

**AFFIDAVIT - PER CAPITA FLOW STATEMENT**  
**Private On-site Wastewater Treatment System (POWTS)**  
**Sizing based on Occupants**

USE <u>BLACK</u> INK ONLY	Date:
Governmental Unit: Pierce County Land Management Department	Owner(s):
	Parcel No.:
Legal Land Description: _____ _____ _____	Name and Return Address: Pierce County Land Management Department 414 W Main St Ellsworth, WI 54011

This document is recorded to acknowledge that the existing POWTS (a.k.a septic system) on this parcel located at this address \_\_\_\_\_ was installed in accordance with Sanitary Permit Number \_\_\_\_\_ and issued on \_\_\_\_\_. The existing system is sized for \_\_\_\_ bedrooms × 150 gallons per bedroom = \_\_\_\_\_ gallons per day. Based on the sizing, this POWTS is code compliant for \_\_\_\_ people (divide gallons per day by 75 to get the number of people). I/We also plan to modify the total number of bedrooms for the POWTS at the above described location, but will not go over the allowed sizing of \_\_\_\_ people. In the event that more than \_\_\_\_ people reside at this residence, a code approved modification to the existing POWTS or construction of a code complying POWTS to accommodate the modification of wastewater flow and/or contaminant load will be installed. I will disclose this information to any parties interested in purchasing this property in the future. Plans for the POWTS are on file in the Pierce County Land Management Department. This affidavit is entered to inform any subsequent owners of the limitations attached to this property. The following shall apply:

1. The owner of this property is responsible for the operation and maintenance of this POWTS.
2. This Agreement is binding upon the Owner and his/her heirs, successors, and assigns. The Owner shall have this Agreement filed and recorded with the Pierce County Register of Deeds in a manner which will permit the existence of the Agreement to be determined by reference to the Property containing the POWTS.
3. This Agreement will remain in effect until Governmental Unit, which is responsible for issuance of POWTS sanitary permits, certifies that this restriction is no longer required or that the POWTS was replaced or increased in size.

Approved by Governmental Official Name, Title: \_\_\_\_\_ Date \_\_\_\_\_

Owner's Signature (Notarized) \_\_\_\_\_

Owner's Printed Name \_\_\_\_\_

STATE OF WISCONSIN

COUNTY OF \_\_\_\_\_ }SS

This document was signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who personally appeared before me, known to be the person who subscribed his/her name hereto.

\_\_\_\_\_  
Notary Public (printed)

\_\_\_\_\_  
Notary Public (signature)

My commission (is) (expires) \_\_\_\_\_.

(NOTARY'S SEAL)