



Document 2020 3545

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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: **2314 Valleyview Ave.  
NW NW Sec 10 T75N R26W Book 2019 Page 1849, Madison County Iowa**

Name: **Ruth Rabinowitz**

Address: **317 Village Circle**

City: **Santa Cruz**

State: **CA**

Zip Code: **95060**

**Type of Disposal Treatment:** Subsurface Sand Filter ☒ Free Access Sand Filter ☐ \*Peat Biofilter ☐

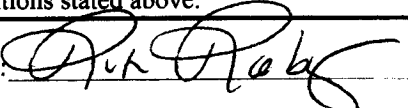
\*Mechanical Aerobic ☐

\*Other ☐ Coco

**\* System requires a maintenance contract with a manufacturer-certified technician shall be maintained at all times.**

**Certification:**

I certify the above information is true and accurate, to the best of my knowledge. I agree to abide by the terms and conditions stated above.

Signature: 

Printed Name: Ruth Rabinowitz

STATE OF California  
COUNTY OF Santa Cruz

S.S.

On this 10 day of August **2020** before me a Notary Public in and for said County and State, personally appeared **Ruth Rabinowitz** 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.

*Notarize  
See attached*

NOTARY PUBLIC  
STATE OF CALIFORNIA  
My commission Expires:

## ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of Santa Cruz

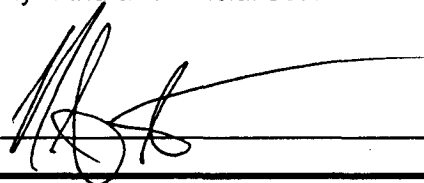
On August 10, 2020 before me, Natalie J Santana-Urquiza, Notary Public  
(insert name and title of the officer)

personally appeared Ruth Rabinowitz\*\*\*\*\*,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are  
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in  
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the  
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing  
paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)

