

AFFIDAVIT

For The Emergency Installation Of A Septic Tank

For Property Located:

Tax Parcel ID: _____

_____ 1/4, _____ 1/4, Section _____, T _____ N R _____ E,

Town of _____, Sauk County, WI.

Property Address _____

Return to the Land Resources & Environment Department

I _____, the undersigned, do hereby acknowledge that I am
(print name)
installing a treatment tank without a soil and system evaluation due to inclement weather and/or a health
emergency. I have authorized _____, Lic# _____ to install the
(Plumber's name)
replacement tank. Further, I acknowledge that a soil and system evaluation will be conducted within 30
days of the date of this document. If the soil absorption system is found to be failing, as defined in
s.145.245(4), Wisconsin Statutes, or not in compliance with State policies regarding continued use of
existing systems and SPS 383 Wis. Adm. Code, it shall also be replaced. A sanitary permit shall be
obtained immediately upon the completion of the soil and system evaluation.

Owner's Signature (Notarized) Date

Plumber's Signature Date

State of Wisconsin)
)
County of Sauk)

Subscribed and sworn before me this

_____ day of _____, 20_____.

_____, Notary Public

My Commission Expires _____, 20_____.