

**CANCELLATION OF AN AFFIDAVIT FOR AN UNDERSIZED PRIVATE SEWAGE SYSTEM**

(Black Ink Only)

Parcel No. \_\_\_\_\_

Owner(s): \_\_\_\_\_

Legal Description: \_\_\_\_\_ ¼ \_\_\_\_\_ ¼ or GL \_\_\_\_\_

S \_\_\_\_\_, T \_\_\_\_\_, R \_\_\_\_\_ E Lot \_\_\_\_\_ of

CSM/Subdivision \_\_\_\_\_

RETURN TO: Portage County Zoning/  
Onsite Waste Section

As the sanitary permit issuing agent in Portage County, Wisconsin, I hereby certify that the following described property is now: (check all that apply)

- Served by a properly sized private sewage system that complies with Chapter SPS 383, Wisconsin Administrative Code.
- Served by a municipal sewer.
- Has been abandoned.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature of County Onsite Waste Administrator

In addition, I understand that the execution and recording of this document **cancels** an Affidavit For An Undersized Private Sewage System that was recorded on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in Volume \_\_\_\_\_, Page \_\_\_\_\_ and known as Document No. \_\_\_\_\_ (year)

\_\_\_\_\_  
Owner Date

\_\_\_\_\_  
Owner Date

**STATE OF WISCONSIN:**  
PERSONALLY CAME BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

THE ABOVE NAMED \_\_\_\_\_, to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

\_\_\_\_\_  
Notary Public  
MY COMMISSION EXPIRES: \_\_\_\_\_

SEAL REQUIRED

This Instrument Drafted by: \_\_\_\_\_

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