

NON-PLUMBING SANITATION SYSTEM AGREEMENT

(Black Ink Only)

Property Owner(s) and Address:
Location: $\frac{1}{4}$ $\frac{1}{4}$, Sec. , T N, R E
City/ Village/Town of:
Parcel Tax Number:
Full Legal Description:

RETURN TO: Portage County Zoning/Onsite Waste

1. No plumbing will be installed/exist in the non-plumbing sanitation system.
2. No plumbing will be installed/exist in the building served by the non-plumbing sanitation system unless a code compliant soil absorption system or holding tank exists, or the building is served by a public sewer.
3. A non-plumbing sanitation system shall maintain minimum setbacks as specified in Table 1.

Table 1	Well	Lake/Stream	Property Line	Additional County Setbacks
Non-water tight unit	50 Feet	Min. 100 Feet	5 feet or per local zoning regulations, whichever is greater	
Water-tight unit	25 Feet	Min. 100 Feet		

4. Non-plumbing sanitation systems shall be designed, installed, and maintained in accordance with SPS 391, Wis. Adm. Code.
5. Non-plumbing sanitation systems used for one and two family purposes shall be constructed in such a manner so as to exclude flies, rats, and other vermin. Doors shall be self-closing.
6. A water-tight unit shall be constructed of water-tight plastic, fiberglass, coated steel or monolithic concrete. Materials shall comply with the intent of SPS 384.25, Wis. Adm. Code.
7. The non-plumbing sanitation system shall be kept clean and sanitary. The contents of the system shall be disposed of in accordance with NR 113, Wis. Adm. Code.
8. This agreement shall be binding on the owner, their heirs, and assignees. This documentation shall be recorded by the Register of Deeds in a manner which allows its existence to be determined by reference to the property where the non-plumbing sanitation system is installed.

Printed Owner(s) Name(s): _____ _____	Subscribed and sworn to before me on this date: _____ _____ Notary Public
Owner(s) Signature(s): _____ _____	My Commission expires on: _____ <p style="text-align: center;">SEAL REQUIRED</p>

DRAFTED BY: _____

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