

SAUK COUNTY
AFFIDAVIT - Temporary Holding Tanks

Owner's Name: _____

Mailing Address: _____

City, State, and Zip: _____

Property Address (if different from mailing) _____

Property Legal: Desc: _____ 1/4, _____ 1/4, Sec. _____, T _____ N, R _____ E

Town of _____, Sauk County Wisconsin.

This affidavit address situations where State/County Sanitary Plans have been approved for a POWTS that includes a soil dispersal component but that cannot be completely installed at this time due to soil conditions.

This affidavit will allow for a temporary holding tank on this property for a period of (6) six months. Within (6) six months the original approved POWTS must be completely installed. The use on the subject property shall be terminated if it does not come into compliance.

Owner's Signature

Date