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**ANNO** SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

## Prepared By & Return To MADISON COUNTY BOARD OF HEALTH

P.O. BOX 152, WINTERSET, IOWA 50273 (515) 462-2636

## SURFACE DISCHARGING PERMIT WASTEWATER TREATMENT SYSTEM

## PROPERTY OWNERS AGREEMENT TO FOLLOW CHAPTER 69 REQUIREMENTS

576—69.2 (455B) Requirements when discharged into surface water. All discharges from on-site wastewater treatment and disposal systems which are discharged into any surface water shall be treated in a manner that will conform with the requirements of NPDES General Permit No. 4 issued by the department of natural resources.

NPDES General Permit No. 4 covers the discharge from any On-Site Wastewater Treatment and Disposal System constructed in accordance with 567 IAC Chapter 69 which is not absorbed underground into the soil but discharges to the surface of the ground, into surface waters or into an underground drainage tile.

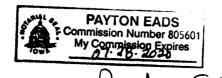
All conditions of the Iowa Department of Natural Resources National Pollutant Discharge Elimination System (NPDES) General Discharge Permit No.4 for Discharge from On-Site Wastewater Treatment and Disposal Systems and all conditions as set forth in Madison County Health regulations shall be met.

The NPDES permit is non-transferable and must be applied for with a Notice of Intent every time ownership is transferred.

The above requirements shall run in perpetuity with the real estate described as Follows: Parcel C 5.06A NE Corn Frl NW NW Section 18 T74N R27W Book 2018 Page 521

Name: Jason Wambold	Address: 2	16 Grant St.	
City: Van Meter Stat	te: IA Zip C	Code: <b>502</b> 6/	
Type of Disposal Treatmer *Mechanical Aerobic	nt: Subsurface Sand Filter ⊠ *Other ☐ Advantex	Free Access Sand Filter	*Peat Biofilter
* System requires a matechnician shall be mai		vith a manufacturer-c	ertified
Certification: I certify the above inform and conditions stated above.	nation is true and accurate, to th	ne best of my knowledge. I agre	e to abide by the terms
Signature: Jasan War	hold		
Printed Name: Jason Wambold			
STATE OF IOWA S.S COUNTY OF MADISON	<b>5.</b>		

16th day of May 2019 before me a Notary Public in and for said County and State, personally appeared Jason Wambold to be the persons named in and who executed the foregoing and acknowledged that he/she executed same as his/her voluntary act and deed.



**NOTARY PUBLIC** STATE OF IOWA My commission Expires: