

POWTS Agreement

Governmental Unit	Owners
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Recording Area
Name and Return Address

Wisconsin Administrative Code COM 83 requires the below Private Onsite Wastewater Treatment System (POWTS) on the below described real estate to have regular evaluation, monitoring, servicing and maintenance according to the manufacturers recommended procedure at intervals of every six months the first two years and annually thereafter. These procedures must be performed by a manufacturer authorized service provider with a Wisconsin State POWTS Credential. All results of these procedures shall be reported to the appropriate Government Unit as required by Code.

Legal Description of Real Estate

Parcel Identification Number (PIN)

Lot _____ Block _____ Sub Division/CSM _____
 _____ 1/4 _____ 1/4 or G.L. _____ of section _____, T _____ N, R _____ E.
 _____ City _____ Village Town of _____, _____ County, WI

POWTS Equipment Description	Manufacturer	Model

Owner(s) Notarized Signature(s)*
(All Owners Must Sign)

Acknowledgement

These named _____
 to me known to be person(s) who executed the
 foregoing instrument and acknowledge the
 same. Personally came before me this
 _____ day of _____, 20____

Drafted By _____

*Names of persons signing in any capacity must have their names printed or typed below their signatures.

The personal information you supply may be used for secondary purposes {Privacy Law 15.04 (1)(m)}.

Notary Public, State of Wisconsin
 _____ County

My Commission expires _____