

# AFFIDAVIT OF ALTERNATIVE DESIGN FLOW CALCULATION

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

(Space Above This Line Reserved For Recording Data)

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 design of the Private Onsite Wastewater Treatment System serving the dwelling on the above-described property is not based upon the number of bedrooms within the dwelling.

I/We further declare that the estimated design flow for the dwelling is based upon per capita occupancy or usage of the dwelling or per function occurrence within the dwelling. Calculations of the estimated design flow are documented in the Sanitary Permit for the installation of the Private Onsite Wastewater Treatment System.

The use of an alternative design flow calculation may limit the occupancy or use of the dwelling relative to the design of the Private Onsite Wastewater Treatment System.

\_\_\_\_\_ Number of occupants X 75GPD = \_\_\_\_\_.

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

\_\_\_\_\_  
Owner(s) Signature

\_\_\_\_\_  
Typed or Printed Name of Owner(s)

\_\_\_\_\_  
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 acknowledge the same.

\_\_\_\_\_  
Notary Signature

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

\_\_\_\_\_  
Typed or Printed Name of Notary