Document 2004 4347

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MICHELLE "MICKI" UTSLER, COUNTY RECORDER MADISON IOWA

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MADISON COUNTY BOARD OF HEALTH

COURTHOUSE P.O. BOX 152 WINTERSE, IOWA 50273

SURFACE DISCHARGING WASTEWATER TREATMENT SYSTEMS

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:

Lot 26 Polo Pointe Plat 2 Section 24 T77N R26W As Recorded Book 2003 Page 1848

Name: Brent Van Ee Address: 4231 Northwest Dr.

City: Des Moines State: Iow a Zip Code: 50310

Type of Disposal Treatment: Subsurface Sand Filter Free Access Sand Filter Other [Peat Biofilter Mechanical Aerobic 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: Y Kley Tan

STATE OF IOWA S.S. COUNTY OF MADISON

2004 before me a Notary Public in and for said County and State, C 2004 before me a Notary Public in and for said County and State, personally appeared of

and acknowledge safe ho/she executed same as his/her voluntary act and deed.

NOTARY PUBLIC STATE OF IOWA My commission Expires:

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