



Document 2015 2391

Book 2015 Page 2391 Type 06 023 Pages 1

Date 8/21/2015 Time 9:53:49AM

Rec Amt \$.00

INDX
ANNO
SCAN
CHEK

LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

Prepared By & Return To
MADISON COUNTY BOARD OF HEALTH

COURTHOUSE
P.O. BOX 152
WINTERSET, IOWA 50273

**SURFACE DISCHARGING PERMIT
WASTEWATER TREATMENT SYSTEM**

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 in perpetuity with the real estate described as Follows: 40A NW SE Section 32 T77N R27W As recorded: book 2014, page 2215

Name: Peter & Luann Gilman Address: 3720 Carbry Ct NE

City: Cedar Rapids State: Iowa Zip Code: 52402

Type of Disposal Treatment: Subsurface Sand Filter Free Access Sand Filter

*Peat Biofilter *Mechanical Aerobic *Other

*** System requires a maintenance contract with a manufacturer-certified technician shall be maintained at all times.**

Certification:

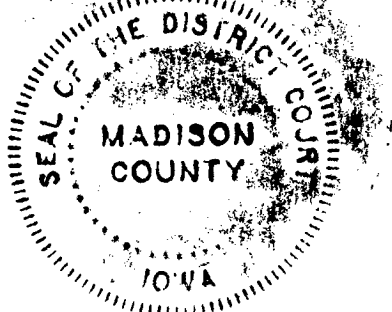
I certify the above information is true and accurate, to the best of my knowledge. I agree to abide by all of the terms and conditions stated above.

Signature:

Printed Name: Peter H. Gilman

STATE OF IOWA S.S.
COUNTY OF MADISON

On this 3rd day of April, 2015 before me a Notary Public in and for said County and State, personally appeared Peter.H. Gilman, 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.



NOTARY PUBLIC
STATE OF IOWA
My commission Expires: