

Book 2022 Page 1500 Type 06 023 Pages 1 Date 5/20/2022 Time 8:34:12AM

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INDX **ANNO** SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

Prepared By & Return To

as his/her voluntary act and deed.

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 L 10A in S ½ NW & SW NE Sec 30 T75N R26W Book 2021 Page 2178, Madison County Iowa

Name: Jeremy Ani	iis A	Address: 26498 G Ave.		
City: Adel	State: IA	Zij	p Code: 50003	
Type of Disposal Trea *Mechanical Aerobic			Free Access Sand Filter	*Peat Biofilter
* System requires a maintenance contract with a manufacturer-certified technician shall be maintained at all times.				
Certification: I certify the above and conditions stated above.		and accurate, to the	e best of my knowledge. I agre	e to abide by the terms
Signature	Sil	1		
Printed Name: Jeremy Anni	<u>s</u>			
STATE OF IOWA COUNTY OF MADISON	S.S.			
On this 19th day of A	ugust 2021 before	me a Notary Public	in and for said County and St	ate nersonally appeared

Jeremy Annis to be the persons named in and who executed the foregoing and acknowledged that he/she executed same

NOTARY PUBLIC STATE OF IOWA My commission Expires: