

BK: 2025 PG: 1716  
Recorded: 7/7/2025 at 11:09:24.0 AM  
Pages 16  
County Recording Fee:  
Iowa E-Filing Fee: \$0.00  
Combined Fee:  
Revenue Tax: \$0.00  
BRANDY L. MACUMBER, RECORDER  
Madison County, Iowa

**REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT  
TO BE COMPLETED 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: Terry Newell and Sheryl Newell  
Address: 608 28th Street SE, Altoona, IA 50009

**TRANSFeree:**

Name: Kipp A Hagaman  
Address: 1914 Upland Trail, Prole, IA 50229

Address of Property Transferred:  
1914 Upland Trail, Prole, Iowa 50229

Legal Description of Property: (Attach if necessary)

The Northeast Quarter (1/4) of the Northwest Quarter (1/4) of Section Twenty-one (21) in Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa.

**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. **See Paragraph B on Page 3.**

**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:

Well Information: Private, active well (available for use and works, but the house is on rural water), located approximately 300 feet east of house.

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

Signature:

Sheryl Newell  
(Transferor)

Telephone No.:

515.419.5415



IOWA DEPARTMENT of NATURAL RESOURCES  
TIME OF TRANSFER INSPECTION WAIVER  
BINDING AGREEMENT for FUTURE INSTALLATION

This agreement is entered into this 24 day of June, 2025 by and  
between the Madison County Board of Health and Kipp Hagaman

It is understood that Iowa Code 455B.172(11) requires an inspection of the private sewage disposal system on all properties not specifically exempted in Iowa at the time of transfer.

The property located at 1914 Upland Trail, Prole, Iowa is subject to the inspection,  
and the buyer Kipp Hagaman understands there is not an adequate private  
sewage disposal system serving this property.

It is hereby agreed that

- ☐ the time of transfer inspection will not be required, OR  
☒ an inspection has occurred and the system needs to be renovated or replaced

and the buyer agrees that a code compliant private sewage disposal system or connection to a public sewer  
shall be installed to serve the property and shall be completed no later than 1 day of  
November 2025.

Dated the 24 day of June, 2025.

Buyer Signature

Signature of County Board of Health or  
Authorized Representative



IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS  
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

## TIME OF TRANSFER INSPECTION TOT# 15896 JEB BEDWELL CERT # 13956

### Site Information

Parcel Description: **450082142000000**

Address: **1914 Upland Trail, Prole, IA 50229**

County: **Madison**

### Owner Information

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

Business Name:

Owner Name: **Terry Newell**

Email Address:

Address: **1914 Upland Trail, Prole, IA 50229**

Phone No: **515-401-2281**

### Additional Contact Information

Name

**Sean Stewart**

Email Address

**Seanstewart@midwestlandgroup.com**

Affiliate Type

**Realtor**

### Site related information

No Of Bedrooms: **4**

Facility Type: **Residential**

Last Occupied:

Permit issued by County: **Yes**

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

Property Information Comments:

Inspection Date: **06/06/2025**

Currently Occupied: **Yes**

System Installation Date: **11/02/1978**

Permit Number: **848**

County contacted for records: **Yes**

### Primary Treatment

#### Tank 1

Tank Name: **Tank 1**

Tank Material: **Concrete**

No. of Compartments: **2**

Type: **Septic Tank**

Tank Corrosion Type: **Excessive**

Pump Tank Chamber: **No**

Tank Size (Gal): **1000**

Liquid Level Type: **Normal**

Licensed Pumper Name: **NA**

Date Pumped: **6/13/2025**

Meets Setback to Well: **N/A**

Well Type:

Distance To Well (Ft.):

Is Accessible: **Yes**

Lid Intact: **Yes**

Risers Intact: **Yes**

Effluent Filter Present: **No**

Watertight: **No**

Tank/Vault Pumped: **No**

Inlet Baffle Present: **Yes**

Outlet Baffle Present: **Yes**

Functioning as Designed: **No**

Tank Comments: **Outlet side was rotted through, my probe rod went through the side.**

General Primary Treatment Comments:

#### Distribution Type

##### 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

##### Lateral Field1

Distribution Type: **Distribution Box**

Material Type: **Rock and PVC Pipe**

Trench Width: **24**

Lines: **3**

Total Length of Absorption Line: **300**

System Hydraulic Loaded: **Yes**

Gallons Loaded: **300**

Meets Setback to Well: **N/A**

Well Type:

