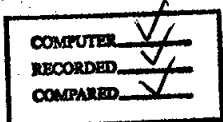


REC \$ Dr  
AUD \$ Fee  
R.M.F. \$ \_\_\_\_\_



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

FILED NO. 006036  
BOOK 2002 PAGE 6036  
2002 DEC 11 PM 2: 23

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

MICKI 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.

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:

All NE SE lying N & W Public Hwy Sec 18 T74 R27 Walnut Twp  
Book 126 Page 207

Name Douglas & Eileen Address 4117 Ashby Ave

City Des Moines State Iowa Zip Code 50310

**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) Eileen Gross

Signature Eileen Gross Date 12-6-02

Subscribed and sworn to before me this 6 day of December, ~~1999~~ 2002

Tim Waddingham

Title: \_\_\_\_\_

