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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:

Lot 7 5.10A Woodland Valley Estates Section 20 T77N R26W Book 2017 Page 2882

Name: Cecilia Moyer	Address: 3020 133 rd Court		
City: Van Meter	State: Iowa	Zip Code: 50261	
Type of Disposal Treat *Mechanical Aerobic	ment: Subsurface Sand Fi *Other ⊠ Coco	ilter Free Access Sand Filter	*Peat Biofilter
* System requires a technician shall be r		ract with a manufacturer-c mes.	ertified
Certification: I certify the above in terms and conditions stated at		nte, to the best of my knowledge. I agree	ee to abide by all of the
Signature:			
STATE OF IOWA COUNTY OF MADISON On this Cecilia Mover to Be pers	S.S. ch, 2018 before me a Notary ons named in and who exec	Public in and for said County and Statuted the foregoing and acknowledged the	e, personally appeared hat he/she executed same
as his/her golumon act and d			one chouse same

NOTARY PUBLIC STATE OF IOWA My commission Expires: