

REC \$ no
AUD \$ free
R.M.F. \$ ---

COMPUTER
RECORDED
COMPARED

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

002228
FILED NO. _____
BOOK 2001 PAGE 2228
MAY 31 AM 8:22

MICKI UTSLER
RECORDER
MADISON COUNTY, IOWA

**INTERMITTENT SAND FILTERS
MECHANICAL AEROBIC WASTEWATER TREATMENT SYSTEM**

PROPERTY OWNERS AGREEMENT TO FOLLOW CHAPTER 69 REQUIREMENTS

567—69.9(455B) **Intermittent sand filters.**

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

567—69.10(5) **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:

4.06 A NE COR SE NE Section 9 T77 R29 PENN TWP
AS described in Deed Recors 124 pg 784

Name Dennis Chase Address 1133 Pitzer Rd.
City Earlham State Iowa Zip Code 50072

Type of Disposal Treatment: Peat System

Intermittent Sand Filters Mechanical Aerobic Wastewater Treatment 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) Dennis Chase
Signature Dennis Chase Date 5-22-01

Subscribed and sworn to before me this 22nd day of May, 1999 2001

Kerry B. Staples

Title: _____

