

# MADISON COUNTY BOARD OF HEALTH

COURTHOUSE  
P.O. BOX 152  
WINTERSE, IOWA 50273

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## SURFACE DISCHARGING WASTEWATER TREATMENT SYSTEMS

COMPUTER	<input checked="" type="checkbox"/>
RECORDED	<input checked="" type="checkbox"/>
COMPARED	<input type="checkbox"/>

### 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:

The SE ¼ of the SW ¼, and all that part of the SE ¼ of Section 14 lying S and W of the present public highway (running through said Quarter Section), all in Sec. 14, Twn. 75, N Range 26, W of the 5<sup>th</sup> PM., except parcel "B" as recorded 10/17/03 Book 2003 page 6252 in the office of the Madison County Recorder

Name: Henry R. Putney III

Address: 2495 Willow Bend Tr.

City: St. Charles

State: IA

Zip Code: 50240

**Type of Disposal Treatment:** Subsurface Sand Filter  Free Access Sand Filter   
Peat Biofilter  Mechanical Aerobic  Other

**Certification:**

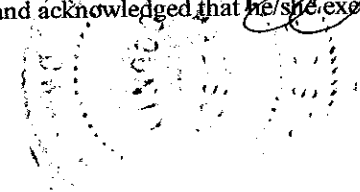
I certify the above information is true and accurate, to the best of my knowledge. I agree to abide by all of the terms and conditions stated above.

Signature: *Henry Putney III*

STATE OF IOWA  
COUNTY OF MADISON

S.S.

On this 20th of July, 2004 before me a Notary Public in and for said County and State, personally appeared Henry Putney III 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.



*Camille Steing*  
Deputy  
Clerk of Court

NOTARY PUBLIC  
STATE OF IOWA  
My commission Expires: