

**Affidavit - POWTS Sizing Based
on Occupants on Grey Water Only**

Owner's Name: _____

Legal Description:

Part of the _____ 1/4, _____ 1/4, Sec. _____, T _____ N, R _____ E,

Town of: _____, Sauk County, Wisconsin

Per Comm 83.43(4) and 83.22(2)(b)3 Sauk County Chapter 25.12(1)(c)2, the design of the POWTS located at _____, is **NOT** based on the number of bedrooms in the dwelling. The POWTS is sized for grey water use only, or the following design conditions as approved by the Office of Planning and Zoning.

Design Conditions: _____

In the event that the septic system design changes to include blackwater (toilet fixtures) the resident must submit detailed plans by a licensed plumber to verify system sizing meeting code requirements. The POWTS will be verified and if necessary brought into compliance before the new residents take occupancy.

Failure to comply with the outlined design conditions will result in a forfeiture of not less than fifty dollars (\$50.00) nor more than two hundred dollars (\$200.00). Each day of the violation shall constitute a separate event.

Tax Parcel Number

Owner's Signature (Notarized)

Owner's Printed Name

STATE OF WISCONSIN)
)ss
COUNTY OF SAUK)

Subscribed and sworn to before me this _____ day of _____, 20____, by _____ to me known to be the person who subscribed his/her name hereto.

Notary Public, Sauk County, WI.

My commission (is) (expires)

Approved by: _____
Signature

Date