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LISA SMITH, COUNTY RECORDER MADISON 10WA

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

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COURTHOUSE P.O. BOX 152 WINTERSET, IOWA 50273

## SURFACE DISCHARGING WASTEWATER TREATMENT SYSTEMS

## PROPERTY OWNERS AGREEMENT TO FOLLOW CHAPTER 69 REQUIREMENTS

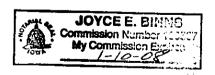
576—69.2 (455B) Requirements when discharged into surface water. All discharges from on-site wastewater treatment and disposal systems which are discharged into any surface water shall be treated in a manner that will conform with the requirements of NPDES General Permit No. 4 issued by the department 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 perpetuity with the real estate described as Follows:  1.50A MID PT NE COR/NW COMMERCIAL Section 32 T76N R27W Port Dead November 136  Name: Mayor Anna Bank S. Address: 2446 Alana de de de 4/1
Name: Mary Ann. Banks Address: 2115 Norwood Ave at Rege 411
City: Winterset State: Iowa Zip Code: 50273
Type of Disposal Treatment: Subsurface Sand Filter ☐ Free Access Sand Filter ☐ Peat Biofilter ☑ Mechanical Aerobic ☐ Other ☐
Certification:
I certify the above information is true and accurate, to the best of my knowledge. I agree to abide
by all of the terms and conditions stated above.
Signature: Mary Ann Sank
Printed Name: MARY HAN DANKS
STATE OF IOWA S.S. COUNTY OF MADISON
On this of une, 2006 before me a Notary Public in and for said County and State, personally appeared furthern Rank, 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: /-/0-08