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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 D 21.86A Section 15 T76N R27W Book 2016 Page 3233

Name: Brad Van Horn		Address: 684 Shelerud Dr.		
Eagan City: Egan	State: MN	Zip Code: <b>5512</b> .	3	
Type of Disposa *Mechanical Aerob		<del></del> -	Free Access Sand Filter	*Peat Biofilter
_		nance contract w ned at all times.	ith a manufacturer-c	ertified
Certification: I certify the terms and conditions		s true and accurate, to the	e best of my knowledge. I agre	e to abide by all of the
Signature:				
Printed Name: Brad	<u> Van Horn</u>			
STATE OF IOWA COUNTY OF MAD On this 22nd day		o ma o Nietom Dublicie	and for said County and State, p	
Brad Van Roca to	be the persons named	in and who executed the	and for said County and State, performing and acknowledged	that he/she executed same

as his/her voluntary act and decor

**NOTARY PUBLIC** STATE OF IOWA My commission Expires:

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