COMPLETE ALL INFORMATION IN BLACK INK

Clark County Planning, Zoning and Land Information
517 Court Street, Room 204, Neillsville WI 54456
phone: 715-743-5130 fax: 715-743-5154

HOLDING TANK BY CHOICE AFFIDAVIT
(To be recorded to the property description)

Property Owner

Mailing Address

Property Location

    1/4,   1/4, Sec   , T   , R   E/W; Town:

Tax Parcel Number

Legal Description

Return to: Planning, Zoning & Land Information Department, Courthouse, Neillsville WI 54456.

This affidavit is required when a holding tank POWTS (private onsite wastewater treatment system) is installed as a system of choice per s. 20-131(c)(1), Clark County Code of Ordinances. The ordinance states that a holding tank may be selected as the POWTS for a single building when the daily wastewater flow from the building is less than 160 gallons per day (gpd).

Plumber/Designer Name:_____ License Number:_____

Estimated Daily Flow (gpd): _____Holding Tank Volume: _____

Soil & Site Evaluation on File?_____

The owner of the holding tank on the described property agrees to the following:
1. The holding tank approved for the above-described property was selected as a <u>system of choice</u> per s. 20-131(c)(1), Clark County Code of Ordinances.
2. That a change in number of bedrooms, permanent occupancy, or change in use that results in daily wastewater flow of 160 gallons or more would require completion of a soil test and installation of code-compliant POWTS per s.20-131(c)(1), Clark County Code of Ordinances.
3. That the Clark County Planning, Zoning, & Land Information Department can inspect (following owner notification) the operation of the holding tank during regular business hours.
4. The agreement shall be binding upon the owner, the heirs of the owner, and assignees of the owner. The Clark County Register of Deeds shall attach with Holding Tank Maintenance Agreement.
5. The Clark County Planning, Zoning, & Land Information Department can require installation of a water meter either at time of POWTS installation or at a later date.

I attest that I am the owner of the above described POWTS and assume responsibility for the operation and maintenance of the POWTS.

_____
Owner's Name

_____
Owner's Signature

_____
Owner's Name

_____
Owner's Signature

STATE OF WISCONSIN - CLARK COUNTY

This document was signed before me by

_____
(name of person signing the document before the notary)

on this _____ / _____ / _____
                  date

_____
Notary Public— Signature

_____
Notary Public, State of Wisconsin (Print Notary Name)

My commission expires _____ / _____ / _____