

**MADISON COUNTY  
BOARD OF HEALTH**  
COURTHOUSE  
P.O. BOX 152  
WINTERSET, IOWA 50273

MICHELLE "MICKI" UTSLER, COUNTY RECORDER  
MADISON IOWA

**INTERMITTENT SAND FILTERS  
MECHANICAL AEROBIC WASTEWATER TREATMENT SYSTEM**  
**PROPERTY OWNERS AGREEMENT TO FOLLOW CHAPTER 69 REQUIREMENTS**

COMPUTER   
RECORDED   
COMPARED

**567—69.2 (455B) Subsurface sand filters.**

**Sampling.** Effluent sampling of intermittent sand filters shall be performed **annually** or as directed by the administrative authority.

**567—69.2 (455B) Free Access sand filters** Effluent sampling of intermittent sand filters shall be performed **twice a year on six month intervals** or as directed by the administrative authority.

**567—69.2 (455B) Mechanical Aerobic Wastewater Treatment System**

**Maintenance Contract.** A maintenance contract with a manufacturer certified technician shall be maintained at all times. Maintenance agreements and responsibility waivers shall be recorded with the county recorder and in the abstract of title for the premises on which mechanical aerobic treatment systems are installed. Mechanical aerobic units shall be inspected for proper operation at least **twice a year on six month intervals**.

**69.10(6) Effluent Sampling.** Any open discharge from systems involving mechanical aeration shall have the effluent sampled at each inspection. A copy of the findings shall be mailed to the Madison County Sanitarian immediately thereafter. If the BOD tests higher than the allowable limits as set by the Department of Natural Resources the system must be shut down and repaired.

These requirements shall run with the following real estate described as follows:

LOT 1 NORTH RIVER SUB ~~2~~ S 1/4 SEC 33  
077-027

Name CHRISTOPHER COVILL Address 2457 160<sup>th</sup>  
City VAN METER State IA Zip Code 50261

**Type of Disposal Treatment:**

Sand Filter     Peat System     Mechanical Aerobic System

**Certification:**

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

Name (please print) CHRISTOPHER P. COVILL

Signature [Signature] Date 6-4-04

Subscribed and sworn to before me this 4th day of June, 2004  
[Signature]  
Deputy Clerk of Court, Madison Co. Ia

