



Document 2019 2155

Book 2019 Page 2155 Type 06 023 Pages 1
Date 7/16/2019 Time 12:39:35PM
Rec Amt \$.00

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: **10.7 NE Cor NE SE
Section 12 T75N R26W Book 138 Page 800**

Name: **Robert Farley**

Address: **2352 Walnut Trl.**

City: **St. Charles** State: **IA**

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:

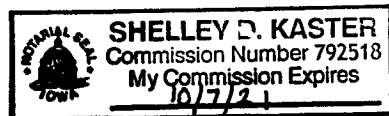
I certify the above information is true and accurate, to the best of my knowledge. I agree to abide by the terms and conditions stated above.

Signature: _____

Printed Name: Robert Farley

STATE OF IOWA S.S.
COUNTY OF MADISON

On this 6th day of June **2019** before me a Notary Public in and for said County and State, personally appeared **Robert Farley** 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
NOTARY PUBLIC
STATE OF IOWA
My commission Expires: 10/7/21