AFFIDAVIT OF LIMITED OCCUPANCY HOLDING TANK

Document Number: _____

Parcel Number: _____

Name and Address Return:

**Jackson County Zoning and
Land Information Department
307 Main Street, Courthouse
Black River Falls WI 54615**

(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 above described property contains suitable area for a Private Onsite Wastewater Treatment System using in-situ soil for treatment and dispersal as determined by a Soil and Site Evaluation completed according to Ch. SPS 385, Wis. Adm. Code and filed with Jackson County.

I/We further declare that the limited occupancy of the structure proposed for the above described property may allow the use of a holding tank in lieu of a soil absorption system if the use and occupancy of the structure meets the requirements of a limited occupancy holding tank described in Chapter 15 General Code of Jackson County.

The limited occupancy holding tank shall be replaced with another type of Private Onsite Wastewater Treatment System recognized by Ch. SPS 383, Wis. Adm. Code and Chapter 15 General Code of Jackson County if an addition to the structure or a change in occupancy or use of the structure occurs that exceeds the conditions of limited occupancy.

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

_____
Typed or Printed Name of Notary