

POWTS COMMON OWNERSHIP AFFIDAVIT

This affidavit is made by the owner to acknowledge that the Privately Owned Wastewater Treatment System (POWTS) located on the parcel described is serving more than one structure.

(BLACK INK ONLY)

Parcel Identification Number:	Affidavit Date:
Governmental Unit: Portage County Onsite Waste Section 1462 Strongs Avenue Stevens Point, WI 54481	Owner(s) and Address:
Legal Description: _____ _____ <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: _____	Return to: Portage County Zoning Department Onsite Waste Section

- Owner(s) acknowledge that the POWTS located on the parcel described above is serving more than one structure and that I (we) are responsible for the operation, servicing and maintenance of the POWTS.
- List the number of buildings served and their individual POWTS sizing criteria:
 - Private Usage: _____ Total Gallons Per Day
 - _____ One or two family dwelling(s). _____ Number of bedrooms.
 - _____ Garage or shed.
 - _____ Other (describe):
 - _____
 - _____
 - Public Usage and Gallons Per Day (describe): _____
 - _____
- This Agreement shall be binding upon the Owner(s) and their heirs, successors, and assignees.
- This Agreement will remain in affect until the Governmental Unit, which is responsible for the issuance of sanitary permits for POWTS, certifies that this restriction is no longer required.

Owner _____ Date _____

Owner _____ Date _____

STATE OF WISCONSIN:
PERSONALLY CAME BEFORE ME THIS _____ DAY OF _____, 20____, the above named person(s) who executed the foregoing instrument and acknowledged the same.

Notary Public: _____

SEAL REQUIRED

MY COMMISSION EXPIRES: _____

This Instrument Drafted by: _____

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