Distance To Well (Ft.):

Lateral Lines Probed: **Yes**

Saturation or Ponding Present: **No**

Grass Cover Present: **Yes**

Lateral Lines Equal Length: **Yes**

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: **The tank was very corroded and my probe rod went through the outlet side. The distribution box was in good shape and the laterals all took water on the day it was inspected.**



IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS  
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

## TIME OF TRANSFER INSPECTION TOT# 15896 JEB BEDWELL CERT #, 13956

Owner Name: Terry Newell

Address: 1914 Upland Trail , Prole , IA 50229

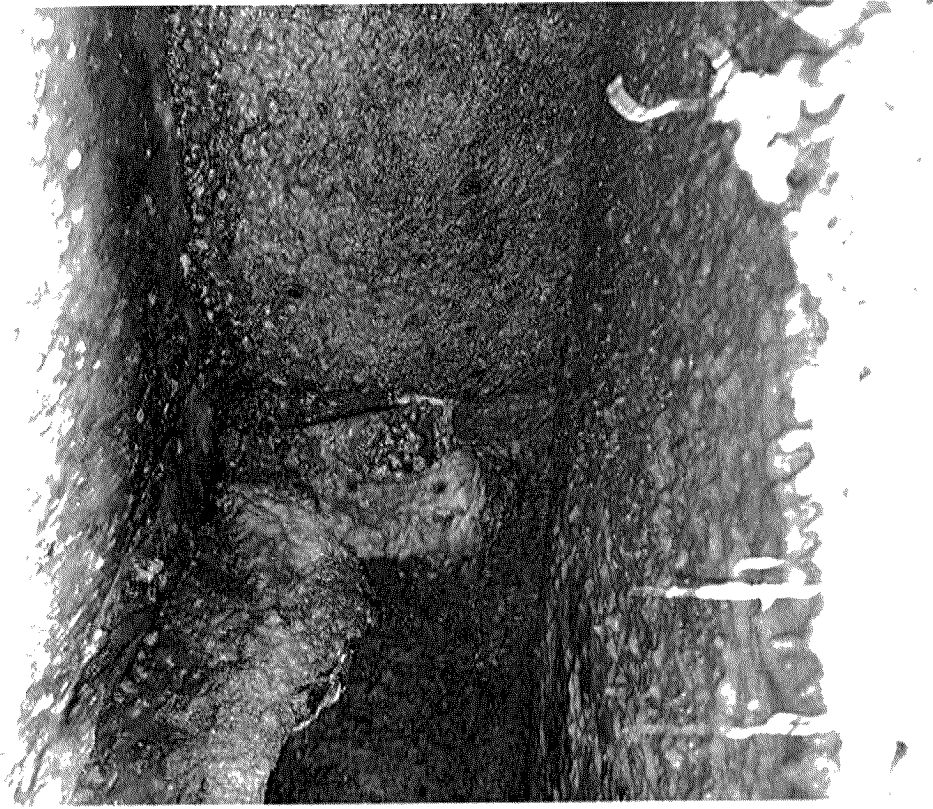
County: Madison

Inspection Date: 06/06/2025

Submitted Date: 6/13/2025







1914 Upland Dr.  
450082142000000

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEWAGE DISPOSAL SYSTEM IN MADISON COUNTY, IOWA.

APPLICANT: David L. White ADDRESS: 915 E. Washington, Winterset  
TENANT: same ADDRESS: R.R. #1 Prole, Iowa 50229  
LOCATION: NE $\frac{1}{4}$  of the NW $\frac{1}{4}$  SEC. 21 TOWNSHIP: Crawford  
PROPOSED: Dwelling EXISTING: \_\_\_\_\_ MOBILE HOMES TO BE SERVED: \_\_\_\_\_  
BEDROOMS: 3 FIXTURES: 2 STOOLS: 2 LAVATORIES: 2 TUBS: 1 SHOWERS: 2 SINKS: 1  
SEPTIC TANK INFORMATION: SIZE: 1600 Gal. CONSTRUCTION: double-comp concrete MANUFACTURE: \_\_\_\_\_  
(Gallons) (Material)  
PERK TEST TAKEN: YES? NO DATE: \_\_\_\_\_ BY: K. Reed & D. Ross for Vance & Hochstetler  
(Professional Engineer - Licensed in Iowa)  
TEST RESULTS: 1. 9 min./in. 2. 8 min./in. 3. 20 min./in. 12 1/3 min./in.  
(Average)  
ABSORPTION FIELD: NUMBER OF LATERALS REQUIRED: 3 LENGTH OF LATERALS: 100 Ft. Each  
LEACHING PIT: FIXTURES SERVED: \_\_\_\_\_ Capacity Below Inlet: \_\_\_\_\_ yds.  
NUMBER: Self ADDRESS: \_\_\_\_\_

