



Document 2019 2665

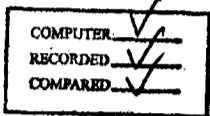
Book 2019 Page 2665 Type 06 023 Pages 1
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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

Rerecorded to correct township

REC \$ NO
AUD \$ FE
R.M.F. \$ —



MADISON COUNTY
BOARD OF HEALTH
COURTHOUSE
P.O. BOX 152
WINTERSSET, IOWA 50273

FILED NO. 002179

BOOK 2003 PAGE 2179

2003 APR 16 PM 12:53

MICKI UTSLER
RECORDER
MADISON COUNTY, IOWA

**INTERMITTENT SAND FILTERS
MECHANICAL AEROBIC WASTEWATER TREATMENT SYSTEM**

PROPERTY OWNERS AGREEMENT TO FOLLOW CHAPTER 69 REQUIREMENTS

567—69.9(455B) Intermittent sand filters.

Sampling. Effluent sampling of intermittent sand filters shall be performed **annually** or as directed by the administrative authority.

567—69.10(5) Mechanical Aerobic Wastewater Treatment System

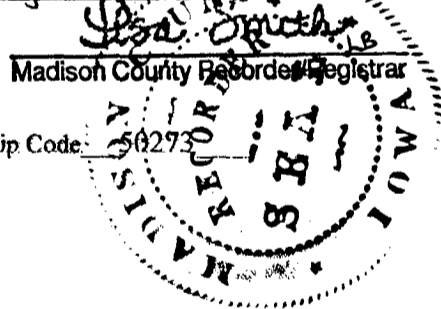
Maintenance Contract. A maintenance contract with a manufacturer certified technician shall be maintained at all times. Maintenance agreements and responsibility waivers shall be recorded with the county recorder and in the abstract of title for the premises on which mechanical aerobic treatment systems are installed. Mechanical aerobic units shall be inspected for proper operation at least **twice a year on six month intervals**.

69.10(6) Effluent Sampling. Any open discharge from systems involving mechanical aeration shall have the effluent sampled at each inspection. A copy of the findings shall be mailed to the Madison County Sanitarian immediately thereafter. If the BOD tests higher than the allowable limits as set by the Department of Natural Resources the system must be shut down and repaired.

These requirements shall run with the following real estate described as follows:

T76 T.B.
**NE SE Section 32 T75 R26 Crawford Twp
Book 137 Page 475**

I hereby certify that the above and foregoing instrument is a true and correct copy of the record filed in the office of the Madison County Recorder. Signed and officially sealed this 28th day of August, 2003.



Name Richard J. Hildreth Address 2974 - 214th Trail

City Winterset State Iowa Zip Code 50273

Type of Disposal Treatment:

Sand Filters **Mechanical Aerobic Wastewater Treatment System**

Certification:

I certify the above information is true and accurate, to the best of my knowledge. I agree to abide by all terms and conditions stated above. The permitted system will be constructed in conformance with the requirements of IAC 567 - Chapter 69 and all applicable County requirements.

Name (please print) Richard J. Hildreth

Signature [Signature] Date 14 APR 2003

Subscribed and sworn to before me this 14 day of April, 2003

[Signature]

Title: _____

