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## MADISON COUNTY BOARD OF HEALTH

COURTHOUSE P.O. BOX 152 WINTERSE, IOWA 50273

MICHELLE "MICKI" UTSLER, COUNTY RECORDER MADISON IOWA

## SURFACE DISCHARGING WASTEWATER TREATMENT SYSTEMS

161

## PROPERTY OWNERS AGREEMENT TO FOLLOW CHAPTER 69 REQUIREMENTS

COMPUTER RECORDED COMPARED

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: Sot 2 Eastern  Name: Paul Ferguson Address: 1677 MCBrick Roll Union To
Name: Paul Ferguson Address: 1677 MCBrick Red Union T.
City: Van North State: It was Zip Code: 50261
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.
by all of the terms and conditions stated above.
Signature: Thyle fels Su
STATE OF IOWA S.S.
COUNTY OF MADISON
On this // the of legisle 2004 before me a Notary Public in and for said County and State, personally appeared legisle feed 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
And acknowledged that has all acknowledged that has all acknowledged the following the