

POWTS Agreement

Governmental Unit

Owners

Recording Area

Name and Return Address

The below Private Onsite Wastewater Treatment System (POWTS) on the below described real estate is required 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. Results of these procedures shall be reported to the appropriate Government Unit as required by Code.

Legal Description of Real Estate

Parcel Identification Number (PIN)

Lot _____ Block _____ Sub Division/CSM _____
_____ 1/ 4 _____ 1/ 4 or G.L. _____ of section _____, T _____ N, R _____ E.
_____ City _____ Village Town of _____, _____ County, WI

POWTS Equipment Description	Manufacturer	Model

Owner(s) Notarized Signature(s)*
(All Owners Must Sign)

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____

Drafted By _____

*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)}.

Ps powts deed recording form MN.doc rev. 26feb03

* _____

Notary Public, State of Wisconsin
_____ County

My Commission expires _____