



Document 2017 2443

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Date 8/09/2017 Time 8:23:08AM

Rec Amt \$.00

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LISA SMITH, COUNTY RECORDER

MADISON COUNTY IOWA

CHEK

Property Owners Agreement to Follow Chapter 69 Requirements

Type of Document

PREPARER INFORMATION: Tina Burk, Environmental Health Assistant

TAXPAYER INFORMATION: (name and mailing address)

RETURN DOCUMENT TO: Madison County Environmental Health

GRANTOR: Dina Yarbrough

GRANTEE: Madison Co. Environmental Health

LEGAL DESCRIPTION:

See page:

Document or instrument of associated documents previously recorded:
(if applicable)

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 **Lt 15 6.00A Plat 2 Woodland Valley Estates S ½ NW Section 21 T77N R26W Book 2017 Page 747**

Name: **Dina D. Yarbrough**

Address: **43 Briar Dr.**

City: **Milford**

State: **Massachusetts**

Zip Code: **01757**

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: **Dina D. Yarbrough**

STATE OF MASSACHUSETTS
COUNTY OF WORCESTER

S.S.

On this 21st day of June, 2017 before me a Notary Public in and for said County and State, personally appeared Dina D. Yarbrough 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 MASSACHUSETTS

My commission Expires: 7-21-2017