

Madison County Office of Zoning and Environmental Health

Scott J. Vander Hart, Administrator

Courthouse at Winterse Madison County, Iowa in 1876 of native limes

Innovative On-site Wastewater Treatment and Disposal System Understanding

The Premier Tech Environment Ecoflow ST-650 Biofilter has been approved as an alternative or innovative on-site wastewater treatment and disposal system as provided by 567 IAC 69.18(455B) in Madison County, Iowa, by the Madison County Board of Health.

A Premier Tech Environment Ecoflow ST-650 Biofilter is to be installed on the following property:

SE 4 SW4, ex . 364 Rd and ex 34 NE COR Sec 07 T75N R27W

Terms of Operation

Ecoflow ST-650 Biofilter.

1. During the first two years of operation this system will be an experimental system, the dealer, distributor or contractor must visibly inspect the system for proper operation to include primary, secondary and tertiary treatment, including any pumps or siphons, wiring, timers and alarms; evaluate surface conditions where soil absorption is used or effluent is discharged; and collect effluent samples and have tests conducted for CBOD5, TSS, and coliform bacteria, if required, every three months. Inspection reports and effluent test results shall be submitted within 15 days of inspection and test to the Office of Zoning and Environmental Health.

After the first two years, the Madison County Board of Health may reevaluate inspection and sampling

frequency stated in the provision above.

3. Present and future system owners must meet all applicable state and county rule requirements; and that in the event of noncompliance, the Office of Zoning and Environmental Health shall require that adequate steps be taken by the system owner to bring the system into compliance, including replacement of the system with one currently approved under 567 IAC 69.

I hereby attest to my understanding of the terms of operation for the Premier Tech Environment

FILED NO.006142 BOOK 46 PAGE 2000 SEP 28 AM II: 04 STATE OF IOWA On this 26th day of Sept., before me a Notary Public in and for said County and State, personally ____, to be the persons named in and who executed the appeared LARRY Jackson foregoing and acknowledged that he/she executed same as his/her voluntary act and deed.



STATE OF IOWA My Commission Expires:

20_