



December 15, 2021

Beyonders Getaway at Sleepy Hollow
3340 Blackhawk Ave NW
Oxford, IA 52322

ATTENTION: Tiffany Anderson, General Manager

SUBJECT: Operator Certification - PWSID #5260601
NPDES #5200403

Dear Ms. Anderson:

Please find enclosed the approved Water and Wastewater Operator Certification Program Affidavit between Beyonders Getaway at Sleepy Hollow and Mr. Aaron Shumaker, operator ID #5103. A Semi-Public lagoon system is not required to have a certified operator but choosing to have one will be recognized by the department. Mr. Shumaker meets the necessary qualifications for responsibility of your Water Systems and Wastewater Lagoon. We will provide Mr. Shumaker with a copy of this approved affidavit.

If you have any questions regarding this action, feel free to contact this office.

Sincerely,

FIELD SERVICES & COMPLIANCE BUREAU

Kurt Levetzow
Environmental Program Supervisor

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Encl. Affidavit

xc: Operator Certification, Wallace Building, Des Moines, IA 50319
Aaron Shumaker, 1344 155th Street, Wellman, IA 52356
Beyonders Getaway at Sleepy Hollow semi-public



Iowa Department of Natural Resources
Environmental Services Division

Water and Wastewater Operator Certification Program Affidavit

INFORMATION RELATIVE TO SHARING OPERATOR SERVICES

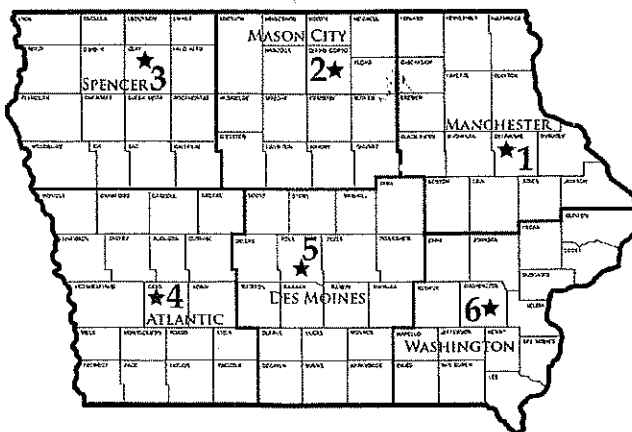
Per 567 IAC 81 and Chapter 455B, Code of Iowa an owner of a plant or distribution system is required by law to operate under the supervision of a certified operator-in-charge of the same grade or higher. The facility owner may satisfy that requirement for grade A, I, IL, II, or IIL by securing the services of a properly certified operator of the same grade as the plant or distribution system and jointly executing this affidavit with that certified operator. Iowa.

Completion of this affidavit makes the undersigned certified operator the operator-in-charge of the undersigned owner's facilities and directly responsible for the daily operation of the facilities. Therefore, the certified operator must have authority to direct local staff conducting the day-to-day operation of the facilities, including direction of the work efforts of other employees. This includes ensuring the completion of all required operation reports, ensuring all sampling takes place as required, maintaining the plant or distribution system in good condition, and operating the plant or distribution system in accordance with requirements of Iowa Code Chapter 455B and the Iowa Administrative Code (IAC). Failure of the local staff to provide responsible maintenance or operation of a facility could result in disciplinary action against the operator-in-charge, in accordance with 567 IAC 81.

By completing and signing this agreement, the undersigned facility owner and undersigned certified operator-in-charge agree to the following:

- The facility owner delegates to the operator-in-charge the authority necessary to operate and maintain the facility owner's plant or distribution system in accordance with all applicable laws and rules;
- The operator by affidavit assumes direct responsible charge of the systems operation and maintenance;
- The facility owner and operator-in-charge understand the municipality, public water supply, or semi-public sewage disposal system does not have first rights to the services of the operator-in-charge;
- The Iowa DNR may assign additional requirements to the facility owner and operator-in-charge;
- The Iowa DNR must approve the agreement between the facility owner and operator-in-charge. If the Iowa DNR disapproves of the agreement, the facility owner and the certified operator must terminate their agreement;
- Operator by Affidavit is allowed only for facilities classified as Grade A, I, IL, II, or IIL.

Four (4) original notarized affidavit forms must be completed and submitted for review to the Iowa DNR Field Office in the region in which the facility resides.



DNR Field Office	Address	Phone
Field Office #1 (Manchester)	909 W Main St Ste 4, Manchester IA 52057	563-927-2640
Field Office #2 (Mason City)	2300 15 th St SE, Mason City IA 50401	641-424-4073
Field Office #3 (Spencer)	1900 N Grand Ave Ste E17, Spencer IA 51301	712-262-4177
Field Office #4 (Atlantic)	1401 Sunnyside Ln, Atlantic IA 50022	712-243-1934
Field Office #5 (Des Moines)	502 E 9 th St, Des Moines IA 50319	515-725-0268
Field Office #6 (Washington)	1023 W Madison, Washington IA 52353	319-653-2135

CERTIFIED OPERATOR COMPLETES

Operator Name AARON SHUMAKER Certification # 5103
 Address 1344 155 ST Expiration Date 6/23
 City WELLMAN State IA Zip 52354
 Phone 319 350 2448 Email aaronrshumaker@outlook.com

Certificate Type	Certificate Grade					
Water Treatment	☐ A	☐ I	☐ II	☐ III	☒ IV	☐ N/A
Water Distribution	☐ A	☐ I	☐ II	☒ III	☐ IV	☐ N/A
Wastewater Treatment	☐ I	☒ II	☐ III	☐ IV	☐ N/A	
Wastewater Lagoon	☐ IL	☐ IIL	☐ N/A			

List any additional facility(ies) For which the operator has current direct responsibility. If none, please write "none" in the space provided (if more space is needed a separate sheet may be attached):

OWNER/REPRESENTATIVE OF FACILITY COMPLETES

Facility Name Beyonder Getaway @ Sleepyhollow
 Address 3340 Blackhawk Ave NW County Johnson
 City Oxford State Iowa Zip 52322
 Phone 319-628-6900 Email Sleepyhollow@beyondercamp.com

Facility Information (check which apply):

Will this operator have direct responsibility?

☒ Yes ☐ No
☒ Yes ☐ No
☐ Yes ☐ No
☒ Yes ☐ No

Facility Type

Water Treatment
 Water Distribution
 Wastewater Treatment
 Wastewater Lagoon

Facility Grade

☐ A ☐ I ☒ II ☐ N/A
☐ A ☒ I ☐ II ☐ N/A
☐ I ☐ II ☐ N/A
☒ IL ☐ IIL ☐ N/A

PWS or NPDES ID Number

5260601
5260403

ADDITIONAL INFORMATION REGARDING FACILITY OPERATION AND MAINTENANCE (TO BE COMPLETED JOINTLY)

Water Supply PWSID # 5260601

Wastewater NPDES # 5200403

Person(s) responsible for daily on-site activities, including routine self-monitoring, system maintenance, repairs, etc.:

Name <u>Tiffany Anderson</u>	Cell Phone <u>319-530-5742</u>	Email <u>tiffany@beyondercamp.com</u>
Name <u>Bandy Smith</u>	Cell Phone <u>918-257-8586</u>	Email <u>shmo0426@yahoo.com</u>
Name <u>John M. Donogh</u>	Cell Phone <u>319-321-1161</u>	Email _____
Name <u>Joe Hughes</u>	Cell Phone <u>319-693-6233</u>	Email _____

Please clearly describe the roles and responsibilities of those listed above:

To do daily water tests : measure the lagoon every Friday.

Description of training and instruction regarding daily activities:

New Maintenance employees observe their first day, then perform the test under supervision for the next 7 days.

Person(s) responsible for collecting and submitting compliance samples to a certified laboratory:

Name AARON SHUMAKER Cell Phone 319 350 2448 Email aaronrshumaker@OUTLOOK.COM

Name _____ Cell Phone _____ Email _____

Person responsible for preparing, reviewing, and submitting monthly operation reports to the Iowa DNR:

Name AARON SHUMAKER Cell Phone 319 350 2448 Email aaronrshumaker@OUTLOOK.COM

Frequency of routine on-site visits by the operator-in-charge:

ONCE PER MONTH ROUTINELY. MORE IF NEEDED.

Description of how emergency situations will be handled and communicated to the operator-in-charge and Iowa DNR:

BY PHONE

For water supplies only: person responsible for filing the Annual Consumer Confidence Report and issuing public notice, when necessary:

Name AARON SHUMAKER Cell Phone 319 350 2448 Email aaronrshumaker@OUTLOOK.COM

For wastewater systems only: person responsible for reporting monitoring of effluent violations, upsets, or bypasses (24-hour verbal and 5-day written reports)

Name AARON SHUMAKER Cell Phone 319 350 2448 Email aaronrshumaker@OUTLOOK.COM

Other comments to note:

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AFFIDAVIT OF OPERATOR

Having been duly sworn, I state the information relative to my operator certificate in the State of Iowa, as shown above, is true; the certificate identified above has no restrictions; and all the facilities for which I currently have direct responsibility are listed above. I further state I agree to become the operator-in-charge of the facility identified above; to accept direct responsibility for the operation and maintenance of the facility identified; to operate and maintain the facility as required by the laws of the State of Iowa; and to notify the Iowa Department of Natural Resources at least thirty days before termination of this agreement.

Type or Print Name AARON SHUMAKER Title OPERATOR IN CHARGE
Signature [Signature] Date 12-10-21

This section to be completed by Notary Public

State of Iowa, County of Johnson
Subscribed and sworn before me this 10th day of December, 2021
Notary Public Kristine Scheetz My commission expires Aug 14, 2023



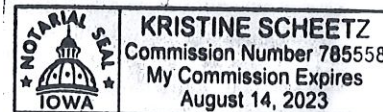
AFFIDAVIT OF OWNER/REPRESENTATIVE

Having been duly sworn, I state that I am the owner or representative of the owner of the facility identified above; I understand and agree this facility does not have first rights on the services of the operator identified in this affidavit; I agree the operator identified above shall become the operator-in-charge of the facility identified above; and I understand the owner retains responsibility for the capital expenditures necessary to assure this facility is operated properly and maintained in good repair, as required by the laws of the State of Iowa. I further state I will notify the Iowa Department of Natural Resources at least thirty days before the termination of this agreement.

Type or Print Name Tiffany Anderson Title General Manager
Signature [Signature] Date 12-10-2021

This section to be completed by Notary Public

State of Iowa, County of Johnson
Subscribed and sworn before me this 10th day of December, 2021
Notary Public Kristine Scheetz My commission expires Aug 14, 2023



DNR REVIEW

For Action by the Iowa Department of Natural Resources

☒ Approve

☐ Disapprove

For the Director:

Title: DNR FOG Supervisor Date: 12/28/21

