



**PLANNING AND ZONING DEPARTMENT**

P.O. BOX 187, COURTHOUSE  
FRIENDSHIP, WI 53934  
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[www.co.adams.wi.gov](http://www.co.adams.wi.gov)

**Private Onsite Waste Treatment System (POWTS)  
Maintenance Agreement / Affidavit of Use**

**\*SPS 383.52 Responsibilities. (1)** (a) The owner of a POWTS shall be responsible for ensuring that the operation and maintenance of the POWTS occurs in accordance with this chapter and the approved management plan under s. SPS 383.54 (1). (b) The owner of a POWTS existing prior July 1, 2000, shall be responsible for ensuring that the maintenance of the POWTS occurs in accordance with s. SPS 383.54 (4)

**\*NOTE: SPS 383 is the POWTS Chapter of the Wisconsin Administrative Codes.**

Parcel Identification Number: \_\_\_\_\_

\_\_\_\_\_ ¼, \_\_\_\_\_ ¼, SECTION \_\_\_\_\_ TOWN \_\_\_\_\_ NORTH, RANGE \_\_\_\_\_ EAST,  
LOT \_\_\_\_\_, BLOCK \_\_\_\_\_, OF \_\_\_\_\_ SUBDIVISION/C.S.M. NO. \_\_\_\_\_

The POWTS installed at \_\_\_\_\_ is sized for \_\_\_\_\_  
bedrooms / sleeping rooms total.

I, \_\_\_\_\_ attest that the dwelling located at the  
(Owner – Print)

address listed above served by a POWTS shall contain no more than \_\_\_\_\_ bedrooms or other sleeping rooms total unless the POWTS is appropriately modified to accept the wastewater flow of additional bedrooms.

**SPS 383.43 General requirements.**

(2) Design flow. In order to accommodate peak wastewater flow, the design wastewater flow of a POWTS shall equal at least 150% of the estimated daily flow generated from the source or sources, unless otherwise approved by the department.

I/We understand that the POWTS and/or non-plumbing sanitation system serving the dwelling and/or accessory building on the above described property is subject to a mandatory maintenance and management plan as prescribed per SPS 387 (the Private Sewage System Replacement or Rehabilitation Grant Program), SPS 383.50 and the Adams County POWTS Ordinance. This Agreement shall be binding upon the owner(s), their heirs and assignees and will run with the land.

Owner Signature \_\_\_\_\_

Owner Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Subscribed and Sworn before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

NOTARY PUBLIC My Commission Expires \_\_\_\_\_ County

Instrument drafted by: \_\_\_\_\_

Issuing County Authority: \_\_\_\_\_