

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

FILED NO. 004275
BOOK 2001 PAGE 4275
2001 SEP 24 PM 3: 20

INTERMITTENT SAND FILTERS
MECHANICAL AEROBIC WASTEWATER TREATMENT SYSTEM

NICKI UTSLER
RECORDER
MADISON COUNTY, IOWA

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.

COMPUTER
RECORDED
COMPANED

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.

REC \$ No
AUD \$ Charge
R.M.F. \$

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:

PARCEL 'E' IN THE W 1/2 OF THE NW 1/4 OF SECTION 16
TOWNSHIP 075 RANGE 26 Book 136 Page 809

Name RICHARD S. SEELY Address 4521 Waveland Ct.
City Des Moines State IA Zip Code 50312

Type of Disposal Treatment:

Intermittent Sand Filters Mechanical Aerobic Wastewater Treatment System

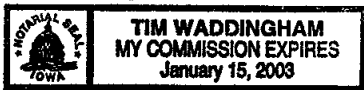
Certification:

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) RICHARD S. SEELY

Signature [Signature] Date 9.24.01

Subscribed and sworn to before me this 24 day of September, 1999 2001



[Signature]
Title: _____