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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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Prepared By & Return To  
✓MADISON COUNTY BOARD OF HEALTH  
P.O. BOX 152, WINTERSET, IOWA 50273 (515) 462-2636

**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 **Par C 6A in SW SW Sec 19 Section 19 T75N R26W Book 2017 Page 1679**

Name: **Shelley D. Kaster** Address: **306 W. Carpenter St.**  
City: **St. Charles** State: **Iowa** Zip Code: **50240**

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

**\* 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: Shelley D. Kaster

STATE OF IOWA S.S.  
COUNTY OF MADISON

On this 1<sup>st</sup> day of June, 2017 before me a Notary Public in and for said County and State, personally appeared Shelley D. Kaster 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:

