BK: 2026 PG: 2036
Recorded: 7/8/2026 at 9:14:59.0 AM
Pages 15
County Recording Fee: $0.00
Iowa E-Filing Fee: $0.00
Combined Fee: $0.00
Revenue Tax: $0.00
BRANDY L. MACUMBER, RECORDER
Madison 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 Tracy Lynne Herrick and Jeffrey Alan Herrick

Address 2223 Holliwell Valley Court, Winterset, IA 50273
Number and Street or RR | City, Town or PO | State | Zip

TRANSFEREE:

Name Gabe Hull and Sydney Ruth-Metha Hull

Address 2223 Holliwell Valley Court, Winterset, IA 50273
Number and Street or RR | City, Town or PO | State | Zip

Address of Property Transferred:

2223 Holliwell Valley Court, Winterset, IA 50273
Number and Street or RR | City, Town or PO | State | Zip

Legal Description of Property: (Attach if necessary)

See Addendum 1.

1. Wells (check one)

- [x] 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.

2. Solid Waste Disposal (check one)

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

- [x] 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)

- [x] 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)

- [x] 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.
- [x] 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: Jacqueline Herrick Jacqueline Herrick (Transferor or Agent) Telephone No.: 515 707 2643

Addendum 1

Legal Description of Property Conveyed:
Lot Seven (7) of HOLLIWELL VALLEY SUBDIVISION, located in the Northeast Quarter (¼) of Section Five (5), Township Seventy-five (75) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa.

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a. Solid Waste Disposal (check one)

☑ There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.

☐ There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.

b. Hazardous Wastes (check one)

☐ There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.

☐ There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.

Further descriptive information:

There is an active septic tank on the property that has been inspected and a time of transer filed with the Department of Natural Resources which indicates it passed inspection.

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature: Jeffrey Hennick (Transferor or Agent) 07/07/2026, 03:18:32 PM CDT

Telephone No.: 515-707-2643

Tracy Hennick

07/07/2026, 05:53:28 PM CDT

#023-26
5-Scott

IOWA DNR
IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER
DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 19941 DREW HODGES CERT # 14481

Site Information

Parcel Description: **520100520070000**

Address: **2223 Holliwell Valley Ct, Winterset, IA 50273** County: **Madison**

Owner Information

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

Business Name:

Owner Name: **Tracy Herrick**

Email Address: **tlherrick.th@gmail.com**

Address: **2223 Holliwell Valley Ct, Winterset, IA 50273**

Phone No: **515-707-2643**

Additional Contact Information

Name	Email Address	Affiliate Type
Melissa Hatchitt	**melissa@zealtynow.com**	**Realtor**

Site related information

No Of Bedrooms: **4**

Inspection Date: **03/26/2026**

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date: **11/26/2003**

Permit issued by County: **Yes**

Permit Number: **123-03**

All plumbing fixtures enter septic system: **Yes**

County contacted for records: **Yes**

Property Information Comments:

Primary Treatment

Tank 1

Tank Name: **Tank 1**

Type: **Septic Tank**

Tank Size (Gal): **1500**

Tank Material: **Concrete**

Tank Corrosion Type: **Slight**

Liquid Level Type: **Normal**

No. of Compartments: **2**

Pump Tank Chamber: **No**

Licensed Pumper Name: **Rogers septic**

Date Pumped: **3/26/2026** | Meets Setback to Well: **N/A** | Well Type:

Distance To Well (Ft.): | Is Accessible: **Yes** | Lid Intact: **Yes**

Risers Intact: **Yes** | Effluent Filter Present: **Yes** | Watertight: **Yes**

Tank/Vault Pumped: **Yes** | Inlet Baffle Present: **Yes** | Outlet Baffle Present: **Yes** | Functioning as Designed: **Yes**

Tank Comments:

Tank 2

Tank Name: **Tank 2** | Type: **Pump Tank** | Tank Size (Gal): **500**

Tank Material: **Concrete** | Tank Corrosion Type: **Slight** | Liquid Level Type: **Normal**

No. of Compartments: **1** | Pump Tank Chamber: **No** | Licensed Pumper Name: **Rogers septic**

Date Pumped: **3/26/2026** | Meets Setback to Well: **N/A** | Well Type:

Distance To Well (Ft.): | Is Accessible: **Yes** | Lid Intact: **Yes**

Risers Intact: **Yes** | Effluent Filter Present: | Watertight: **Yes**

Tank/Vault Pumped: **Yes** | Inlet Baffle Present: **Yes** | Outlet Baffle Present: **No** | Functioning as Designed: **Yes**

Tank Comments:

General Primary Treatment Comments:

Distribution Type

Pump System 1

Label: **Pump System 1** | Accessible: **Yes** | Control Box Functioning: **Yes**

Alarm(s) Present and Functioning: **Yes** | Functioning As Designed: **Yes**

Distribution Box 1

Label: **Distribution Box 1** | Material Type: **Plastic** | Accessible: **Yes**

Box Opened: **Yes** | Baffle Present: **Yes** | Speed Levelers Present: **Yes**

Watertight: **Yes** | Functioning As Designed: **Yes**

General Distribution System Comments :

Secondary Treatment

Sand Filter1

Filter Type: **Subsurface** | Distribution Type: **Distribution Box** | Material Type: **Rock and PVC Pipe**

Absorption Area: **720** | System Hydraulic Loaded: **Yes** | Gallons Loaded: **200**

Discharge At Time of Inspection: **Yes** | CBOD5 Results: **8** | TSS Results: **4**

DisInfection Present: **No** | Disinfection Type: | Tertiary Treatment Present: **No**

Tertiary Treatment Type:	Meets Setback to Well: **N/A**	Well Type:
Distance To Well (Ft.):	Sand Filter Probed: **Yes**	Vent(s) Located: **Yes**
Saturation or Ponding Present: **No**	Grass Cover Over System: **Yes**	Outlet Found: **Yes**
Sample Taken: **Yes**	GP4 Permitted:	GP4 Required:
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: **All wastewater goes to septic. Ground water pump, pumps away from septic. 1500 gallon watertight concrete septic with slight deterioration. Unable to probe through outlet wall. Two compartment tank. Accessible by lids and risers to ground surface. Inlet and outlet baffles present. Effluent filter present. 500 gallon watertight concrete pump tank with slight deterioration. Unable to probe through outlet wall. Pump present and in good working condition. Pump float present and in good working condition. Alarm float pre and in good working condition. Alarm control box present and in good working condition. Tested alarm both audible and visual alarm functioning. Plastic D-box is watertight and in good working condition. Inlet baffles present. Speed levelers present. Hydraulic load tested (via house and pump station) 200 gallons to 40ft L by 18ft W equaling 720 sq ft sand-filter. Sand-filter took all water and probed dry/clean. Collected sample before hydraulic load test. COLLECTED SAMPLE.**

IOWA DNR

IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

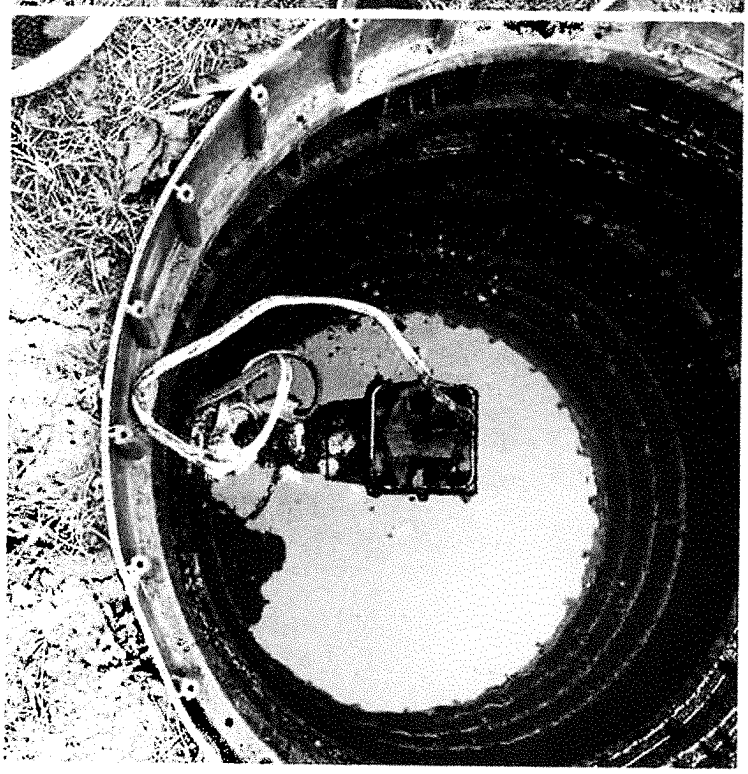
TIME OF TRANSFER INSPECTION TOT# 19941 DREW HODGES CERT # 14481

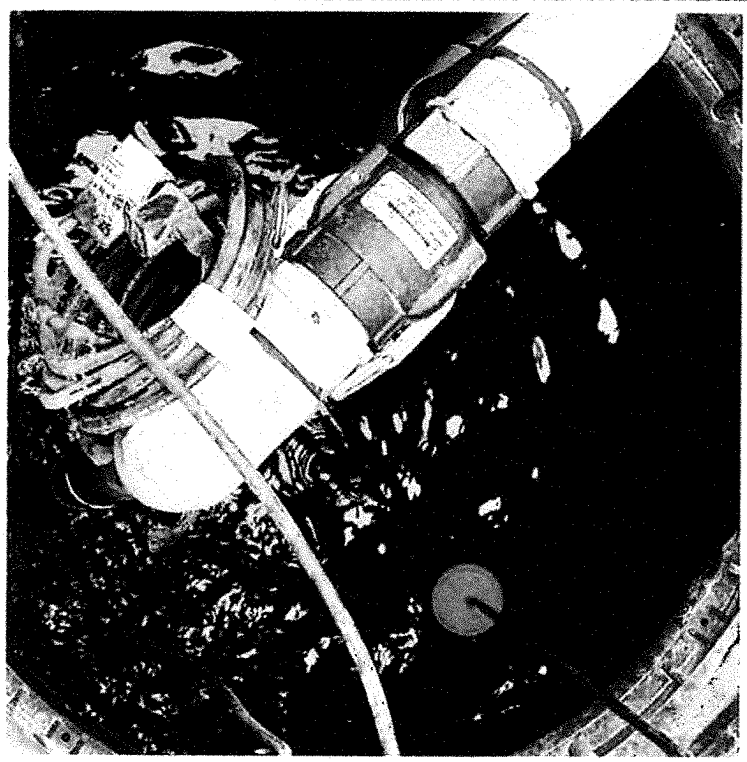
Owner Name:	**Tracy Herrick**		
Address:	**2223 Holliwell Valley Ct , Winterset , IA 50273**		
County:	**Madison**		
Inspection Date:	**03/26/2026**	Submitted Date:	**4/7/2026**

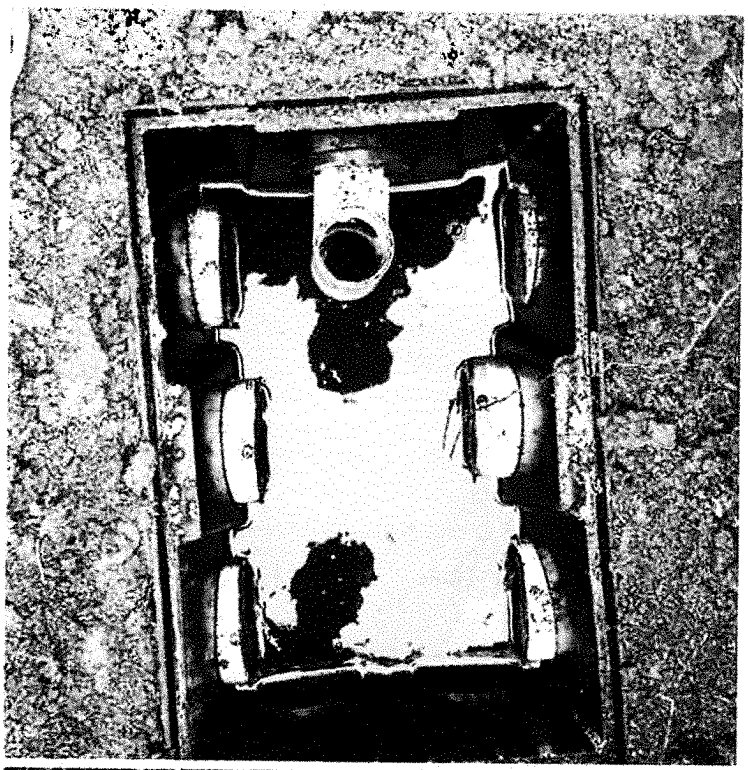
This page certifies a Time of Transfer inspection was conducted and submitted for the property listed above in accordance with Subrule 567 IAC 69.2(8).

As-built Diagrams

Documents







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Microbac Laboratories, Inc., Newton

CERTIFICATE OF ANALYSIS

1JC2255

Rogers Septic Maintenance and Repair

Amanda Kouski
6288 NE 14th St.
Des Moines, IA 50313

Project Name: Septic Sampling

Project / PO Number: N/A
Received: 03/27/2026
Reported: 04/06/2026

Analytical Testing Parameters

Client Sample ID: Tracy Herrick
Sample Matrix: Aqueous
Lab Sample ID: 1JC2255-01
Collection Date: 03/26/2026 12:00

Inorganics Total	Result	RL	Units	Note	Prepared	Analyzed	Analyst
SM 5210 B-2016							
Carbonaceous BOD (CBOD5)	<8	8	mg/L		03/27/26 1637	04/01/26 1051	HBH
USGS I-3765-85							
Total Suspended Solids (TSS)	<4	4	mg/L		03/30/26 0728	03/30/26 0915	LAW

Definitions

RL: Reporting Limit

Report Comments

The data and information on this, and other accompanying documents, represents only the sample(s) analyzed. This report is incomplete unless all pages indicated in the footnote are present and an authorized signature is included. ***The services were provided under and subject to Microbac's standard terms and conditions which can be located and reviewed at <https://www.microbac.com/standard-terms-conditions>.***

Reviewed and Approved By:

Heather Murphy
Customer Relationship Specialist
heather.murphy@microbac.com
04/06/26 15:58