

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

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 4 Donegal Highlands Sec 32-77-26

Name Stacy & Tena Snyder Address 6018 Greendale Circle #201
City Johnston State IA Zip Code 50131

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) STACY SNYDER & TENA SNYDER

Signature Stacy Snyder Tena Snyder Date 6/5/04

Subscribed and sworn to before me this 5 day of June, 2004

[Handwritten Signature]



Spring - Editor