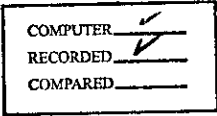


MICHELLE UTSLER, COUNTY RECORDER  
MADISON IOWA



Prepared by and Return to  
✓ **MADISON COUNTY BOARD OF HEALTH**  
COURTHOUSE  
P.O. BOX 152  
WINTERSET, IOWA 50273

**SURFACE DISCHARGING  
WASTEWATER TREATMENT SYSTEMS**

**PROPERTY OWNERS AGREEMENT TO FOLLOW CHAPTER 69 REQUIREMENTS**

576—69.2 (455B) **Requirements when discharged into surface water.** All discharges from on-site wastewater treatment and disposal systems which are discharged into any surface water shall be treated in a manner that will conform with the requirements of NPDES General Permit No. 4 issued by the department of natural resources.

NPDES General Permit No. 4 covers the discharge from any On-Site Wastewater Treatment and Disposal System constructed in accordance with 567 IAC Chapter 69 which is not absorbed underground into the soil but discharges to the surface of the ground, into surface waters or into an underground drainage tile.

All conditions of the Iowa Department of Natural Resources National Pollutant Discharge Elimination System (NPDES) General Discharge Permit No.4 for **Discharge from On-Site Wastewater Treatment and Disposal Systems** and all conditions as set forth in Madison County Health regulations shall be met.

**The NPDES permit is non-transferable and must be applied for with a Notice of Intent every time ownership is transferred.**

The above requirements shall run perpetuity with the real estate described as Follows:

*Parcel in*

SW ¼ NW ¼ Section 22 T75N R28W As Recorded Book 2004 Page 1300 (*as recorded in Madison Co Office on Mar 26, 2004*)

Name: Greg Cleghorn

Address: 109 S. 1<sup>st</sup> Ave.

City: Winterset

State: Iowa

Zip Code: 50273

**Type of Disposal Treatment:** Subsurface Sand Filter  Free Access Sand Filter   
Peat Biofilter  Mechanical Aerobic  Other

**Certification:**

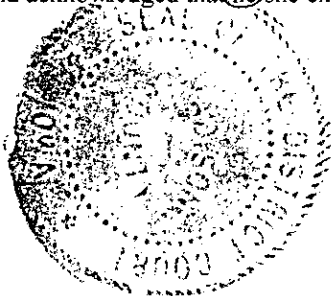
I certify the above information is true and accurate, to the best of my knowledge. I agree to abide by all of the terms and conditions stated above.

Signature: *Greg Cleghorn*

Printed Name: *Greg Cleghorn*

STATE OF IOWA S.S.  
COUNTY OF MADISON

On this *12th* of *Sept*, 2005 before me a Notary Public in and for said County and State, personally appeared *Greg Cleghorn* to be the persons named in and who executed the foregoing and acknowledged that he/she executed same as his/her voluntary act and deed.



*Jammy Shipley, Deputy Clerk of Court*

NOTARY PUBLIC  
STATE OF IOWA  
My commission Expires: