01/02/2024**

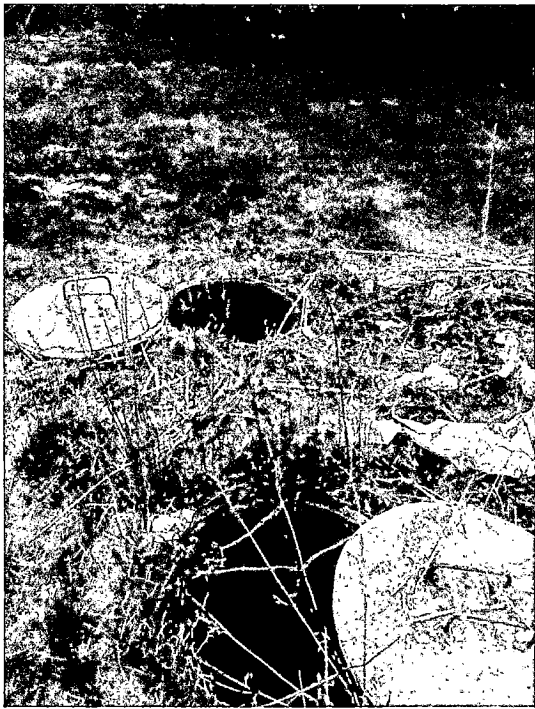
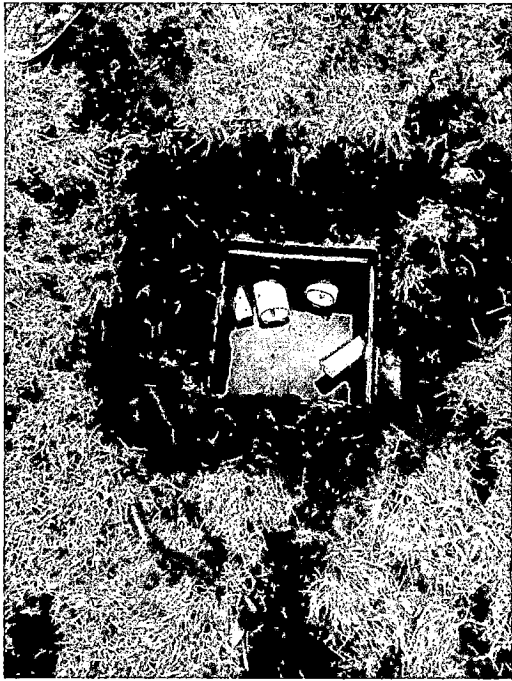
Submitted Date: **1/4/2024**

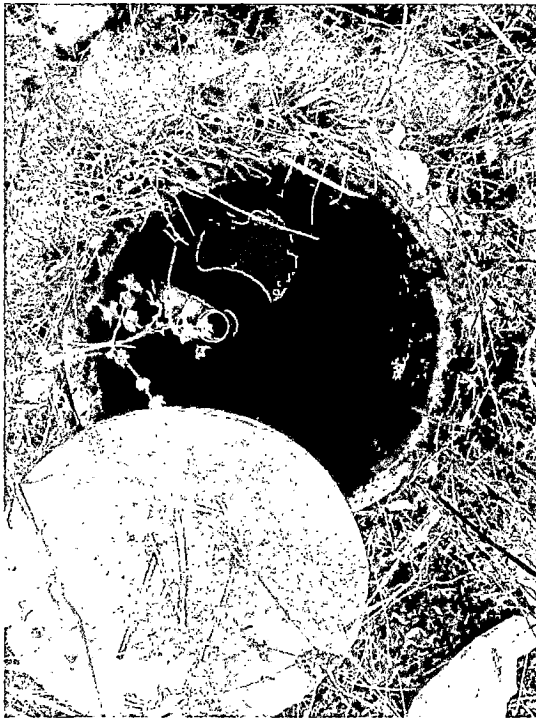
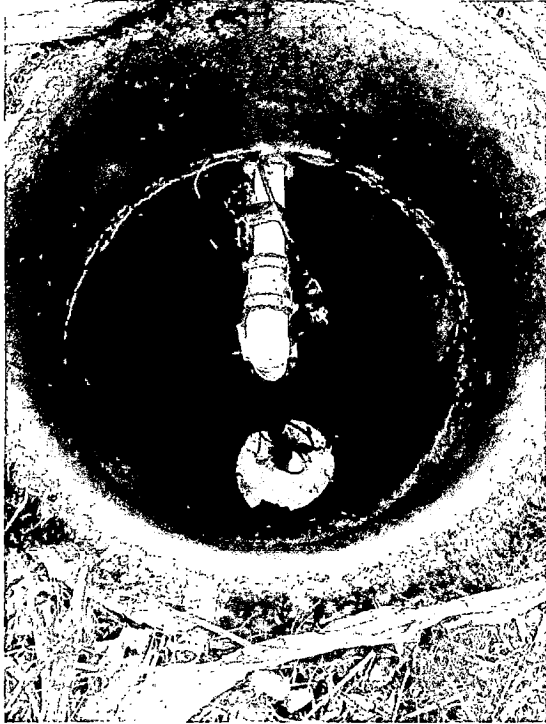
This page certifies a Time of Transfer inspection was conducted and submitted for the property listed above in accordance with Subrule 567 IAC 69.2(8).

OASIS
PUMP SERVICE
 1332 N. Franklin, Manchester, Iowa 52057
 563-927-6503 888-666-6503
 www.oasiswell.com

OWNER: JAKE GEACHART
 SITE ADDRESS: 2310 BUCHANAN-DELAWARE
 GPS: Long: _____ Lat: _____
 TANK SIZE: 1250
 SECONDARY TREATMENT: _____
 Plastic OR Concrete
 D-BOX: 7 or 9 OUTLETS USED: 3
 DATE: _____
 TOWN/COUNTY: Masonville / DE LAWARE







DELAWARE COUNTY
BOARD OF SUPERVISORS

1270-07.00 002 00

No. 1,115,560 10

(Print or Type)

Permit No.

1796

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM

ADDRESS: 2310 - Bachman Delaware Section 7 Township Parrish

LOCATION: W 1/2 Sec. 7 T. 9. S. R. 6. W.

Owner: First S. & B. Bank Tenant: _____ Plumber: Hester

Lot Size: 5 acres Type Commercial: _____ Residential: (No. Bedrooms) 3

Fixtures: Sinks 2 Lavatories _____ Bath Tubs 2 Showers 2 Sinks 3 Automatic Laundry 1 Sump Pump 1 100 Gallons

Septic Tank made by Senlar Garbage Grinder _____ Construction Material concrete Gallons Cap. 1250

Percolation Test: 1 _____ 2 _____ 3 _____ 4 _____ Made by: Li Field

Absorption Field: Total length of laterals 12 x 72' No. of lateral lines Bed

This system is new Existing _____

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 5-17-10

By Dennis Lynn
INSPECTOR

SEAL

APPLICANT'S SIGNATURE

42,45643- 91,59708

SEWAGE DISPOSAL SYSTEM

INFORMATION

FINAL INSPECTION

PERMIT NO: _____

APPLICANT: _____

PLUMBER: Harte

LOCATION 2310 - Bachman - Dilano

ADDRESS: _____

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

SEPTIC TANK SIZE: 1250 - presage COMPARTMENTS: 2

MANUFACTURER: Plastic - Concrete DEPTH: 5

DISTANCE FROM HOUSE: _____ WELL: 7100

DISTRIBUTION BOX: DEPTH: 6" LEVEL: 405

DISTANCE FROM HOUSE: 9' WELL: 7000

TRENCH #1 LENGTH: 78 WIDTH: 2' DEPTH: 18"

TRENCH #2 LENGTH: 80 ft WIDTH: 2' DEPTH: 18"

TRENCH #3 LENGTH: 100 WIDTH: 2' DEPTH: 18"

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

APPROVED B

REJECT ()

INSPECTED BY: Dennis



went into bottom
whole of in Filtrate
Soil is wet

