

AFFIDAVIT FOR POWTS MAINTENANCE PLAN

Document Number:
Parcel Number:
Name and Address Return: Jackson County Zoning and Land Information Department 307 Main Street, Courthouse Black River Falls WI 54615

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I/We the undersigned _____ am/are the owner(s) of the property located in Jackson County, Wisconsin, and described as follows (attach full legal description if necessary): _____

I/We declare that the Private Onsite Wastewater Treatment System serving the dwelling on the above described property utilizes a technology or method that requires a service interval twelve (12) months or less per SPS 383.21 (2) (c) (5).

I/We further declare that a maintenance contract will be maintained for the life of the above mentioned Private Onsite Wastewater Treatment System with a state approved person(s) for that required maintenance.

This affidavit shall be binding upon the owner, their heirs and assignees and will run with the land.

Dated this _____ day of _____, _____.

Owner(s) Signature

Typed or Printed Name of Owner(s)

Owner(s) Signature

Typed or Printed Name of Owner(s)

ACKNOWLEDGMENT:

State of Wisconsin }
Jackson County }
}

Personally came before me this _____ day of _____, _____, the above named _____
_____ to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Notary Signature

Typed or Printed Name of Notary

Notary Public, _____ County, WI.
My commission is permanent. If not, state expiration date:
