



Madison County
Office of Zoning and Environmental Health

Elton A. Root, Environmental Health Officer

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:

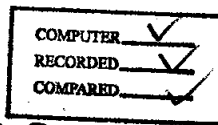
12A E OF RIV/ N 1/2 NE SE EX N 70' SECT 17 T74 R29 As Recorded Book 137 Page 413

Name: Darwin L. Holtmyer Address: 1204 Macksburg Rd.

City: Macksburg State: Iowa Zip Code: 50155

Type of Disposal Treatment:

X Intermittent Sand Filters Mechanical Aerobic Wastewater Treatment System



FILED NO. 000144
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REC \$ 1.00
AUD \$ FEE
R.M.F. \$

2003 JAN 10 AM 11:11

MICKI UTSLER
RECORDER
MADISON COUNTY, IOWA

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) Darwin L. Holtmyer

Signature

Date

Subscribed and sworn to before me this

6th

day of January

2003

Title:

