

POWTS Agreement

Governmental Unit Washington County	Owners of Pretreatment Device
---	-------------------------------

Recording Area Name and Return Address Washington County Planning & Parks Department 333 E. Washington St., Suite 2300 P.O. Box 2003 West Bend, WI 53095
--

Wisconsin Administrative Code SPS 383 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.

Parcel Identification Number (PIN)
Legal Description of Real Estate
 _____ 1/4, _____ 1/4, Section _____, Town _____, Range _____ East
 Town of _____ County of _____

	<u><i>Type of Pretreatment Device to be Installed and Maintained</i></u>	
Model	Manufacture Name & Address	Phone Number

Drafted by: _____ **Date:** _____

Owner(s) Notarized Signature(s)*
 (All Owners Must Sign & print names under signature)

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__
 (Print name under signature)___

***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)}.

POWTS Agreement.doc rev. 12/2020

* _____

Notary Public, State of Wisconsin
 _____ County

My Commission expires _____