



Document 2022 548

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Rec Amt \$12.00

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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

3/3 RZ

**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: **SE NW Ex SE SE NW & Ex 2.2A Hwy Sec 35 T74N R28W Book 2016 Page 1867 Madison County Iowa**

Name: **David Plank**

Address: **3061 220th Ave.**

City: **Hopkinton**

State: **IA**

Zip Code: **52237**

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: David Plank

Printed Name: David Plank

STATE OF IOWA

S.S.

COUNTY OF MADISON

On this 18th day of February, 2022 before me a Notary Public in and for said County and State, personally appeared David Plank 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.

Tina Burk



NOTARY PUBLIC
STATE OF IOWA
My commission Expires:



IOWA DEPARTMENT OF NATURAL RESOURCES
ENVIRONMENTAL SERVICES DIVISION

NOTICE OF INTENT

TO BE COVERED UNDER NPDES GENERAL PERMIT No. 4
"DISCHARGE FROM PRIVATE SEWAGE DISPOSAL SYSTEMS"

(Type or Print)

Current Owner David Plank

Address 3061 220th Ave. **City** Hopkinton

State IA **Zip** 52237 **Telephone** 563-929-6108

Has this private sewage disposal system been previously covered by General Permit #4?

If yes, please list authorization number: _____ and then proceed to Certification Section at the bottom of this form

If no, please provide the following location information:

Location of sewer system: (Required. If "same as above", please write "same")

Street address 3340 US Hwy 169

City Lorimor Zip 50149

Legal description: (required unless lat./long. available)

¼ Section ¼ Section ¼ Section Section TWNSP Range County (required)
SW¼ of SE ¼ of NW ¼ of Sec. 35 T 74N N R 28 W/E Madison

Latitude: (if available) _____ (Deg./decimal-deg.) Longitude: _____

Type of Secondary Treatment:

Sand Filter (buried) Sand Filter (free access) Mechanical/Aerobic Unit
Constructed Wetland Lagoon Other (describe) Peat/Coco

Certification: For existing private sewage disposal systems, check off the first two items below. For new installations, check off all three items below:

- I certify the above information is true and accurate, to the best of my knowledge.
- I agree to abide by all terms and conditions of the DNR NPDES General Permit #4.
- I certify that the permitted system will be constructed in conformance with the requirements of IAC 567 - Chapter 69 and all applicable County requirements.

Signature David Plank

Date 2-18-22

A copy of the permit will be mailed to you along with your discharge authorization.

Send completed form to:
Madison County