I hereby certify the above information is correct and all open construction work will be ready for inspection within six (6) months from date in accordance with the Madison County Board of Health Rules and Regulations. I further acknowledge private sewage disposal system must be left uncovered for inspection and approval by the Madison County Sanitarian or his appointed deputy. Septic tank cannot be put into service until private sewage disposal system is completed and approved. Notification for inspection must be received 24 hr advance, Monday - Friday.

PERMIT ISSUED: 10/26 19 78

Debbie White  
(Applicants Signature)

PERMIT EXPIRES: \_\_\_\_\_ 19 \_\_\_\_\_  
(System must be completed)

Inspection approved by: Jerry K. Irwin  
(Madison County Zoning Admin.)

on 10th day of April 1978

PERMIT FEE: \$ 15.00

Checks to be made payable to Madison County Treasurer)

APR 10 1978

(Date Paid)

NEXT INSPECTION: Nov. 2 1978

BY: Jerry K. Irwin  
(County Sanitarian)

PERCOLATION TEST RESULTS

APPLICANT David White

LOCATION NE $\frac{1}{4}$  NW $\frac{1}{4}$  Sec. 21-76-26

NUMBER OF BEDROOMS 3

PERCOLATION TESTS:

1. 9 min./inch
2. 8 min./inch
3. 20 min./inch
4.

AVERAGE 12 1/3 min./inch

LINEAL FEET OF ABSORPTION FIELD 300'

NUMBER OF LATERALS: 3

AVERAGE LENGTH OF LATERALS: 100'

DISCUSSION:

SEAL:

I hereby certify that this plan, specification or  
report was prepared by me or under my direct  
personal supervision and that I am a duly  
registered Professional Engineer under the laws  
of the State of Iowa.  
Signed \_\_\_\_\_ Date \_\_\_\_\_

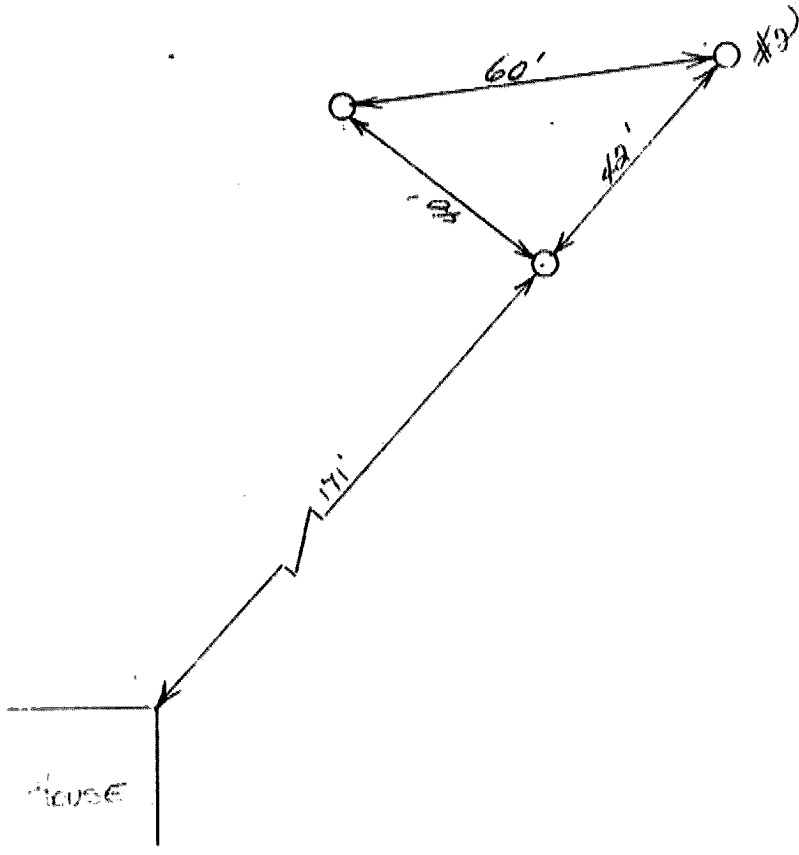
J.M. Hochstetler P.E.

Iowa Reg. No. 6308

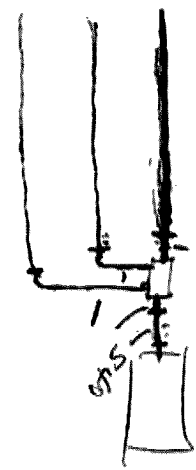
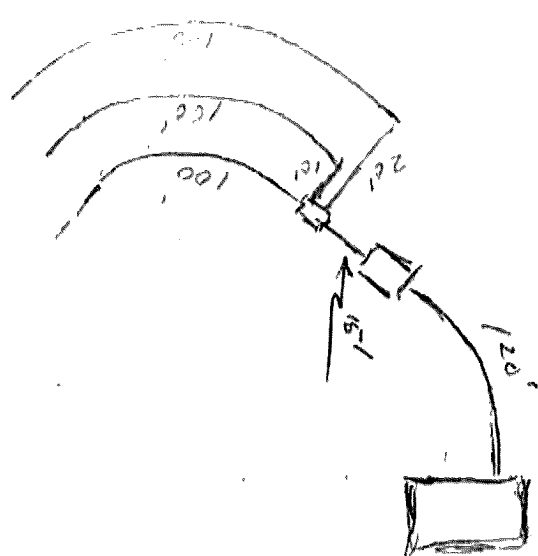
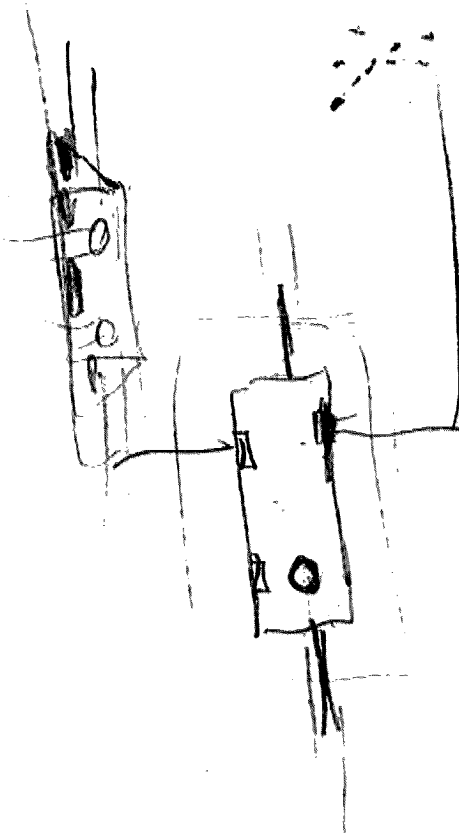
Dave White

K. Red House

Oct. 24, 1978



Scale 1"=50'



24

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:** 084-15

**Date Issued:** 10/21/2015

**Issued to:** David White  
**Address:** 1914 Upland Trl.  
Prole, IA 50229

**Legal Description:** NE NW 40A Sec 21 T76N R26W Crawford TWP PID # 450082142000000

**POWTS Components Specifications:** Replace D Box

**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**

Application to Construct  
Private Sewage Disposal System (PSDS)

| Office Use Only |               |          |         |             | Temp E911:       |  |
|-----------------|---------------|----------|---------|-------------|------------------|--|
| Tracking No.    | Date Received | Fee Paid | Check # | Date Issued | Section/Township |  |
| 084-15          | 10-21-15      | 100.00   | Cash    | 10-21-15    | 21-Crawford      |  |

Application will not be accepted until site and soil analysis/percolation information have been received and fee has been paid. For systems requiring an NPDES General Permit #4 (surface discharge), its application must be submitted to this office along with appropriate forms for recording before a permit will be issued.

