

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

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

COMPUTER
RECORDED
COMPARED

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:

Lot 1 Tileville Estates Section 27 T76 R27 Union Twp Book 2002 Page 4972

FILED NO. 003246
BOOK 2003 PAGE 3246
JUN -3 PM 1:58

MIAMI UTSLER
RECORDER
MADISON COUNTY, IOWA

Name Richard Thornburg Address 410 N. 10th ST
City Winterset State IA Zip Code 50273

Type of Disposal Treatment:

Sand Filter Mechanical Aerobic System

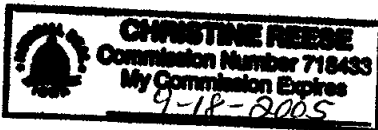
Certification:

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) Kathy Thornburg
Signature Kathy Thornburg Date 5/31/03

Subscribed and sworn to before me this 31 day of May, 2003

Christine Reese
Title: _____



Smiling