

USE BLACK INK

POWTS Pre-Treatment Unit Agreement

A POWTS Agreement is being made on this date _____
 by the property owner(s) _____,
 with mailing address _____,
 and their successors in interest, own a Private Onsite Wastewater Treatment System (POWTS).

The Wisconsin Administrative Code SPS 383 requires the POWTS on the below described legal description to have a regular evaluation, monitoring, servicing, and maintenance in accordance with the manufacturers recommended procedures at intervals of every six months for the first two years and annually thereafter.

These procedures must be performed by a manufacturer authorized service provider licensed by the State of Wisconsin to perform these services. Results of these procedures shall be reported to the appropriate Governmental Unit (Pierce County Land Management Department) as required by code.

Document Number/Recording Area

Name and Return Address:
 Pierce County Land Management Dept.
 County Courthouse, 414 W Main St,
 PO Box 647, Ellsworth, WI 54011

Legal Description & Location of POWTS:

Parcel Identification # _____ - _____ - _____

Lot _____, Block _____, Subdivision/CSM _____ being part of the _____ ¼ of the _____ ¼,
 Section _____ or Government Lot _____, Town _____ N, Range _____ W Town of _____, Pierce County, Wisconsin.

Site address: _____

POWTS Description:

Manufacturer & Tank Information: _____

Pre-Treatment Unit / Device/ Model Information: _____

Dispersal Component: _____

Component Manual: _____

Ownership Rights & Responsibility for POWTS:

Property owner(s) as described holds sole ownership rights. Property owner(s), and their successor(s), are responsible for insuring inspection, operation, and maintenance of POWTS.

Owner(s) Notarized Signature(s):

Acknowledgement:

<p>_____ Owner Signature</p> <p>_____ Owner Name - Printed</p> <p>_____ Co-Owner Signature (if applicable)</p> <p>_____ Please print Co-Owner Name (if applicable)</p>	<p>This instrument was acknowledged before me on this date _____ by _____</p> <p>_____ NOTARY PUBLIC Signature</p> <p>_____ Notary Public Name - Printed</p> <p>County of _____, State of Wisconsin.</p> <p>My commission expires: _____.</p>
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Drafted by: _____