Please Print All Information.

owner Dave White

| 1. Owner Information (Applicant) |           |            | 2. Installation Contractor Information |           |            |
|----------------------------------|-----------|------------|--|-----------|------------|
| First Name                       | Last Name |            | First Name                             | Last Name |            |
| David                            | White     |            | Travis                                 | Witt      |            |
| Address                          |           |            | Address                                |           |            |
| 1914 Highland Trl.               |           |            |  |           |            |
| City                             | State     | Zip        | City                                   | State     | Zip        |
| Prole                            | IA        | 50229      |  |           |            |
| Phone Number (area code)         |           | Cell Phone | Phone Number (area code)               |           | Cell Phone |
|                                  |           |            |  |           |            |

| 3. System Requirement Information               | 4. Site and Soil Evaluator (Percolation Test/Soils Analysis)                              |
|---|---|
| IAC CHAPTER 69 DOUBLE COMPARTMENT TANK REQUIRED | PERCOLATION/SOILS ANALYSIS MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT |
| Minimum Tank Size Required                      | Date test taken _____ Test taken by _____   |
| 1-3 Bedroom 1250                                | Passed: _____ Failed: _____   |
| 4 Bedroom ? 1500?                               | Percolation Rate: _____   |
| 5 Bedroom 1750                                  | Soils Loading Rate: _____   |
| 6 Bedroom 2000                                  | Dist. Box Replacement Only  |

| 5. Type of Submittal                                   | 6. Address Information                  |
|--|---|
| <input type="checkbox"/> New House                     | 911 Address or nearest road: _____      |
| <input type="checkbox"/> Existing House                | Legal Description: PID# 450082142000000 |
| <input checked="" type="checkbox"/> Repair, Tank D-Box | NE NW                                   |
| <input type="checkbox"/> Repair, Treatment Area        | 21-76-26 40A                            |
| <input type="checkbox"/> System Replacement            |   |
| Previous Permit #: 848                                 |   |

| 7. Type of Building (Completed by Owner)                                    |                       |
|---|-----------------------|
| Building Square ft.:  | Number of Bedrooms: 3 |
| Number of Bathrooms: 1.5  | Non-Residential uses: |
| Any other circumstances which may affect water usage:                       |                       |
| Water softeners must be routed to a brine pit independent of septic system. |                       |

Your contractor or system designer should complete the remaining portion of this application.

| 8. Tanks        |       |       |               |
|-----------------|-------|-------|---------------|
| Septic Tank     | Type: | Size: | Manufacturer: |
| Pump Tank       | Type: | Size: | Manufacturer: |
| Additional Tank | Type: | Size: | Manufacturer: |

| 9. Secondary Treatment Area |              |                 |               |                       |
|-----------------------------|--------------|-----------------|---------------|-----------------------|
| Laterals                    | Type:        | Length of each: | Total number: | Maximum trench Depth: |
| Sand Filter                 | Square ft.:  | Length:         | Width:        |                       |
| Peat System                 | Model:       | Manufacturer    |               |                       |
| Other                       | Description: |                 |               |                       |

I hereby attest the truth and accuracy of all facts and information presented on this application. Request for inspection of the system must be made 24 hours in advance. Water at the site to test the distribution box must be available. Discharging systems must be covered by a maintenance agreement, which shall be recorded in the Madison County Records Office. Discharging systems also require periodic testing as set forth in IAC Chapter 69 and Madison County Environmental Health Regulations.

It is unlawful to start construction, reconstruction, or repair of any PSDS prior to issuance of a PSDS permit by the Environmental Health Officer.

Applicant Signature: David White Date: 10-21-15





|                       |   |              |      |               |                         |
|-----------------------|---|--------------|------|---------------|-------------------------|
| Parcel ID             | 450082142000000                           | Alternate ID | n/a  | Owner Address | White, David L. & Debra |
| Sec/Twp/Rng           | 21-76-26                                  | Class        | A    |               | 1914 Upland Trail       |
| Property Address      | 1914 UPLAND TRL                           | Acreage      | 40.0 |               | Prole, IA 50229-        |
|                       | PROLE                                     |              |      |               |                         |
| District              | CRAWFORD                                  |              |      |               |                         |
| Brief Tax Description | NE NW                                     |              |      |               |                         |
|                       | (Note: Not to be used on legal documents) |              |      |               |                         |