



Document 2022 1246

Book 2022 Page 1246 Type 06 023 Pages 1

Date 4/29/2022 Time 8:17:56AM

Rec Amt \$.00

INDX
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: **Par N 19.59A in SW NW & in SE NE Sec 15 T77N R26W Book 2021 Page 3904 Madison County Iowa**

Name: **Dawn Morelli Taylor**

Address: **4406 160th Circle**

City: **Urbandale**

State: **IA**

Zip Code: **50323**

Type of Disposal Treatment: Subsurface Sand Filter Free Access Sand Filter *Peat Biofilter
*Mechanical Aerobic *Other Coco/Peat

*** 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: Dawn Morelli Taylor

STATE OF IOWA S.S.
COUNTY OF MADISON

On this 24th day of September, 2021 before me a Notary Public in and for said County and State, personally appeared Dawn Morelli Taylor 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:

