

Book 2018 Page 3115 Type 06 023 Pages 1 Date 9/27/2018 Time 10:08:35AM

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INDX **ANNO SCAN**

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

✓ 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 NW ¼ Section 26T77N R27W Book 2018 Pag		
Name: Scott Reinhard	lt	Address: 1408 Quail Ridge Ave.
City: Van Meter	State: IA	Zip Code: 50261
Type of Disposal Trea	tment: Subsurfac	te Sand Filter Free Access Sand Filter *Peat Biofilter

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

*Other ⊠ Coco

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 condition stated above

Signature:

Printed Name: Scott Reinhardt

STATE OF IOWA

S.S.

COUNTY OF MADISON

*Mechanical Aerobic

On this 28th day of August, 2018 before me a Notary Public in and for said County and State, personally appeared Scott Reinhardt 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.

SHELLEY D. KASTER

STATE OF IOWA

My commission Expires: 10 | 7 | 2 |