

**POWTS MAINTENANCE  
AFFIDAVIT**

Document Number \_\_\_\_\_

I(we) \_\_\_\_\_,  
the undersigned property owner(s) depose and state as follows:

That I(we) own the following described property in \_\_\_\_\_  
County, Wisconsin: (Provide legal description below or on a separate page)

**Recording Area**

**Return to:** Waushara County  
Land Conservation & Zoning Department

**Parcel Number:** \_\_\_\_\_

**This instrument drafted by:** Zoning Department

That as the owner(s) of the herein described property I(we) acknowledge that the private onsite wastewater treatment system (POWTS) on the subject property is subject to the maintenance requirements of s.145.245(3), Wisconsin Statutes and ss. SPS 383.54(3) and (4), Wisconsin Administrative Code. As such I(we) have been informed of and agree to the following:

- Every three (3) years following installation of the POWTS (or every three (3) years from the recording date of this document in the event of an existing system), the property owner shall be provided a certification form by the county regulatory agency at least thirty (30) days prior to the service due date.
  - The certification form shall state that the condition of the treatment tank(s) has been inspected and that the contents were either removed by a licensed septage servicing operator (pumper) or it was found to be less than one-third (?) full of accumulated sludge and scum.
  - The certification form shall state that the soil absorption system has been visually inspected and indicate whether wastewater or effluent from the POWTS is ponding on the surface of the ground.
  - The certification form shall be completed, signed and dated by the master plumber, master plumber-restricted, POWTS inspector, POWTS maintainer, or septage servicing operator (pumper) that performed the service and then returned to the county regulatory agency within thirty (30) days after the service due date.
  - The property owner's compliance with the above noted maintenance requirements is subject to enforcement action and penalty as authorized by county ordinance.
- If this box is checked a component of the POWTS requires servicing at intervals of 12 months or less that shall be reported to the county regulatory agency.

The affiant acknowledges that the statements made herein are binding upon any heirs, successors or assignees of the subject property and that the affiant is responsible for providing notice of such statements.

_____ <b>Notarized Signature of Property Owner</b>	_____ <b>Notarized Signature of Property Owner</b>	STATE OF WISCONSIN } COUNTY OF _____ } ss
_____ <b>Printed Name of Property Owner</b>	_____ <b>Printed Name of Property Owner</b>	<b>Subscribed and sworn before me</b> This ____ day of _____, ____
_____ <b>Date</b>	_____ <b>Date</b>	_____ <b>Notary Public, State of Wisconsin</b> My commission expires _____